Attachment in the Educational Setting:
Practical Information for Caregivers

A presentation to *Parenting in SPACE 2012*
by Matthew Wanzenberg, Ph.D.

OVERVIEW OF TODAY'S PRESENTATION

- A review of practical and effective strategies to maximize your child's support system in schools

- A commitment to follow up after today's presentation to review more elaborate questions/points of discussion

- "Aircraft Maintenance" theory of presentation

- All resources are available online at www.iepguardians.org under *PinS*

- Emphasis on useable, practical information for families
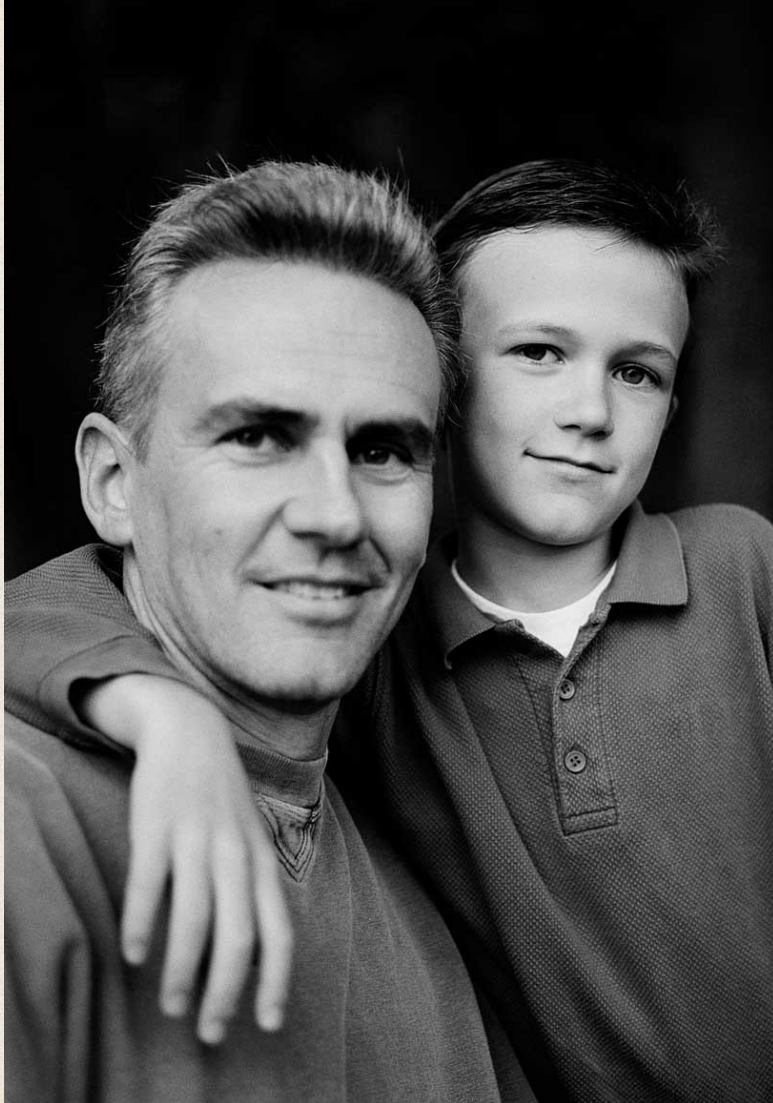
- Apologies up front for acronym usage

WHAT THIS PRESENTATION IS NOT…

- A definitive discussion of the etiology of attachment needs

- A critique of the public school or mental health system

- A formal primer on special education law

- In depth comparison of peer-reviewed methodologies and treatments for attachment disorders

- The final word on attachment disorder in the school setting

WHAT THIS PRESENTATION IS...

- A conversation starter

- A school-support broad reference for the caregivers of individuals with attachment disorders

- Heavier on educational (rather than clinical) recommendations

- Observation and insight from the community, workplace, school, and IEP table

- Practical and useable advice on how to work with your school team partners

- An affirmation that in all matters of attachment needs, "each individual is a snowflake" and there is a great deal of variability in each child's case

THE MISUNDERSTOOD CHILD:

A POEM ABOUT CHILDREN WITH HIDDEN DISABILITIES

BY KATHY WINTERS

I am the child that looks healthy and fine.
I was born with ten fingers and toes.
But something is different, somewhere in my mind,
And what it is, nobody knows.

I am the child that struggles in school,
Though they say that I'm perfectly smart.
They tell me I'm lazy -- can learn if I try --
But I don't seem to know where to start.

I am the child that won't wear the clothes
Which hurt me or bother my feet.
I dread sudden noises, can't handle most smells,
And tastes -- there are few foods I'll eat.

I am the child that can't catch the ball
And runs with an awkward gait.
I am the one chosen last on the team
And I cringe as I stand there and wait.

I am the child with whom no one will play --
The one that gets bullied and teased.
I try to fit in and I want to be liked,
But nothing I do seems to please.

I am the child that tantrums and freaks
Over things that seem petty and trite.
You'll never know how I panic inside,
When I'm lost in my anger and fright.

I am the child that fidgets and squirms
Though I'm told to sit still and be good.
Do you think that I choose to be out of control?
Don't you know that I would if I could?

I am the child with the broken heart
Though I act like I don't really care.
Perhaps there's a reason God made me this way --
Some message he sent me to share.

For I am the child that needs to be loved
And accepted and valued too.
I am the child that is misunderstood.
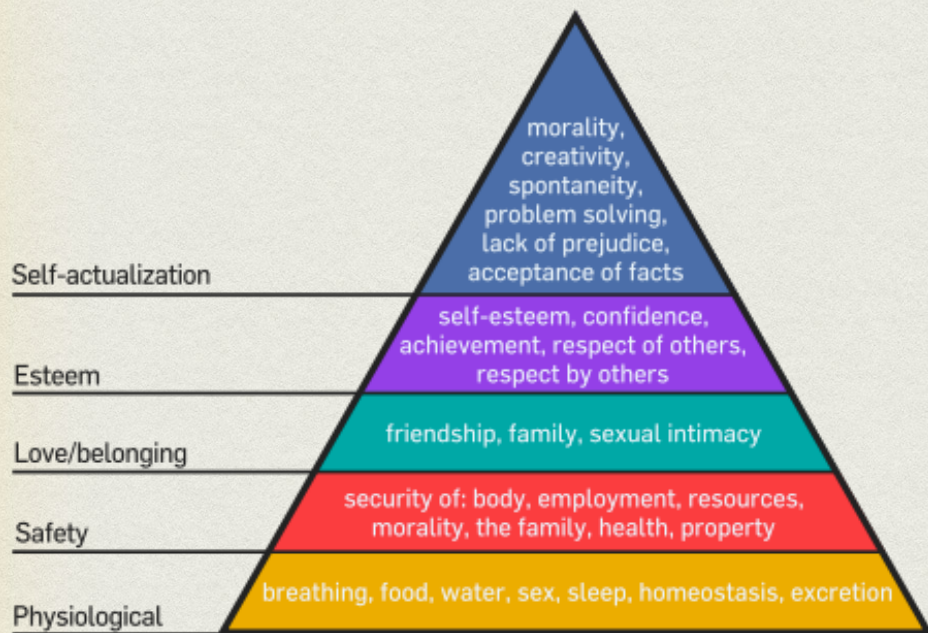I am different - but look just like you.

COMMON SCHOOL AND LEARNING DIFFICULTIES EXPERIENCED BY STUDENTS WITH ATTACHMENT NEEDS

☑ Difficulty with regulating/modulating emotional responses

☑ Burgeoned relationships with figures of authority

☑ Rigidity in social thinking; difficulty with mental flexibility and blending perspectives of peers and staff

☑ Difficulty with managing transitions or changes to schedule

☑ Performance deficits in application known coping skills

☑ Pragmatic social communication (modulating volume, conversational flow, "give and take", etc.)

☑ May triangulate/complicate effective communication between school and home

COMMON SCHOOL AND LEARNING DIFFICULTIES EXPERIENCED BY STUDENTS WITH ATTACHMENT NEEDS (CONT)

☑ Schools place a great deal of emphasis on management of external demands (schedule, curriculum, etc.); this may lead to a natural tension with how some students with attachment needs are supremely focused on internal demands and how they are met

☑ Increased anxiety in group settings

☑ Hypervigilance/sensitivity to safety and basic needs may be a difficult factor to control for in the school setting

☑ Teachers may be targets for projection of anger if more immediate gratifications are withheld

COMMON SCHOOL AND LEARNING DIFFICULTIES EXPERIENCED BY STUDENTS WITH ATTACHMENT NEEDS (CONT)

☑ Teachers and staff must be well-trained in efforts to de-escalate behavior and understand the underlying functions of behavior (e.g., task refusal = control) in order to replace target behaviors with more functional skills

☑ Inconsistent performance and periods of regression are marked characteristics of students with attachment needs

☑ Exhibition of gratitude and appreciation may be a burgeoned skill for some students with attachment needs; as such this can be misinterpreted easily by staff

☑ Student with attachment needs and school staff often share disparate perceptions of reality. Traditional "courtroom based" approaches ("Why did you?" "Do you remember?") to classroom discipline may be be better amended to include dialectical approaches (What happened? What was my role? What could I have done differently?)

☑ Predictability and routine are important, but assisting students with attachment needs with changes to these routines is essential

☑ Students with attachment needs often have severe discrepancies between their nonverbal and verbal communication, and great care should be invested to understanding how such a child navigates social communication

☑ Teachers should use sarcasm with extreme caution: nuances and subtleties of sarcasm can be triggers for escalation

DOMAINS OF LEARNING DIFFICULTY

How to recognize typical difficulties impacting a child's schooling:

- **Academic achievement deficiencies** ("traditional" gaps in reading, math, writing)

- **Affective needs** (social emotional functioning: self, peers, & staff)

- **Functional performance deficits** (attending, following directions, managing transitions, etc.)

- **Health needs**: (diagnosis or medical conditions that impact learning)

- **Cognitive deficits** (processing, working memory, perceptual reasoning, problem solving, etc.)

- **Motoric and sensory deficits** (fine or gross motor deficits; sensory sensitivities)

- **Speech and Language** (expressive, receptive, articulation, and pragmatic language usage)

- **Hearing and Vision**: (perceptual difficulties)
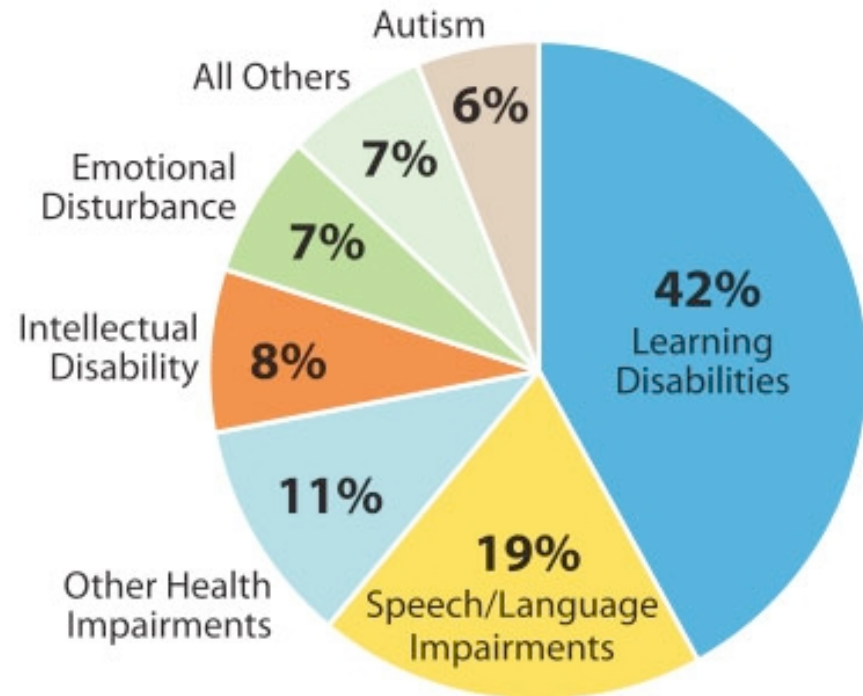
ACADEMIC DIFFICULTIES

- We should be monitoring more than just quarterly grades in the report card

- Most school districts benchmark all students, three times a year in reading, math, and --in some cases-- writing

- Typical school capacity is emphasis on screening students who are significantly discrepant from district peers

- Parent teacher conferences are important qualitative data source

- Standardized testing (ISAT, District Assessment, PSAE [11th grade])

SCHOOL BASED DISABILITIES AT GLANCE

- In US, based on formally identified students with disabilities, schools serve:

- Learning disabilities: 42%

- S/L impairments: 19%

- Other Health Impairments: 11%

- Intellectual Disabilities: 8%

- Emotional Disturbance: 7%

- Autism: 6%

- Others: 7%

Special education students by disability category, 2009

- Autism 6%
- All Others 7%
- Emotional Disturbance 7%
- Intellectual Disability 8%
- 42% Learning Disabilities
- Other Health Impairments 11%
- Speech/Language Impairments 19%

Source: www.IDEAdata.org, 2009 Child Count, Ages 6-21

ACADEMIC DIFFICULTIES: READING

- **Reading Fluency**: how quickly and efficiently a child processes text (with emphasis on building automaticity and expression)

2006 Hasbrouck & Tindal Oral Reading Fluency Data

Jan Hasbrouck and Gerald Tindal have completed an extensive study of oral reading fluency. The results of their study were published in a technical report entitled, "Oral Reading Fluency: 90 Years of Measurement," which is available on the University of Oregon's website, **brt.uoregon.edu/tech_reports.htm**, and in *The Reading Teacher* in 2006 (Hasbrouck, J. & Tindal, G. A. (2006). Oral reading fluency norms: A valuable assessment tool for reading teachers. *The Reading Teacher.* 59(7), 636-644.).

The table below shows the mean oral reading fluency of students in grades 1 through 8 as determined by Hasbrouck and Tindal's data.

You can use the information in this table to draw conclusions and make decisions about the oral reading fluency of your students. **Students scoring 10 or more words below the 50th percentile using the average score of two unpracticed readings from grade-level materials need a fluency-building program.** In addition, teachers can use the table to set the long-term fluency goals for their struggling readers.

Average weekly improvement is the average words per week growth you can expect from a student. It was calculated by subtracting the fall score from the spring score and dividing the difference by 32, the typical number of weeks between the fall and spring assessments. For grade 1, since there is no fall assessment, the average weekly improvement was calculated by subtracting the winter score from the spring score and dividing the difference by 16, the typical number of weeks between the winter and spring assessments.

Grade	Percentile	Fall WCPM*	Winter WCPM*	Spring WCPM*	Avg. Weekly Improvement**
1	90		81	111	1.9
	75		47	82	2.2
	50		23	53	1.9
	25		12	28	1.0
	10		6	15	0.6
2	90	106	125	142	1.1
	75	79	100	117	1.2
	50	51	72	89	1.2
	25	25	42	61	1.1
	10	11	18	31	0.6

Grade	Percentile	Fall WCPM*	Winter WCPM*	Spring WCPM*	Avg. Weekly Improvement**
3	90	128	146	162	1.1
	75	99	120	137	1.2
	50	71	92	107	1.1
	25	44	62	78	1.1
	10	21	36	48	0.8
4	90	145	166	180	1.1
	75	119	139	152	1.0
	50	94	112	123	0.9
	25	68	87	98	0.9
	10	45	61	72	0.8
5	90	166	182	194	0.9
	75	139	156	168	0.9
	50	110	127	139	0.9
	25	85	99	109	0.8
	10	61	74	83	0.7
6	90	177	195	204	0.8
	75	153	167	177	0.8
	50	127	140	150	0.7
	25	98	111	122	0.8
	10	68	82	93	0.8
7	90	180	192	202	0.7
	75	156	165	177	0.7
	50	128	136	150	0.7
	25	102	109	123	0.7
	10	79	88	98	0.6
8	90	185	199	199	0.4
	75	161	173	177	0.5
	50	133	146	151	0.6
	25	106	115	124	0.6
	10	77	84	97	0.6

*WCPM = Words Correct Per Minute

**Average words per week growth

www.readnaturally.com

ACADEMIC DIFFICULTIES: READING

- **Reading Comprehension**: gathering meaning from decoded text

- How do teams identify a problem with reading or math?

    - AIMSWEB, NWEA, MAP, MAZE, CBM

    - Comparison against peers **in district**, and to some degree national norms

    - There's no magic number, but less than 25th percentile warrants intensive study

- What do teams do when they think there is a problem with reading or math?

ACADEMIC DIFFICULTIES: AFFECTIVE DOMAIN

- Students who maintain social or emotional needs which impact their ability to learn and progress, academically

- How do teams identify and intervene when a social emotional difficulty is identified?

- A diagnosis --by itself-- is insufficient to generate a support plan

- Covers both internalized and externalized (or a combination of the two) needs, but must manifest themselves in the school day

- Typically, observational and longitudinal (social history) data is used to develop a picture of the students functioning

- Standardized rating scales (teacher, parent, and often student report)

- School counseling services (social work, guidance counselor, school psychologist) are often brought to bear BEFORE any plan is developed

- While targeted behaviors can be charted, affective needs less sturdy in the RTI process due to emphasis on more qualitative aspects of identification

ACADEMIC DIFFICULTIES: FUNCTIONAL PERFORMANCE

- Functional Performance: what is it?

- Access-based concept: can the student effectively and independently navigate the school environment by applying age-appropriate skills? If not, what barriers exist which can be mitigated by school assistance?

- Layman's definition: Can students functionally manage the school day without help?

- Examples:

    - Student who is unable to manage time during class periods (locker, socialization, distractions)

    - Student who is unable to effectively attend to certain types of lessons

    - Student who has difficulty in following complex, multi-step directions

ACADEMIC DIFFICULTIES: FUNCTIONAL PERFORMANCE

Executive Functioning Domains
(includes coordinated efforts across domains)

- **Shift**: moving from one activity to another and adapting to various classroom demands in a reasonable time

- **Inhibition**: the ability to stop a target behavior at the appropriate time

- **Emotional Control**: modulation of emotional responses by bringing rational thought and coping strategies to the situation

- **Initiation**: the ability to begin a task independently; generating ideas, responses, problem solving strategies

- **Working Memory**: the capacity to hold info in suspension for the purpose of completing a task

- **Planning/Organization**: the ability to manage current and future demands

- **Organization of Materials**: imposing order on school materials and storage spaces

- **Self-monitoring**: self-examination and active monitoring of student's own progress

ACADEMIC DIFFICULTIES: FUNCTIONAL PERFORMANCE

Problems resulting from an inefficient Executive Functioning skills

- Procrastination and inefficient use of planning opportunities

- Difficulty in adhesion of disparate concepts in writing

- Easily diverted from task by stimuli

- Slow completion of tasks

- Poor modulation of emotional responses

- Impairments with social judgement

- Ineffective model of self-monitoring

- Difficulties in moving from one task to another

ACADEMIC DIFFICULTIES: FUNCTIONAL PERFORMANCE

- How do teams identify a problem with functional performance?

- How do team tend to address deficits of functional performance?

- Standardized rating scales (Conners, ADDES, BASC, BRIEF) which compare ratings to national norms

- Time on task observations (BOSS, etc.) which examine a students degree of active and passive task orientation against peers

- Teams tend to accommodate rather than address the skill directly

- Data collection, meaningfully explicit and measurable goals are essential due to the "slippery" nature of these behaviors
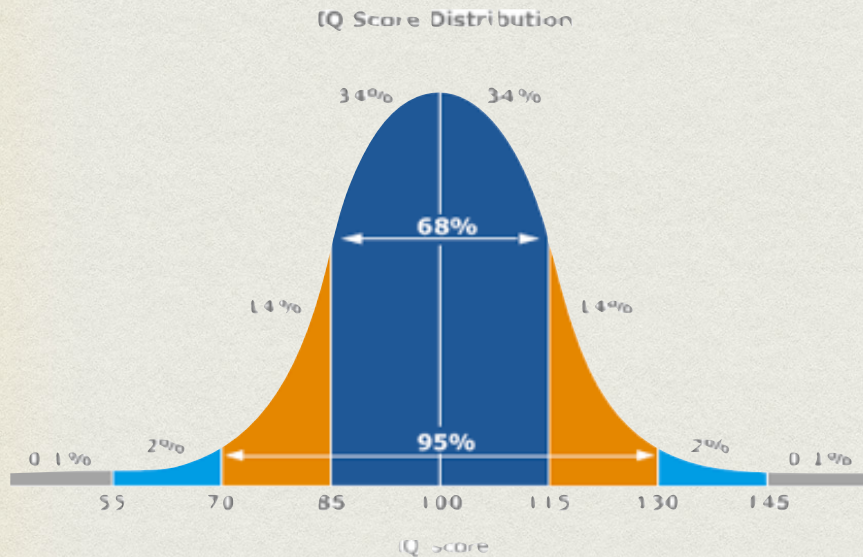
ACADEMIC DIFFICULTIES: HEALTH NEEDS

- Again, we are moving away from an educational system that provides specific services based on a diagnosis or script: remember that a clinical diagnosis is typically NOT sufficient to get "the ball rolling"

- Working closely with the school nurse or school health aide to document diagnosis, history, medication, and in-school and extracurricular treatment modalities is critical

- There must be marked, observable, and substantial impairment which impacts learning for a medical diagnosis to inform a support plan

- Tendency is for accommodation of needs as opposed to individualized instruction, thus the prevalence of 504 plans (aka, ADA "life function" plan) that have no provisions for individualized instruction to teach coping skills

ACADEMIC DIFFICULTIES: COGNITIVE NEEDS

IQ Score Distribution

- Mental Retardation, Educably Mentally Handicapped, Trainably Mentally Handicapped, Cognitively Disabled, have given way to current nomenclature, "Intellectual Disabilities"

- ISBE currently recognizes Cognitive Disabilities

- The only domain that requires norm referenced, standardized cognitive (aka, "IQ") testing

- Some districts administer cognitive tests (typically as part of their gifted/accelerated screening process)

- Classic categories within this area include Perceptual Reasoning (left hemisphere), Verbal Comprehension (right hemisphere), Processing Speed, and Working Memory

- True cognitive deficits require standardized assessment **and** adaptive rating scales to provide a comprehensive picture of where the deficits impact functioning

ACADEMIC DIFFICULTIES: MOTORIC AND SENSORY NEEDS

- How do teams identify and intervene?

- Team based referral to Occupational Therapists and Physical Therapists

- Observation based

- Norm-referenced tests (VMI)

- Can include assessment or analysis of sensory processing needs (aka, "sensory diet") that may impact learning

ACADEMIC DIFFICULTIES: SPEECH AND LANGUAGE

- Covers difficulties in expressive (output), receptive (input), pragmatic (social), and articulation (organic) language usage

- Largest portion of school-based services are considered highly remediable (primary school intervention: articulation)

- Listening comprehension and oral communication are functional skills

- Typically norm-referenced need

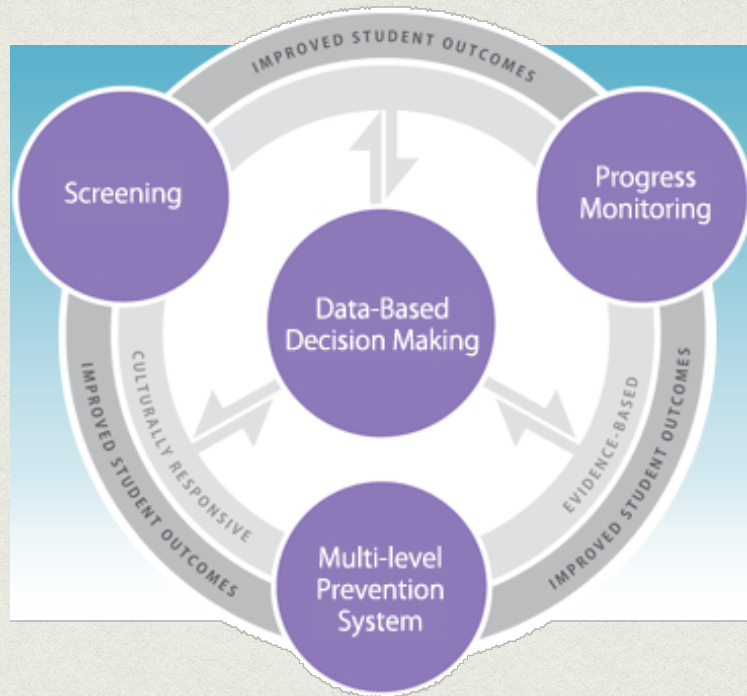- How do schools identify and address S/L needs?

ACADEMIC DIFFICULTIES: HEARING AND VISION

- Severe perceptual disabilities are among the lowest incidence of all disabilities

- State requires yearly screenings for all children

- Discrepancies typically refer parents to pediatrician or hearing/vision specialist

- Largest percentage of need involves simple accommodation; more pervasive need involves itinerant teacher support

- How do teams typically intervene?

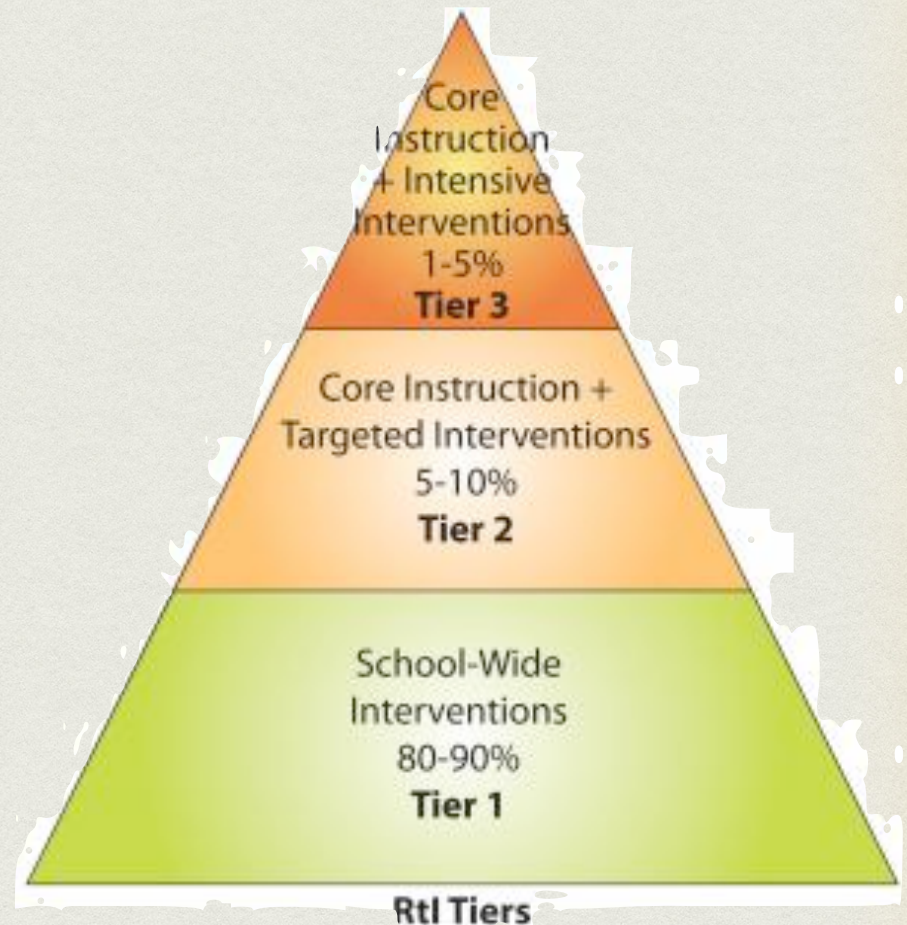# SO... WHAT DO SCHOOLS DO WHEN THERE IS A PROBLEM?

- Referrals for school problems are typically internally driven (from within the school)

- Referrals for problem solving and intervention can also come externally from caregivers and clinicians

- Schools and families must first agree that there is a need before the scope and sequence of remedies is applied

- The natural response is for schools to gradually escalate interventions, and reflect on data as to whether the interventions are working
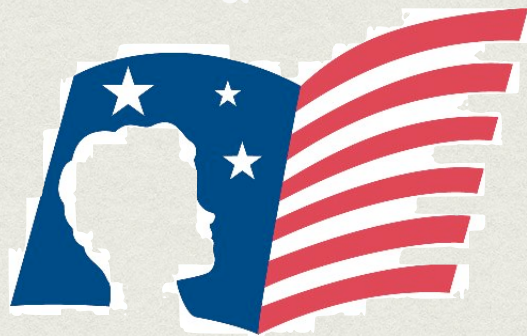
WHAT IS RESPONSE TO INTERVENTION (RTI)?

- A series of formal and informal levels of intervention that seeks to address performance discrepancies by differentiating instruction WITHOUT the need for formal identification (e.g., IEP, 504 plan)

- A system within each district is required by law

- Students must demonstrate data-driven "response" from intervention, or more intensive intervention is warranted

- Excels at targeting large, general populations who are below standards

- Interventions are provided in Tiers

Core Instruction + Intensive Interventions
1-5%
Tier 3

Core Instruction + Targeted Interventions
5-10%
Tier 2

School-Wide Interventions
80-90%
Tier 1

RtI Tiers

TO UNDERSTAND THE FEW "RULES OF THE RTI" GAME, YOU SHOULD…

- Be aware of your school district and school's performance on key indicators (http://iirc.niu.edu/)

- Know where your school and district perform on Adequate Yearly Progress (AYP) measures

- Pay attention to the three yearly benchmarks (Fall, Winter, Spring) that are conducted on students as a whole. These mailings typically include student performance, grade-level peer performance, and national standards

- Monitor your school district's efforts to adapt to the initiative of Common Core Standards (http://www.corestandards.org/about-the-standards)

- Monitor qualitative information in parent conferences, disciplinary incidents, and feedback on assignments

CAREGIVERS AND RTI

- No specific rights exist for parents/guardians

- The is no specific accountability or recourse for errors, omissions, or delays. However, ISBE requires/ recommends Tier 2 interventions are monitored at least twice a month, and Tier 3 intervention are monitored at least four times a month

- Most problem solving teams operate without active parent involvement. Best practice suggests that parents/ guardians are part of key progress monitoring meetings

- Caregivers should take the initiative to ask:

  - What type of data will be collected?

  - How will the data be collected?

  - How frequently will we monitor progress?

  - What strategies will be utilized to address the need?

- Monitor qualitative information in parent conferences, disciplinary incidents, and feedback on assignments

WHAT IF RTI IS NOT SUFFICIENT TO MEET THE NEEDS OF MY CHILD?

- While --in Illinois-- RTI may be used as part of the screening and identification of students with learning disabilities, nothing in the law absolves the district from digging deeper for formal entitlement if a disability or disabilities exist or are suspected

- Parents, guardians, caregivers, or clinicians may initiate requests for more formal entitlement under a section 504 plan or an Individualized Education Program (IEP)

- Maintaining documentation or suspicion of a disability is the first step in the process

ATTACHMENT DISORDERS AND ELIGIBILITY FOR SCHOOL SUPPORT

- Students with observable attachment needs that impact their learning **may** have International Statistical Classification and Related Health Problem (or ICD-10) or Diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR) classifications, and may present **in addition to** other diagnoses

- Remember that Reactive Attachment Disorder (RAD) and Disinhibited Attachment Disorder (DAD) are **neither** necessary or sufficient to meet the guidelines of RTI, 504 Plan, or IEP entitlement

- Any 504 plan or IEP diagnosis (including diagnoses that are concomitant with RAD or DAD) **must impact learning and school functioning**; while the clinical diagnostic process does not require this condition

ATTACHMENT DISORDERS AND ELIGIBILITY FOR SCHOOL SUPPORT

- IEP students with attachment needs that impact their learning are **typically** served under primary classifications of **Other Health Impairment (OHI)** or **Emotional Disturbance (ED)**, although that is not required

- It is possible that there may be other primary needs (e.g., **Learning Disability**, **Cognitive Impairmen**t, etc.) and that OHI or ED is deemed to be secondary

- A child may have multiple secondary disabilities, but only one primary

- From my perspective, the team should give their "best shot" at the leading need, and document any secondary disabilities. As long as all needs are specifically and accurately reflected in the IEP, there is less emphasis --in my opinion-- on which category teases out to "first place"

IEP OR 504 PLAN? COMMON CHARACTERISTICS

- Both IEP's and 504 plans require the presence of a disability that impacts learning

- Both IEP's and 504 plans require some degree of "adverse effect" or harm if the disability is not mitigated with school support

- Both IEP's and 504 plan maintain parent/guardian protections under state and federal law

- Both IEP's and 504 plans can include accommodations and related services

- Both IEP's and 504 plans have other protections under the law including procedures for discipline, re-evaluation, and integrity of service

- Both IEP's and 504 plans require the district to inform you in writing of your rights under each scenario

- Both IEP's and 504 plans operate under the ethic of Free and Appropriate Public Education (FAPE)

IEP OR 504 PLAN? DIFFERENCES

- IEP's provide educational benefit, through an individualized instruction under the concept of a"free and appropriate public education" (FAPE), "least restrictive environment" (LRE) at no cost to families

- There is a more comprehensive set of options for placement under an IEP, and is far more descriptive and prescriptive than a 504 plan

- IEP's and 504 plans differ in how dispute resolution is handled (Due-Process)

- IEP's maintain a comprehensive list of timelines for requests, meetings, evaluations, dispute resolution, and prior written notice of any changes to the plan

- IEP's require clear and measurable goals for service, and must be reviewed at least annually, but also in staffing, as a parent/guardian requests

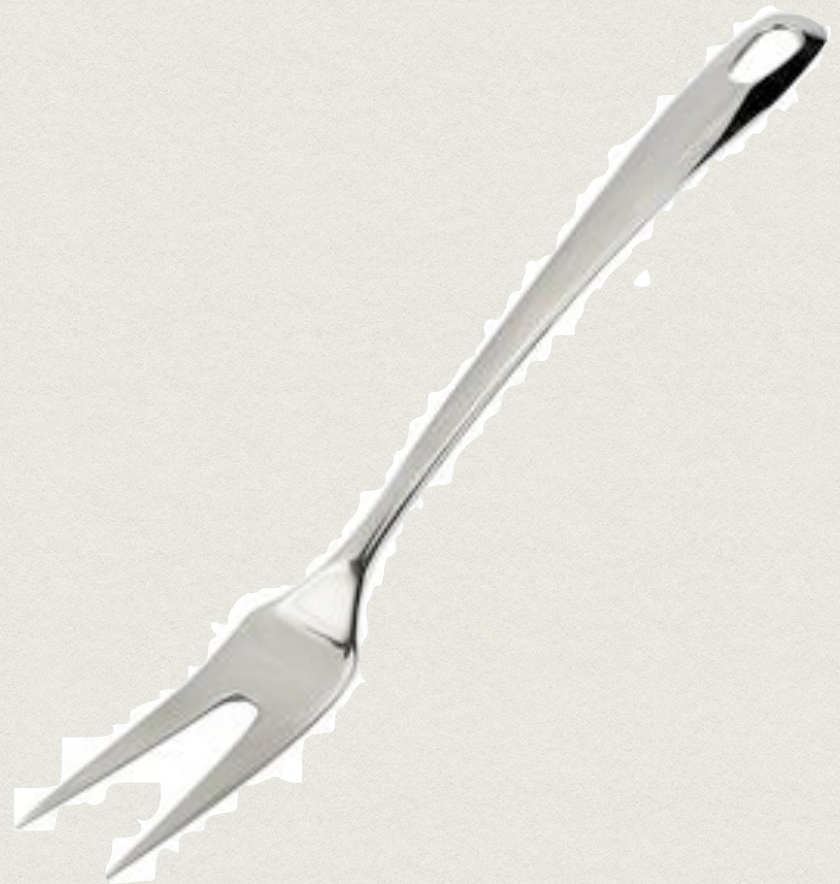# IEP OR 504 PLAN? DIFFERENCES (CONT)

- IEP teams must include certain specialists, including individuals that the family invites with "special understanding" of the child's needs

- 504 plans are General Education documents that emphasize the need for reasonable accommodations and "access" to the general education environment (Americans with Disabilities Act)

- Section 504 plans are unfunded federal mandates and no monies are directly associated with service provision; IEP's are funded by a local, state, and federal partnership

- IEP's may provide these services and protections up to the day before he/she turns 22

TWO PRONG APPROACH TO ELIGIBILITY FOR SPECIAL EDUCATION

1. Student must have an established disabling condition or handicap that impacts school performance
2. The student requires specialized instruction (content, methodology, instructional strategies, etc.) to compensate for this disability

THE "MINIMALIST" IEP: THE BARE BONES

- Minimum components of an IEP:
  - **Baseline data** on how the student functions in the school setting (PLOP)
  - Statement of **annual goals** in various goal areas (academic, social, communication, behavioral, etc.)
  - Conditions for **progress monitoring** towards attainment of the goals
  - A descriptive statement of what the school will provide to **compensate for the student's attachment needs in school**. This statement can include:
    - Specialized teaching (including setting, frequency, and other factors)
    - Specialized related services to assist student (speech and language services, social work, transportation, occupational therapy)
    - The amount of time the child will be in a specialized program (or placement) vis-a-vis non-disabled peers
  - Statement of the **degree to which the student will be educated with non-disabled peers** with supporting rationale
  - **Accommodations and modifications** to standardized and classroom assessment
  - Initiation dates and duration of plan
  - At age 14.5 in Illinois, a plan to develop skills for **transition** to the adult world

THE "BEST PRACTICE" IEP

- A comprehensive evaluation which has ruled out all possible disabilities, including those which may be primary or secondary to the child's learning difficulties
- In many cases, the level of data and confidence of recommendation required for an exemplary IEP for students with attachment needs requires the services of a third party evaluator (aka, a "private evaluation") which may or may not be covered under a family's insurance. In some cases, this can be provided at no expense to families ("IEE at public expense")
- A thorough understanding of functional performance and how a holistic view of a child's skill deficits tease out into the classroom and other school settings
- Ample provisions for communication, including --as appropriate-- a method of frequent home to school communication

THE "BEST PRACTICE" IEP (CONT)

- Solid communication between the child's external network of caregivers (SLP, OT, therapist etc.) and the school team (CRI)
- Meaningful, observable, and practical goals written in behaviorist style (current levels of performance, subject, intended behavior, treatment, setting, frequency, and duration)
- Frequent reflections on data, with adjustments to intervention plan as appropriate
- Emphasis on teaching of skills as opposed to accommodation/ modification
- If applicable, well-informed functional analysis of behavior and a dynamic behavioral intervention plan
- Intensive support for acquisition of daily living skills, including access to community and employment

CREATIVE USE OF YOUR RIGHTS UNDER IDEA

- IDEA provides for district-subsidized staff training if needed to fully implement the IEP
- Use of prior written notice, if used judiciously, can iron out ambiguities in the record
- Parent/guardian comments and statements can be integrated by submission so that the record accurately reflects your position
- Districts are required to consider (but not necessarily accept) outside data. If this data is not accepted, the district must provide some rationale as to the refusal and what methods the district will employ to address the need
- While parent/guardians have a legal weakness in arguing for specific methodologies, families can target monitoring for "peer-reviewed, practicable, and effective methodologies". If these methodologies are not effective over time, requests for compensatory education may be constructed
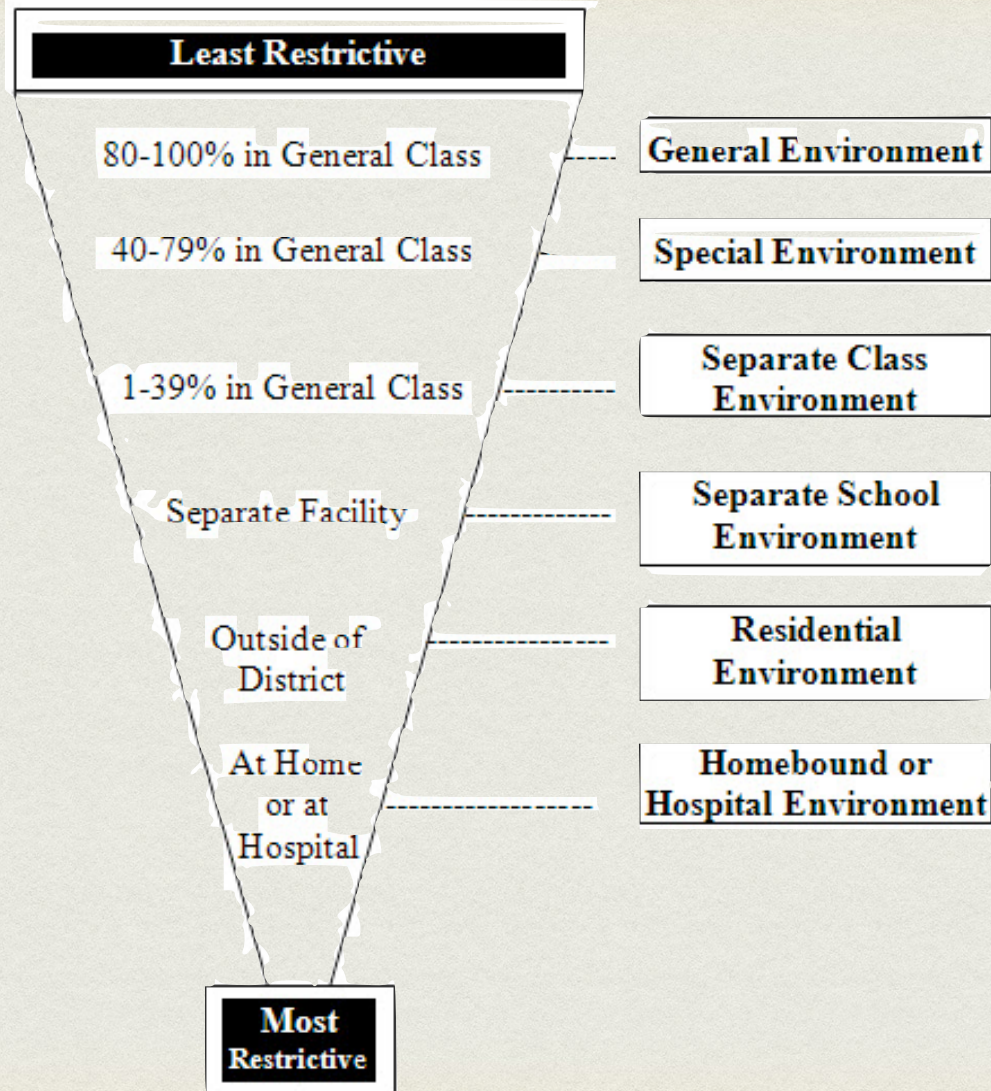
CREATIVE USE OF YOUR RIGHTS UNDER IDEA (CONT)

- There are grave sanctions for districts who ignore their responsibilities for a struggling disabled child, **by failing to identify the need**. Once the district has "knowledge" of a disability or specific learning need, they have a responsibility to study and possibly intervene
- Districts cannot pre-determine placement before an IEP meeting, and must consider any request for a more therapeutic placement
- IDEA does provide clear steps for dispute resolution that may not involve an attorney

PLACEMENT AND THE LRE CONTINUUM

USING EVALUATIONS EFFECTIVELY

- I have observed a relationship between the competencies, initiative, and leadership of a peak-performing school psychologist or speech and language therapist and the value of a school based evaluation
- Some districts in Illinois lean heavily on the expertise of program specific consultants (e.g., Autsim, Behavioral Specialist, etc.) through the special education cooperative networks, but this role can be compromised by the capacity for a district or school to effectively implement the recommendations
- As a general rule, school evaluations tend to be less confident in the actual recommendations for intervention, and tend to be utilized for purposes of eligibility only
- I typically recommend that families seek out the objective guidance of a private evaluator with experience in a wide range of attachment-related needs, who will also assist --if asked-- to present and consult with the team on appropriate peer reviewed methodologies for students
- Private evaluations may be risky and require good external advocacy to be effective: school districts are only required by law to consider the evaluation (not to necessarily implement the recommendations)
- It is essential that the initial evaluation include a broad range of measures to rule out all known areas of; **beware of an initial evaluation, re-evaluation, or exit evaluation that is simply a records review**
- RESPONSE TO INTERVENTION (RTI) procedures are not required by law for students with suspected disabilities OTHER than LD (e.g., Autism, Emotional Disturbance, Other Health Impaired, etc.)

USING EVALUATIONS EFFECTIVELY

The DOMAIN meeting is a non-IEP meeting where the referral questions are determined

It is --pound for pound-- the most important meeting you can participate in!

Student Name: _____ Date: ___/___/___

PARENT/GUARDIAN CONSENT FOR EVALUATION
Identification of Needed Assessments

This form must be completed by the IEP Team

DOMAIN	RELEVANT		EXISTING INFORMATION ABOUT THE CHILD	ADDITIONAL EVALUATION DATA NEEDED	SOURCES FROM WHICH DATA WILL BE OBTAINED
	YES	NO			
Academic Achievement Current or past academic achievement data pertinent to current educational performance.	☐	☐			
Functional Performance Current or past functional performance data pertinent to current functional performance.	☐	☐			
Cognitive Functioning Data regarding cognitive ability, how the child takes in information, understands information and expresses information.	☐	☐			
Communication Status Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance.	☐	☐			
Health Current or past medical difficulties affecting educational performance.	☐	☐			
Hearing/Vision Auditory/visual problems that would interfere with testing or educational performance. Dates and results of last hearing/visual test.	☐	☐			
Motor Abilities Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance.	☐	☐			
Social/Emotional Status Information regarding how the environment affects educational performance (life history, adaptive behavior, independent function, personal and social responsibility, cultural background).	☐	☐			

ISBE 34-57 B/C (4/08)

REFERRAL QUESTIONS WHICH SHOULD DRIVE THE EDUCATIONAL PROCESS FOR STUDENTS WITH ATTACHMENT NEEDS

What are the student's strengths? What appear to be the student's areas of deficit?

Do we have sufficient information about each deficit area?

Is there sufficient assessment in all recommended domain areas?

Does our assessment include both formal and informal assessment tools?

Does the information gained from the formal assessment support what is seen in the informal assessment results?

Do we have information from parents on their observations and concerns?

Are there any unanswered questions in any area?

Is there conflicting information in any domain?

Do our results match the behavior(s) reported by parents?

Has the student been observed by multiple team members in multiple settings?

FUNCTIONAL PERFORMANCE AND THE IEP

- ***Functional performance*** is a term (borrowed with affinity) from our colleagues in Vocational Rehabilitation Services
- It is a mandated statement required in all Illinois IEPs, addressing how a student functions across settings (home, school, community, workplace, etc.) in skill areas much broader than just traditional academics
- Performance based deficits versus skill based deficits should drive the intervention plan
- I describe this driving force as how a student's "wheels can hit the pavement" in the real world
- Where deficits exists, the school should do more than simply "rearrange the furniture" by accommodating the environment: they should teach the student skills to effectively navigate the real world in which they will ultimately transition
- Some schools are misinformed on exactly how their duties are impacted by this mandate, and how to go about applying their pedagogy to support "life skills" for students with students with need
- Any needs statement for functional performance should include a solid ecological assessment which evaluates transitioning throughout the school day

COMMUNICATION AND THE IEP PROCESS

- Virtually all of the referrals I receive involve some degree of communication breakdown between home and school
- Many parents perceive changes or shifts in service delivery that are not adequately explained. Many parents are confused by many school staff approaches to foster independence when a skill is not consistently generalized between home and school
- Home to school journal may be appropriate for many students
- Consent for release of information should be established (and even re-established) at the onset of every school year to ensure third parties who work with the child are a functional part of the intervention team
- Translating clinical terms to educational terms is an important skill to develop and often warrants external advocacy

BEHAVIORIST GOALS AND THE ATTACHMENT-BASED IEP

- A clear and measurable set of goals will go far to align any IEP for students with attachment needs
- Behaviorist goals relay on outward, observable behavior with clear conditions for attainment
- "Given (insert intervention), provided (frequency) by a special education teacher in (setting), (student) will obtain mastery of (descriptive statement of skill) with (performance indicator) or better performance in/on (evaluation measure) over a period of (duration); (with/without) adult prompting
- Goals are perfectly appropriate to be reviewed in advance of any meeting; moreover parent or third party suggestions can be submitted for review
- A specific, proposed methodology is generally not required in any IEP (methodology is not subject to parent preference or extra-curricular request)
- However, all goals and services must be aligned to a child's individual needs, and it is appropriate to request details on an "appropriate, peer-reviewed, and practicable" method for students with this type of need
- Establishing exactly how goals will be evaluated is the difference between room for improvement being stuck with a marginal IEP

ATTACHMENT NEEDS AND SCHOOL BASED BEHAVIOR PLANS

- Many students with attachment needs require the shaping of behavior to work towards compensatory skills
- A FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA) is the hypothesis of what probably causes the behavior, including antecedents, environmental and medical factors, as well as consequences (intended or unintended)
- An FBA should be completed by at least two members with training in observation and instruction of students with attachment needs
- Once the FBA is completed, it informs a plan to assist in the shaping of behavior.
- The BEHAVIORAL INTERVENTION/SUPPORT PLAN (BIP or BSP) should be grounded in the hypothesis of the team, identifying the target behavior(s) and prescribing changes to the learning environment/responses that will be required to:
  - Shape the current behavior (increase or decrease frequency)
  - Extinguish the undesirable behavior, and/or
  - Promoting the development of an alternative behavior that supports learning

TRANSITION SERVICES AND ATTACHMENT NEEDS

A **TRANSITION PLAN** applies to students age 14 1/2 and older, but the reinforcement of readiness skills can begin much earlier.

This plan includes overarching guidance for support in school, community, home, and workplace

The plan is designed to inform all facets of the student's IEP, including instruction and support during the school day

Special Education Services for students with disabilities extend --in Illinois-- to the day before their 22nd birthday (aka, "22 inclusive") and --if accessed-- become outlined in the student's Transition Plan

Students may participate in commencement (given they have met graduation requirements), but must forego the high school diploma for services to continue beyond this period

Most students with attachment needs may access services in excess of the four years typical for a non-disabled peer

School scan provide continued access to functional academics, vocational training, travel training, vocational assessment, job coach services, counseling services, transportation

Some students remain full time students to gather more skills, but also to continue to access health insurance through the family policy

Linkages with outside agencies are crucial in the "transition years" (e.g., Department of Rehabilitative Services, adult service agencies, counseling services, care providers)

TRANSITION SERVICES AND ATTACHMENT NEEDS

- Estate and financial planning for students with disabilities is quite complex and requires the oversight of an attorney who is capable of assisting in the development of a Special Needs Discretionary Trust, Supplemental Needs Trust, or similar mechanism for long term planning

- Traditional models of estate and financial planning may jeopardize access to essential government benefits, like SSDI, so due diligence is encouraged in this process

- Some families of children with attachment needs pursue some degree of Guardianship prior to age 18; but a delegation of rights or power of attorney is more typical (but less binding)

- Higher functioning students often delegate parents or guardians as designated parties to make educational decisions, beyond age 18 (see ISBE form 34-57k)

- Vocational Evaluations are essential to gather a comprehensive understanding of what the student with attachment needs can (or may not be able to do) in the world of competitive employment

- Best practice suggests partial transition to an adult service agency before the student ages out of special education (e.g., 1/2 time community based training, 1/2 time adult service agency)

IN CLOSING…