

A Note to All Teachers: What You Can Do When You Notice Significant Differences in a Child or Young Adult in Your Class

As a teacher, you are an expert in child development. Every day, you witness the huge variations in development, ability, skills, socialization, communication and behavior among typical children in the same classroom. With experience, you have a clear view of the wide range of what is “normal” or “typical” at a particular age or stage.

Sometimes you may recognize a child or young adult with variations that seem more significant. Some differences cause a reaction, making you stop and think about what you are seeing. Other differences in children cause disruptions and problems. Sometimes it is easy to determine what the differences are and what the cause may be. In other cases, a difference may be more subtle, and harder to describe, quantify and explain.

As a teacher with concerns about a child or young adult, it is sometimes hard to know what to do. You may be unsure about what you are seeing and what the observable difference in a student might mean. Sometimes the school environment may not be conducive to “speaking up” about a child.

When you have concerns about a student, it may be helpful to get guidance about school or district policy and procedures in identifying students with a suspected special need. You could talk to a mentoring teacher, the school psychologist, the principal or district staff.

Record Objective Information

It is useful to gather information to share with other school staff. It is important to be objective and factual in looking at the differences that you are seeing. Here are some ideas to help you organize your observations and thoughts.

1. Write (or speak into a tape recorder for later transcription) a description of the child or young adult, starting with physical characteristics and expanding to include more abstract qualities. How is he like other students? What makes him stand out as different? What does he seem to not understand or not know that may cause problems or set him apart? What seems really difficult for him? What about him is the most puzzling or unexpected?
2. Remember that these notes should be marked and treated as “confidential.” Be sure to earn about and follow all rules and laws regarding student and parent confidentiality.
3. Describe the behaviors (repetitive, inappropriate, stigmatizing, problematic, self-injurious or dangerous) that you see and any patterns you notice, such as the time of day when it occurs, the size of the group or location in which the problems are most obvious, the noise level in the room at the time, etc.
4. Describe anything else you are seeing that concerns you. Give specific examples and the details of what happened. This can include the circumstances, the outcome, and the reactions of others.
5. Describe and document what you are seeing in neutral terms. Avoid drawing conclusions. Do NOT assume you know what the child’s behavior means or why it is happening. Avoid characterizing the child or young adult as disruptive, withdrawn, inattentive, self-isolating, etc., but instead report what you saw and heard. (Some people find it helpful to compare the process of objectively recording their observations to writing down what a video tape would have recorded at the scene.) A factual and impartial description will help everyone who reads it to be objective and consider all the possible explanations, rather than jumping to any conclusions.

6. Record your observations over a period of time. Record your observations using the following headings:
 - Communication
 - Socialization, friendship skills, responses to other children
 - Repetitive behavior, speech or interests
 - Inflexibility or problems with changes and transitions
 - Problem behavior (causes a problem for the student or others)
 - Sensitivity to elements of the environment like lights, sounds, or temperature
 - Unusual responses to people, objects and events
 - Unusual behavior that makes you “wonder”

When you see a situation or observe a notable difference, write the incident down under one of the headings listed above. As you record more information, patterns may emerge, and you may be surprised by the frequency of some problems. Commit to “logging” observations about the student for a week or more, until you feel confident you have “documented” your areas of concern.

7. You observe children and young adults daily and have a critically important role in providing “insider information” about a student in all school environments, in and out of the classroom. Teachers are not allowed to diagnose disabilities. Be sure you know and follow all of the correct procedures to request assistance from other staff or to refer a child for further assessment.
8. Take all of your written information to the school psychologist (or other appropriate staff members). Support staff may want to observe the child and gather more information. They may observe a pattern of a specific disorder. School staff will advise the next steps to be taken, such as speaking with the parents, convening a case study team, or conducting a comprehensive assessment.

Seventeen reasons for you to do *Something*, rather than Nothing.

As a classroom teacher, you have vital information to share, without making assumptions about underlying causes, and without suggesting a specific diagnosis. You are often a child’s best advocate. You may feel reluctant about mentioning the problems you observe in a particular student. While it may feel risky, here are some reasons why “speaking up” IS a good idea.

1. You are an expert in child development, through training and experience. You have had classrooms full of children to “compare,” who provide a grand view of the wide range of expected development and behaviors. Parents on the other hand, often have limited experience, especially if the child is their first child or an only child. They may not notice some things, or know that a child is significantly different from more typically developing peers.
2. Parents may be worrying. Parents may be observing things that they think are “not quite right.” They may be asking friends and family members if they think everything is OK. They may describe what worries them to the pediatrician. Their concerns may be explained away by others who say, “She’ll be fine” or, “Boys are always less mature,” or, “His father didn’t talk until late...” Mothers may be accused of being overly concerned and nervous about their children. Sometimes one parent is able to see and acknowledge what may be a significant difference in a child when the other parent cannot see it or is not yet ready to acknowledge it.

Sometimes a student will already have a diagnosis such as ADD or ADHD. It is important to be sure that the diagnosis explains ALL of the unusual or atypical actions and learning patterns of the student. For example, most children with ADD or ADHD spontaneously develop and maintain peer friendships and relationships. Most students in the autism

spectrum do not have these friendship and relationship skills automatically and must be systematically taught.

Friends, family and medical staff may tell parents, "If there was something wrong, the teacher would be seeing things. Has his teacher said there is a problem? If not, then stop worrying." Your silence can be one more thing to discourage parents from defining the problem and finding out what their child really needs while there is still time to provide effective services.

3. The differences may be qualitative. A child may appear to be doing as well as his peers at first glance, but the quality of the interaction or behavior may be different, inappropriate or inadequate when more closely observed. Teachers may be able to give examples of significant qualitative differences that are masked when typical measures are applied.

For example, when measuring, "Works well with others," the rating may be "Yes," if there are no complaints from the other students, and the work is finished. However, your close observation during a group experience may reveal qualitative differences in the way the child interacts such as less flexibility, telling others what to do, repetitive speech or behavior, making statements out of context, appearing to not understand the perspective of the other children, or having difficulty making and carrying out plans.

4. You observe peer interaction on a constant basis. Some children or young adults are able to interact better with adults who tend to mediate or support interaction. In many cases, the nature of children's difficulties is more apparent with the peer group. Is the student isolated? Does she know how to join in? Does he sound like the other children and talk about the same kind of things? In contrast, is the interaction very one-sided or "immature?" You may notice if the student is "left out" in class, at lunch and at recess.
5. You may be aware of the reaction of other students to this child. Is the child the last one picked to be part of the group? If he is picked early, is it because he is well-liked, or because he knows something that can give the group an edge? Do the typical students seem to think him odd or laugh at him, particularly if they do not know that they are being observed by the teacher? Does the child spontaneously have same-aged peers to eat lunch with and play with on the playground or socialize with during free time? Do the peers seem tired of the child's "same old topics"?

Children in the primary grades tend to be more accepting of others, especially in classrooms with teachers who model this behavior. As the students get older, they become more selective about friends, less tolerant of those outside their circle, and less tolerant of those who seem "different." While younger students might invite the whole class to their birthday parties, older students, left to their own devices, do not. Some children are never or rarely invited to out of school activities. Parents will notice this and worry about the isolation their child is experiencing. This worry intensifies as the student gets older. The social isolation can lead to depression, anxiety and a very poor quality of life for the child or young adult with special needs.

6. Some "differences" may be more obvious in the school setting than at home. "Home" is an adult-mediated, variable setting where individual differences are often gradually accommodated into the family routine. Over the years, parents may not even be aware of the number and types of accommodations they have made for their child.

School is more structured and group-oriented. There may be more rules and expectations to be considered "typical." It is more obvious in school whether or not a student has the skills to "fit in." The classroom and campus settings place different demands on students and may

reveal difficulties in organization, attention, behavior, communication and socialization not noticed at home or elsewhere.

7. You may be the only person at this point in the child's life who can take the steps to help a child in need access needed services. If not you, then who? Who else is in a position to observe and objectively report the difficulties this student is experiencing? Some diagnoses will make a child eligible for special education and other services. With a diagnosis, family life can improve and other family members may be able to access the services that they need. Interventions specifically tailored to the child can help close the gap between what the child or young adult has learned and what he or she needs to learn. As more time elapses, this gap becomes wider, and harder to close.

Particularly in the case of Autism Spectrum Disorders, a complete assessment and understanding of the student is necessary to design and deliver a systematic and comprehensive program. The alternative, just "adapting" to identified differences, is not enough to support the student and does not allow him to benefit from his education, becoming a contributing member of society.

This is the first time in history that adults with autism disorders are telling us in their writing and lectures about their educational experiences. Many of them experienced total social failure in school that led to an isolated and depressed adult life. Others mention the important "moment" when a caring professional acknowledged a difference and took the steps to help the child get the supports and services he needed. The teachers who helped are recalled as mentors, leaders, and heroes who transformed the child and family's life for the better.

A formal diagnosis may make the child eligible for services from out-of-school providers, such as health insurance companies and local providers of disability-related services. A formal diagnosis may make the student eligible to participate in studies or treatment protocols that can be positive and supportive. A formal diagnosis may make the child and family eligible for mental health services that may be as important to the child and family's well being as the academic and adaptive supports. Stepping forward with your objective observations can be the first step in obtaining a diagnosis.

8. Your information may be a "starting point." There is a delicate balance between what you might want to say, and what parents are ready to hear. Some parents may be very sensitive or even defensive when the teacher or school suggests that there may be a problem. Whether or not parents are ready to hear about a suspected special need, the teacher and school staff will need to present the information in a kind, clear and objective way.

Some parents will be relieved to have their suspicions validated. They will be grateful to have specific and concrete information provided by the school to help medical or health care providers have a more complete understanding of the nature of the child's difficulties in different environments. Some parents will be energized and ready to get started working on behalf of their son or daughter now that they have been given the information and direction that they needed.

Some parents may resist, or need more time to make sense of the information, seek advice, and come to a conclusion that they can accept. There is no good reason to delay providing information since it may take months or years for parents to become ready to act on the information.

Some parents may react with anger or accusation. You will need to remember that these parents love their child and the information may be particularly devastating to them if they had not observed differences in their child's development. Most often these emotions are in response to parent's shock, fear, confusion and disappointment. Emotional responses are a natural part of the process of learning and becoming ready to act. You may want to try to

protect parents from these emotions, and avoid this difficult experience yourself. In fairness to the student, you cannot. You can, however, respond with caring, objectivity, support, kindness and empathy, recognizing that you might feel the same way if your child was observed to have special needs or disabilities.

9. Children learn the best and the most early in life. The plasticity of the young brain teaches us that it is important to begin interventions as soon as possible, for the best possible lifetime outcome. There is no good, brain-based reason to “wait and see.” You may begin to observe the differences and problems caused by features of autism spectrum disorders as early as three years of age.
10. The child and family may be headed for a crisis. Follow your district procedures to check the cumulative file or the psychological file for this child. Have there been student study teams, conferences or meetings about problems at various times? Is there a pattern of problems, but no lasting solutions? If there is a history of difficulties, and you are currently seeing problems, consult with staff to address these issues before a real crisis or major incident happens.
11. You can get help and support and so can the other children in the classroom. Sharing information can lead to eligibility for services and a plan to support the child or young adult. This plan can include support for you. More students are being diagnosed with ASD than ever before, and more students with ASD are being included in general education classrooms. You will likely have a student with an autism spectrum disorder in your classroom now or in the next few years.

Most general education teachers do not have specific training about autism related disorders. While you have plenty of talent, education and flexibility, that is often not enough when it comes to meeting the complex needs of a child with ASD in your classroom. When a student has a diagnosis and educational plan, the plan can include information and training for you, and time to consult with the specialists who are working with the child or young adult. A team approach with school and district staff can help you feel less “alone” and better supported to do your job.

When a student is identified to have a special learning need or specific disability, the other students in the classroom will be able to access more of your time. Specialized support may be provided in your classroom or via special “pull-out” services. You will have more time to devote to the needs of the other students in your room.

Special education and other support staff can help the typical students gain a greater understanding of their special classmate and learn how to access support for themselves if they need it. Typical students will be able to use in adulthood at home and in the work place what they learn in school about their special needs peers.

12. School districts, or local education agencies, have a “Child Find Obligation” under IDEA law. This means that “educational agencies have an affirmative duty and simultaneous obligation to identify, locate and evaluate those students who may be in need of special education...”ⁱ While some parents who suspect their child has a disability may bring the child to the educational agency, the agency has a “dual responsibility” to bring a child with an actual or suspected disability to the attention of his parents.

The obligation under IDEA includes identifying the special needs of students from birth to age twenty one.ⁱⁱ The child find obligation holds educational agencies accountable to identify any special need that may be interfering with a student’s ability to access his or her free and appropriate public education. Teachers may comply with this obligation by bringing information to the attention of school staff when academic or social development seems outside the norm.

Some teachers may worry that there would be resistance to actively seeking to identify students with actual or suspected disabilities because it would be costly to the district. However, there can be a great cost to not complying with the obligation. First, there is the human cost, the time lost to a child who is not correctly identified and therefore does not have appropriate supports and services to benefit from his education. Being unidentified and underserved can cause the child and family to experience additional social, emotional or behavior problems

There can be a financial cost to districts or agencies found to have failed the child find obligation. In some cases, when cases are taken to due process, hearing officers who hold the district accountable for failing to identify a student with a disability may award compensatory services to the child. The district or agency may be ordered to repay parents for out-of-pocket expenditures for therapies and services that the district should have been providing. It is in the best for the children, the families and the educational agencies to comply with the law.

¹ COPAA, the Council of Parent Advocates and Attorneys "Child Find Requirements under IDEA" <http://www.copaa.net/>

¹ IDEA Law, Subpart B 300.125, Regulations from the Federal Register" Child find." Once source to read this part of IDEA is <http://www.ideapractices.org/law/regulations/searchregs/300subpartB/Bsec300.125.php>

13. Children and young adults in the autism spectrum will not automatically improve over time just by experience and imitation. However, they will improve when specialized, individualized services are delivered over time. Your attention to their needs may be the first step in getting a child with ASD the services he needs to improve.
14. It is more cost effective to provide early, intensive education that results in a productive adult than to "pass the child along" through their educational life. Adults with special needs are most likely to become contributing, independent tax payers when their needs are met as early as possible during their educational years. It is never too late to identify and begin to appropriately support a student of any age as long as they still have time left in their free, appropriate, public education.
15. There is no entitlement to support services after a young adult leaves their free, appropriate, public education. Students are entitled to an education, but not to services after age 21. If the student with whom you are concerned does not learn to become a contributing member of society during his educational experience, he may never have the opportunity and needed support to do so.
16. The only way that school districts can advocate for sufficient special education and support personnel positions is by proving the need. You may notice that special education and other support staff in your school have large caseloads and no "spare" time to meet the needs of one more child or young adult! You do your colleagues no favors when you do not refer a student for special services. In fact, you help your colleagues remain stuck in a situation in which there will always be more children than they can possibly, adequately serve. The only way that school administrators can justify the creation of new positions for special education and support staff in schools is by showing that the number of staff currently employed CANNOT meet the needs of all of the identified children.

When many special needs students began to be included in general education classrooms in the 1990s, administrators calculated that it would require less time, money and staff than the previous "self-contained" approaches did. They were wrong! It requires more specialized staff to support you and your special needs students in inclusive educational settings. Educational staffing patterns have not yet changed sufficiently to reflect current needs. When you identify

children or young adults who may have need for specialized support in your classroom, you assist in the evolution of staffing patterns that can better meet the needs of all students.

17. It is never too late to find out how you and others can begin helping. We have talked to many people who did not know that they had an autism spectrum disorder until high school. Although this was very late, it was still helpful to find out during high school so that intensive services could be delivered as quickly as possible to help the individual prepare for life after educational services ended.

What are the risks to teachers or doing something rather than nothing?

Doing something admittedly can have its risks. You may get a negative reaction for “stepping on toes.” Some schools discourage teachers from speaking up, for a variety of reasons. Both staff and parents may be angry at the suggestion that something is “wrong.”

Doing nothing can be risky because a child’s needs may continue to be overlooked, ignored, or misunderstood. It may be important to weigh the risk of what might happen if you talk about the problem versus the effects of the decision to stay silent.

If you fear you will be resisted in your efforts to help a child or young adult, you may wish to ask a qualified member of staff to help you start the process. You may wish to ask another teacher who has been through the same situation for advice. You can also encourage parents who express their concerns to you to follow up on their own worries by seeking a professional opinion.
