

Putting the Pieces Together



This is our story about children, families, struggles, successes, and how to get what your child needs from school districts, mental health providers and the legal system.

We did it and so can you!

**Lois Cunningham
Brooke Gross**

Despite the good intentions of legislators and educators, kids are “left behind” all the time, every year. These are the kids who are misunderstood not only by the educational system, but also by society. We know parents who feel they failed their children, parents who feel they have tried everything and parents who finally give up. Our goal is to help those parents who are struggling with similar problems. We have finally made our way through the maze of school and government resources. We made it and hope to help others get the services they need for their children. We put the pieces together.

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I. Introduction

Parents, grandparents, teachers, day care workers, church and community groups, foster families, everyone who will aid a child should understand the principles in this book. Our biographies provide insights for families who have adopted children or whose children suffer psychological or educational challenges. We provide in our booklet descriptions of significant, yet relatively unknown, services available to families. We map out strategies. Our stories will encourage other families to obtain the interventions for their children even when faced with obstacles. Those obstacles can be challenged legally by knowing your educational rights. Laws exist that guarantee education and mental health interventions. Some psychological experts are excellent at explaining the symptoms, but less likely to provide solutions. These specialists are knowledgeable but they have not walked in our shoes. Drawing on our own personal journeys, we provide, for struggling families, information of resources available. With early interventions many different learning styles can be accommodated and children will succeed.

We have two adorable adopted boys. Our adopted children are special and were lovingly chosen. With all our yearning and cherishing, our families still could not heal emotional, physiological and behavioral wounds. Families with adopted children have the enormous challenge of bonding without the vital chain of biological and genetic links. Many parents talk to us about the similarities of our family struggles, and then later we learn their children are adopted also.

Many, many biological families are struggling with learning disabilities and mental health issues in their homes, in school, and in society. Should we blame parents, should we blame heredity, should we blame the environment or should we blame society? As parents we can feel helpless to create the world our precious children deserve. Throughout our struggles, small victories have become sweet. Our hope is that in sharing our stories and documenting our path, we can encourage other battles to be fought. Take up the gauntlet for your child!

We want to acknowledge several people, informational sources and agencies that helped us along the way: Sacramento County Division of Mental Health, Betsy Sheldon (California Dept. of Education), California State Disabilities Board III, ACCESS, Focus, Terkensha, Michaele Beebe, The Honorable Mary Stober, Chuck Cunningham, Phillip Cunningham, Craig Gross, Michael Gross and many websites too numerous to mention.

II. Our Stories

John

Our family journey began in 1989. Childless, my husband and I decided to adopt. Disheartened by stories of birth mothers changing their mind, birth mothers and lawyers accepting huge amounts of money and media reports of children being literally torn from the adoptive family by birth families, we persevered. Together we knew we would make such perfect parents!

Our life-altering day began on a sleepy, paper-reading Sunday morning. A phone call broke the silence and the voice of our lawyer brought us upright in our chairs. "Stay by the phone" is all he said. Each time the phone rang my heart was jolted from an invisible defibrillator. Finally THE call came. The social worker at the hospital asked could we be there at 6:00 pm to pick up our baby. It was 4:00 pm. We had two hours to prepare for our baby. At the hospital, we were met by a frumpy, grim-faced social worker. The baby's mother, her mother "the baby's grandmother", the social worker, my husband, and I crowded around a small table in her paper-strewn office. It was warm and very intense. Beads of perspiration glistened on my temples and palms. The birth mother was 18 years old. Her only request was we tell her she did this because she loved him. A nurse brought the wriggling baby boy and placed him in my arms. I did what I think every other mother does, I inspected his tiny body counting his fingers and toes, to see if all essential parts were there. I stared down at him and immediately fell in love. When we arrived home, suddenly it hit us - we had no crib. My husband laughingly recalled a family yarn that as an infant his great-grandmother slept in a drawer. That was the 1890s, not the 1980s. We shrugged our shoulders, emptied a dresser drawer, and lovingly offered up his tiny body to the altar in his blanket. It was the most wonderful day of our lives. We named him John.



Michael

It was just Lois and I meeting for coffee. Never did I think that this friend would understand my life or more importantly be living a similar life. As I think back over the last ten years, I realize how important other friends with adopted children would be in dealing with the challenges ahead. The journey of parenting my two biological children was coming to its end. Stacey our oldest was completing college. She had plans to marry her high school sweetheart. Craig, our son, was in college in another city and was involved in his church ministry. Our children were out in the real world and doing terrific. Our new beginning would be one of our most difficult of our lives. We were to become foster parents for high-risk babies. These babies would come to us with many varied backgrounds. Most suffered with pre-natal drug exposure and early lives filled with the most serious kinds of abuse or neglect. Michael would be our first child. He would be placed with us for a period of six months and then was supposed to return to his birth mother. But Michael never left us! For reasons only his biological mother can explain, she never was able to reunify with him. Michael was home forever with us. We fell in love with Michael, and we knew he was destined to become part of our family. Our many diverse challenges of his adoption seem to represent many other families and their similar circumstances. Michael would become our third child. We knew from the very start that his needs were many. We loved him and we would overcome them all. We began a journey that continues today to conquer Michael's many issues, fears and behaviors. We found early in Michael's life there were signs of learning and emotional disabilities. Many of the signs were identified as ADD and are described in Appendix 1.



Michael's Story (continued)

Going to school is a rite of passage for all children and they look forward to it. Michael was excited and so were we. His first day of kindergarten in his new shoes and clothes proved to be difficult for him. While Michael is bright, he had difficulty staying focused and attentive. He was impulsive and distractible. All these are abilities you need to do well in school. Spending time helping in his classroom was hard for him and for me. It was apparent that Michael's social, educational, and behavioral issues were getting in the way. Michael's self-esteem was suffering, and he wasn't learning.

First grade was a nightmare. Michael was not given his prescribed medicine regularly, and when he was off task, he received disciplinary consequences. Second grade approached and we decided to enroll him in a well-known private school. We gave them all the information on Michael and they agreed to take him. He did better in a small structured classroom with people who cared about him. The year progressed and we worked closely with the staff. The work at his new school was much harder, but teachers modified his assignments. We also tried new medications and new doctors. We felt sometimes we were not told the truth. There are honest and, unfortunately, dishonest people in this world. Families looking for answers do not always see the signs of those who really want to help.

Time went by and we knew that third grade at his private school would be frustrating for Michael. Our family decided to move to a new area that had a year-round school. The decision was based on the school district's new approach to learning for the special needs population. When Michael started in his new school district, we immediately asked for a meeting to assess his needs. It took time and not much was accomplished. I now know that school districts use these meetings to offset actually giving the family services. Finally, we had an Individualized Education Plan (see Student Evaluation Process), but the principal refused to designate Michael as a special education student. After conferring with an attorney we were informed Michael could actually qualify under the designation "Other Health Impaired" or OHI. When the school district was informed, they were finally willing to give Michael a new educational setting.

Michael was placed in the learning center during his academic day. He received small group instruction using various modifications. He was

referred for an occupational therapy evaluation. This finally answered many of our questions about his fine motor skills. At last we could understand why he had such problems with achieving success. Home life, however, was a nightmare. Michael had very few friends. Most activities he started, he eventually dropped. He had violent outbursts with destructive outcomes. Sometimes at school he would actually walk out of classrooms and wander the campus. We were losing our son.

We knew that we needed to do more than push for accommodations in non-public school settings. It is something that is beyond all description to think about placing your child out of your home. Who will kiss him goodnight? Who would be there if he had bad dreams? How could we do this after everything this child had already been through? Guilt is all I can say. My stomach churned loudly all day when my thoughts went to our situation. Maybe if Michael had been with another family, he would have done better? It was what we had to do and it was the most difficult decision we had to make. With daily guidance from our adoption worker and with our own investigations into services, we made our decision. We would place Michael in a therapeutic residential facility. Admitting that we couldn't solve our own son's problems, left us feeling defeated.

Not only was Lois aware of my situation, but another friend, Mary, also had an adopted child. These two dear friends seem to know when they were needed. Our trips to the coffee house became more regular, and whenever I thought I couldn't move forward, they pushed me. When I talked and cried about Michael, they understood because they too were having issues with their adopted children. My belief at that time was to look to the future for all of our kids. We believed in what we were doing and kept moving forward. Looking back now I see all the progress our family has made. We make little steps, and sometimes we fall down, but we continue again. This was never just Michael's problem. This was our family's problem. So, as a committed family, today we are still taking those small steps, and we still need band-aids at times.

We fought the system and won. Michael is twelve now and finally in a school setting where he can be successful. He attends a highly structured non-public school. He wants to go to school and learn. There is such a big difference in Michael's self-esteem when he is able to achieve. His educational associates understand Michael and treat him appropriately and then so do his classmates. What will the future hold for our son? That is a

question my husband, and I think about daily. We know that whatever he needs, we will do our best to get him the tools to accomplish his goals.

John's Story (continued)

John was identified as Attention Deficit Disorder in kindergarten and even though private psychological testing suggested he also had auditory processing issues and learning disabilities, he was offered only a few classroom accommodations (See Appendix 2). By the age of twelve, he was diagnosed with a mood disorder. Psychologists and psychiatrists offered advice and medications. Friends, and especially family members, fired out blame instead of offering support. John's elementary school teachers did the best they could to meet the accommodations he needed, but with 35 students in a classroom, the good intentions often diminished the services offered over time. By middle school even the lessons of SSTs and 504 plans (see Chapter IV - Student Evaluation Process) and the suggestions for accommodations - less homework, fewer assignments, and increased testing time – were ignored and he was supposed to no longer use “ADD as a crutch”.

With the teenage years, school suspensions become the discipline of choice. This choice is actually a reward – a day-off from school. For a child like our own, who had found little success in school, this punishment had no impact on his motivation. Threats of more suspensions have no meaning. If you cannot see anything beyond the next 20 minutes, the future is a long way off. Impulsiveness precludes the child being able to follow through on the promise “not to do it again”. John is a bright kid. We were adamant that the right school placement would help. We knew he would thrive with one-on-one instruction. Only recently have school districts recognized ADD as a learning disability under the designation of “Other Health Impaired”. Results from our 4th school evaluation finally led to special education services. However, he was offered a one-hour organizational skills class because the rule is always to provide education in the “least restrictive environment”.

By his sophomore year in high school, John was unmotivated and depressed. He was skipping classes. Four letter words accompanied every angry outburst. He began to slip into civil disobedient behaviors. As each progressive offence unfolded, he slipped more and more away from our grasp. We were scared. Consequences lost their effectiveness. We could

only sit by helpless as he drowned in his anger. He seemed doomed to a life of struggle, homelessness, and the scary thought of incarceration. The only alternative we could see that held any hope for change was a residential treatment center. At this point we met the Executive Director of the State of California Development Disabilities Area III Board. As an advocate for children's rights, he was a comforting source of support. He listened intently and at the end of the conversation, said, "We will get your family the help you need".

Life at home was going from bad to worse. John was threatening us and even threatened to kill himself. Our son was now sixteen. We felt he needed more intensive services than organizational skills classes. To receive residential mental health services under 26.5 funding (see Chapter V - Responsibility Flowchart), the school district must label him "emotionally disturbed". We came to learn it is very important to obtain this label. Labels drive services. Labels aside, the bottom line was we wanted appropriate services. With funding for special education limited, it is understandable that resource classes are difficult to access. John eventually had a serious breakdown and ended up in a psychiatric hospital. After two weeks in the hospital, the staff was planning to release John on a Saturday morning. If he came home, we knew we would lose him. A sympathetic insurance agent pleaded our case with the Director of Insurance and with the Director of the Hospital. Our residential facility of choice was out of state and did not accept patient referrals after 4:00 pm on Fridays. We waited breathlessly by the phone. Just as our journey of adoption began as a momentous phone call, our son's life hung in the balance by one phone call. At 3:30 pm the call came. We were given approval! The insurance company agreed to pay the bill for three months of treatment, but there was no coverage after that time. We were still in a battle with the system, but we were closer to winning the war.

After mediation, the school district agreed to the designation of ED and the county picked up the residential costs for mental health services. John spent eight months in a group home. Weekly he participated in peer support group meetings and individual psychotherapy. Our family met twice a month for family counseling. John is learning skills for managing his anger and aggressive behavior.

John has “stepped down” to a non-public school and what are called “wraparound” county services providing mentors to help the forward progress continue. His non-public school is paid for by public education funds until he graduates high school or is 22 years old. He is receiving help with vocational training, resume preparation, hunting for and keeping a job. He has a bright future. John has so much creativity to bring to the world - see his poems on the last few pages. Schools do not always reward creativity. The most important reward is success for your child and rewards take action.



III. What can you do?

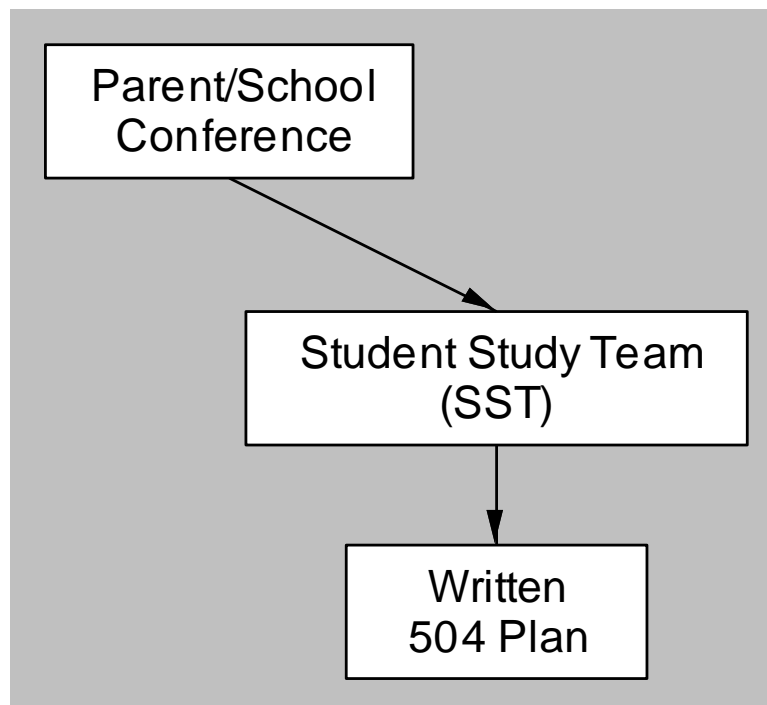
- School districts, by law, are mandated to teach every child in the “least restrictive environment”. By paying taxes we all have a voice in our district’s Department of Education.
- Our advice, and the most important pieces of information we have to offer, is keep copious records and always put your requests in writing. Start a notebook and keep copies of all correspondence.
- Do not sign anything, except in attendance only, if you don't agree with or don't understand. Make yourself known at your child's school. Listen to your child. You know your child better than anyone else.
- When given the options of other programs or schools don't make any decision until you view the program and talk to the staff. Network with parents and use your experience with your children to make positive choices. With perseverance and knowledge, you can find the right learning environment for your child.
- Tests administered are usually the Behavior Assessment Scale for Children (BASC), Auditory and Visual Processing tests, and typically classroom observation. (See Appendix 3.) These assessment tests are administered by a school psychologist and are expected to provide a complete picture of your child’s psychological makeup. From this evaluation, your child may qualify for special education services (see Evaluation Process Flowchart).
- ADD or ADHD kids usually have “borderline” disorders that do not fit severe disabilities such as autism or retardation. They can, however, fit the classification of “Other Health Impaired” or OHI. With this designation, a child can qualify for special services and an Individual Education Plan (IEP).
- The IEP lists specific goals to help your child learn. The IEP plan can consist of a short time per day with a specialist, small group instruction, or it can involve enrollment in a special school. Participants in the IEP are Special Education Department representatives, teachers, the school psychologist who administered the tests, parents, the student, and any professionals who know your

child, including parent advocates. After any request for an IEP is made, the school district has 30 days to convene the meeting.

- The IEP consists of the following:
 - Breakdown of classes/grades.
 - Itemization of current levels of performance, such as academics, motor development, social/emotional behaviors, and medications.
 - Description of requirements and intervention.
 - A plan of action to improve learning.
 - Measure of accommodation success within a specific timeframe.
 - Reconvene with school team at the end of the success period to evaluate and perhaps develop new plan of action.
- If an IEP is not enough and your child is still struggling, initiate calls to your county's Department of Mental Health (DMH). Advocates are available to guide your family through the process.
- Do research on the Internet and check any websites with the key words in this booklet. There is a vast amount of knowledge available.
- As a last resort, there are legal avenues. If your rights are being violated, laws provide "Due Process" (See Appendix 4). The State of California Disabilities Board III provides assistance to families and was referred to us by our parent advocate.

IV. STUDENT EVALUATION **PROCESS**

INITIAL STEPS



Parent/School Conferences

Parents confer with teachers and school administrators to determine if accommodations are necessary to help the child learn.

Accommodations

The school recognizes a child's educational needs and responds with a plan for that child. Seating can be arranged so a child has a teacher's full attention and is away from distractions. Other accommodations can be: increased testing times, reduced homework, and even tutors or mentors. There may be specific alterations to the school environment, either physical changes within a classroom, or sometimes changes in curriculum. Changes are made to enhance student's behavior and educational advancement - sitting next to the teacher or close to the board, enlarging mathematic assignment papers, use of bathroom facilities during class time (see

Appendix 2). Accommodations are mandated when written in a 504 plan or an IEP.

Referral

Parents and teachers talk with school staff when it appears a child is not making progress and a written request is made for an educational and psychological assessment of the child's capabilities.

Assessment

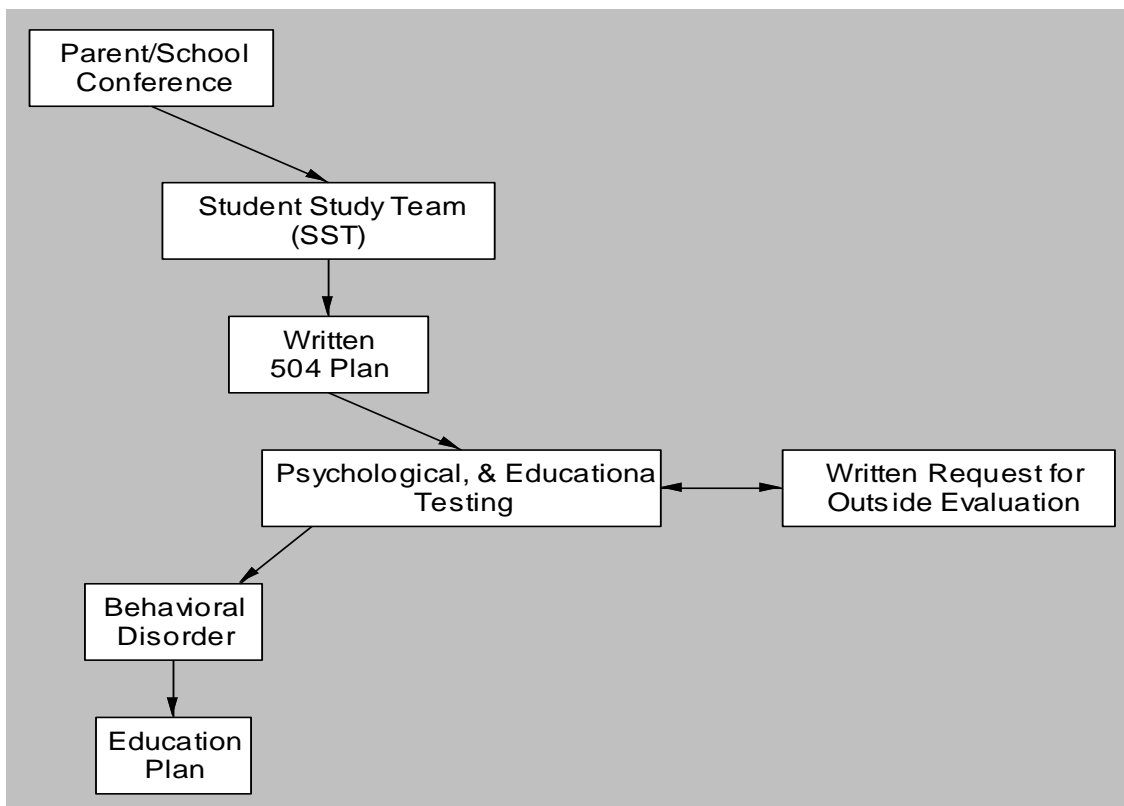
A written request is made for a special education assessment if accommodations for the child do not seem adequate. Children may be referred for inclusion in the special education program. The assessment by the school district must be done within 60 days of the consent for assessment is received (excluding holidays and school breaks). The assessment includes various tests and observations (see Appendix 3).

Student Study Team (SST)

The first step in accommodating a child's special needs is an SST. Teachers and families jointly agree to this plan, but minimal formal paperwork is usually implemented. The plan can include written descriptions of what accommodations seem appropriate for the child and goals for implementing the success of this plan.

Section 504 Plans

This is a team written and signed document between the schools and the parents for accommodations that will benefit the child. This was established through the 1973 Rehabilitation Act and Section 504 of this act defines a disabled student as one who has a "physical or mental impairment that substantially limits one or more life activities affecting learning". Parents and school staff initiate and periodically review the written accommodation plan. This plan is necessary if testing does not warrant special education and this is not an Individual Education Plan (IEP).

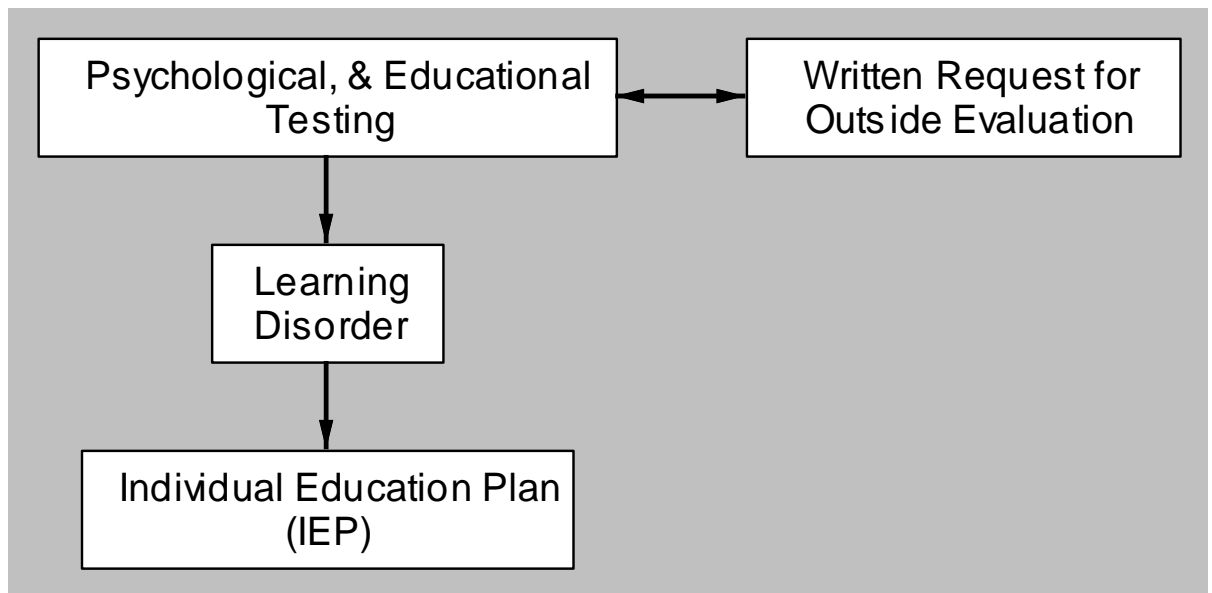


Behavior Disorder

After testing to determine the cause of school difficulties, a child may be diagnosed as having behavioral issues. The disorder manifests in disobedience, deliberate failure to follow directions, and other similar behaviors that adversely affect learning. A Behavior Intervention Plan can be implemented to address these issues at school in conjunction with parental reinforcement at home. The plan will incorporate consequences for inappropriate behavior and with positive, not punitive, reinforcement. Punishing a child through suspensions and expulsions can make a child feel alienated and unworthy of an education, usually displacing anger elsewhere as well as at school.

Outside Evaluation

If at any time during this process a parent feels the school testing is not accurate, the request for an outside evaluation is a viable alternative. The school district must pay for this second opinion if the results show their evaluation was not comprehensive and other disabilities are discovered.



Learning Disorder

After testing is completed, it may be determined the child has disorders that are physiological in nature and more intense accommodations are needed for these issues. Many conditions that are observable are autism, mental retardation, and deaf or blindness.

Other lesser-known examples of learning disabilities are:

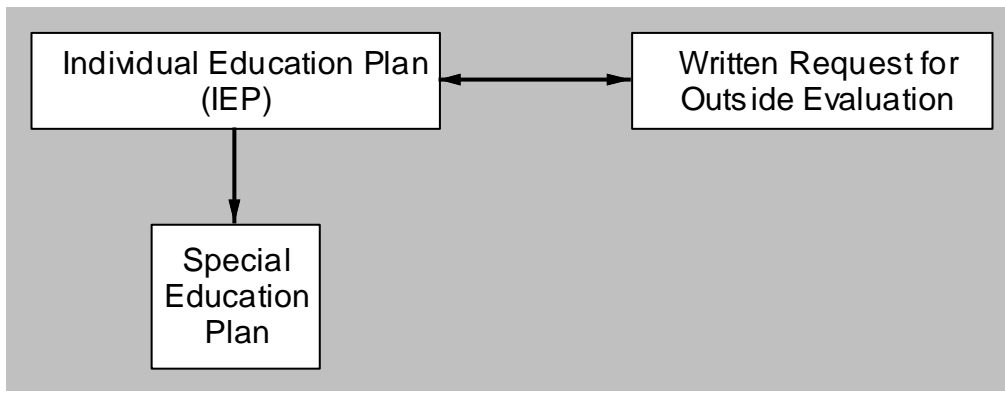
1. Visual processing issues which are delayed vocabulary skills and misunderstanding of written symbols. It is a physiological problem with the way information is perceived and processed by the brain.
2. Auditory processing issues where the brain process of recognizing and interpreting information received through sounds. These children usually do not recognize subtle differences between sounds in words and the skills they do learn commonly cannot be transferred in everyday use.

3. Other Health Issues (OHI) are other learning disabilities that are not processing issues or specific observable conditions. Most common are Attention Deficit Disorder (ADD) or ADHD (Attention Deficit Hyperactivity Disorder), or any other medical conditions that affect a student's success in school.

Individual Education Program (IEP)

An Individual Education Program is tailored to match a child's learning needs with specific goals and objectives. The school district has 30 days to convene an IEP. The IEP outlines specific strategies. The IEP goals must be realistic, attainable, and measurable. Each goal defines the techniques to be used and what supportive services are necessary by the schools and the family. The school psychologist, special education personnel, teachers, advocates, and the family make up the "IEP Team". Parents are the central members of this team. All members are required to sign the IEP document. If parents do not agree with the plan, further negotiations may be required. There is a great website called www.wrightslaw.com. Their reference explains that these plans should be:

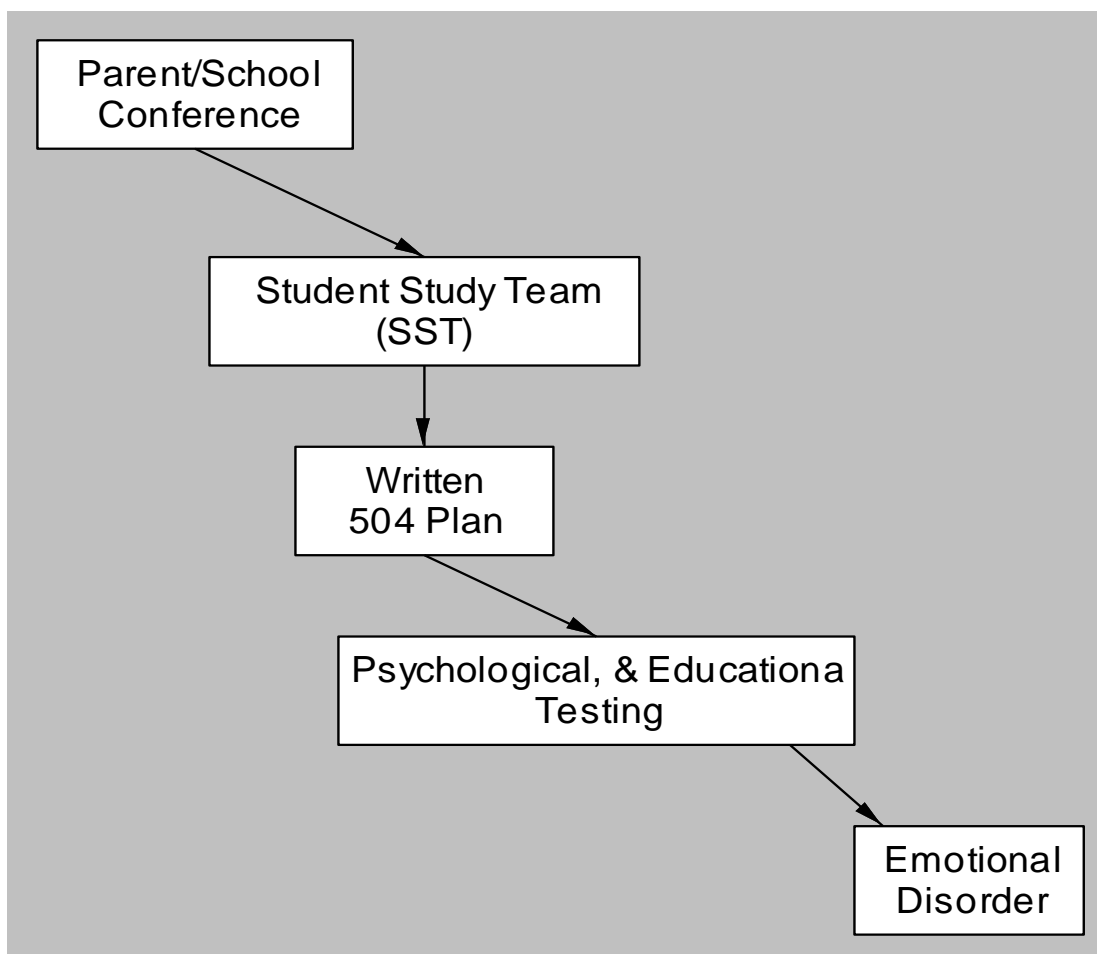
- S - Specific
- M – Measurable
- A – Appropriate
- R – Realistic
- T – Time limited.



Special Education Plan

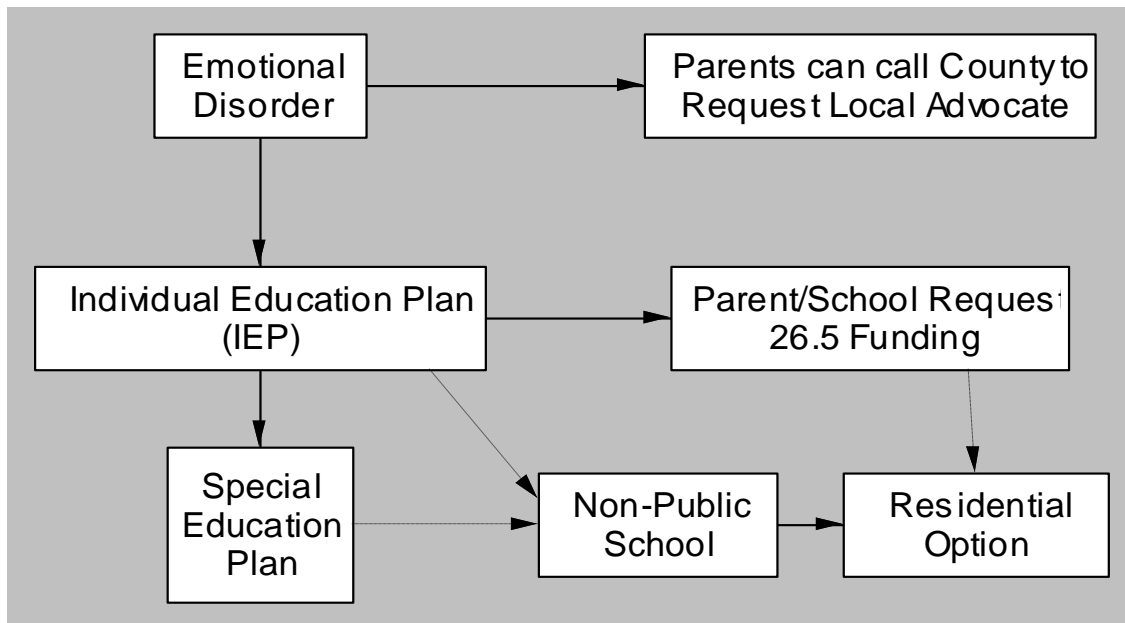
When a child has a qualified learning disorder, and it is determined a child cannot learn in the traditional classroom situation, special funding exists for other learning settings. The resulting accommodations must be in the “least restrictive environment”, but still can be a highly structured classroom environment in lieu of a regular school environment. Examples are:

1. Resource Classes: Students in this program remain in regular classrooms for most of the day. They attend the resource class for intensive work in specific areas. The teacher provides instruction to each student either individually or in small groups. Instruction can be delivered within the regular classroom or can be in another classroom attended during a specific timeframe.
2. Special Day Classes: Students in special day class spend the majority of their school day within a single classroom. The students are taught in groups according to their similar instructional needs. The teacher provides instruction to each student either individually or in small groups.
3. State Special Schools: Residential schools exist for the blind, deaf, and other neurologically handicapped students. Decisions to place students in these programs are based on the IEP team recommendation when no other appropriate placement or less restrictive environment exists in the school system.



Emotional Disorder (ED)

Once testing is completed, a designation may be applied called emotional disability or emotional disorder or “emotionally disturbed”. This diagnosis, when educationally based, is a label to determine the necessary school district special education plan (see Appendix 4). An IEP meeting occurs when this disorder is identified and the individual education plan is written. The school district may also make a written request to the County Division of Mental Health for an evaluation to determine if AB3632 funding is necessary (see Appendix 4). It is only with an ED designation that a student can be considered for residential services.



Local Advocate

A local advocate is a person or several people who can help your family attain “due process”. An advocate helps navigate the school system and provides support to obtain services whatever the circumstances. The County Department of Mental Health offers advocacy, but there are also other programs. The advocate can also offer emotional support for parents.

26.5 (AB3632) Funding

There exists county funding to support families through beneficial interventions. This funding depends on the school district’s referral of the IEP. Through the county assessment of needs, funding may be provided to families for mental health services, including residential treatment options.

Non-Public School

When a child simply cannot succeed using a special education plan within the public school system, a non-public school may be warranted. These schools are also federally funded, not necessarily funded by the school districts. The schools are organized around specific guidelines that enhance learning in a safe environment. At an IEP meeting this school setting may be determined as the “least restrictive environment” that enhances the child’s educational success.

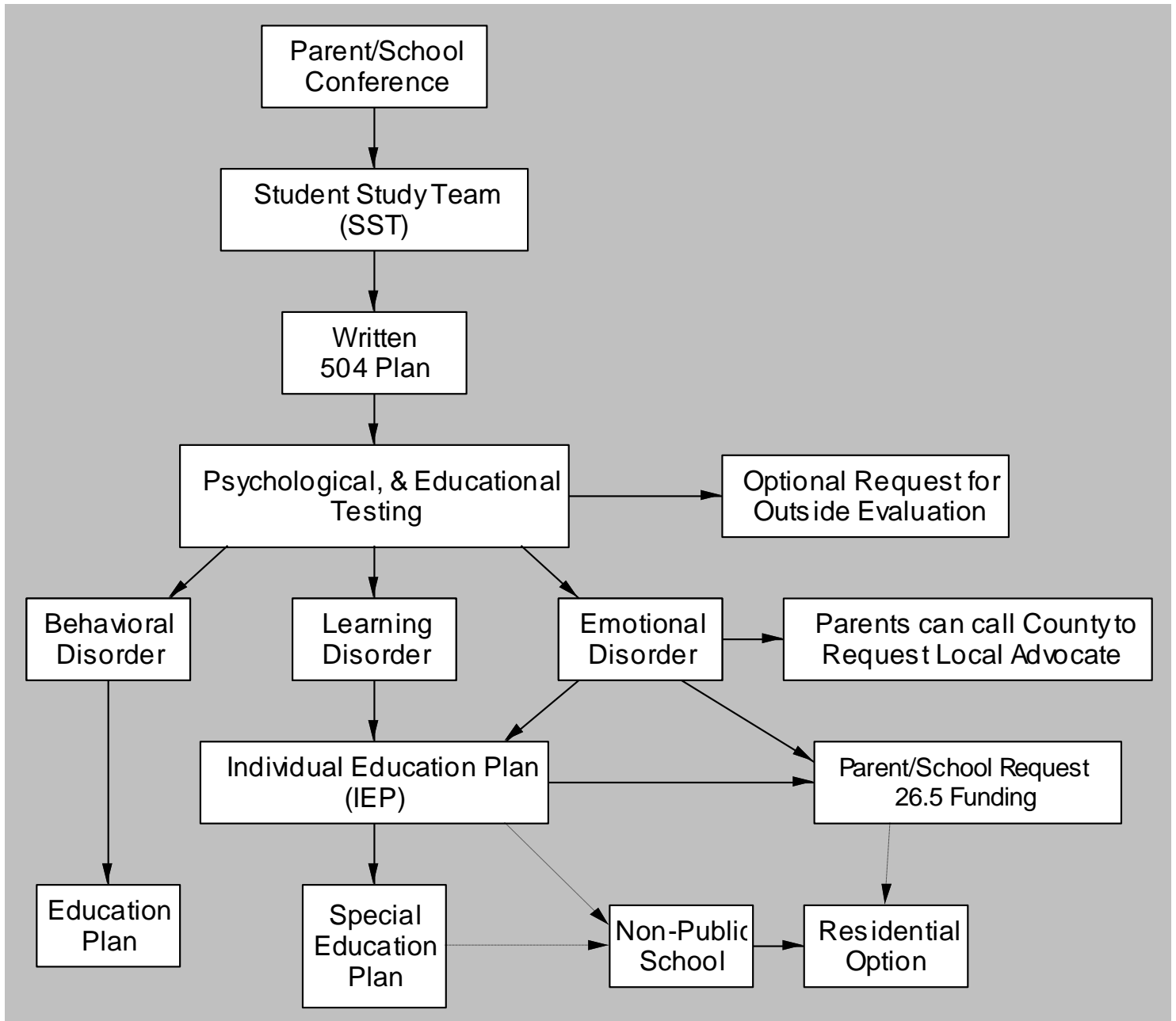
Residential Treatment Options

These centers accommodate disorders that cannot be improved independently. The facilities are usually closed communities with emphasis on psychological improvement, educational success, and individual progress toward self-reliance. They can be small home settings or hospital-like facilities with services on site.

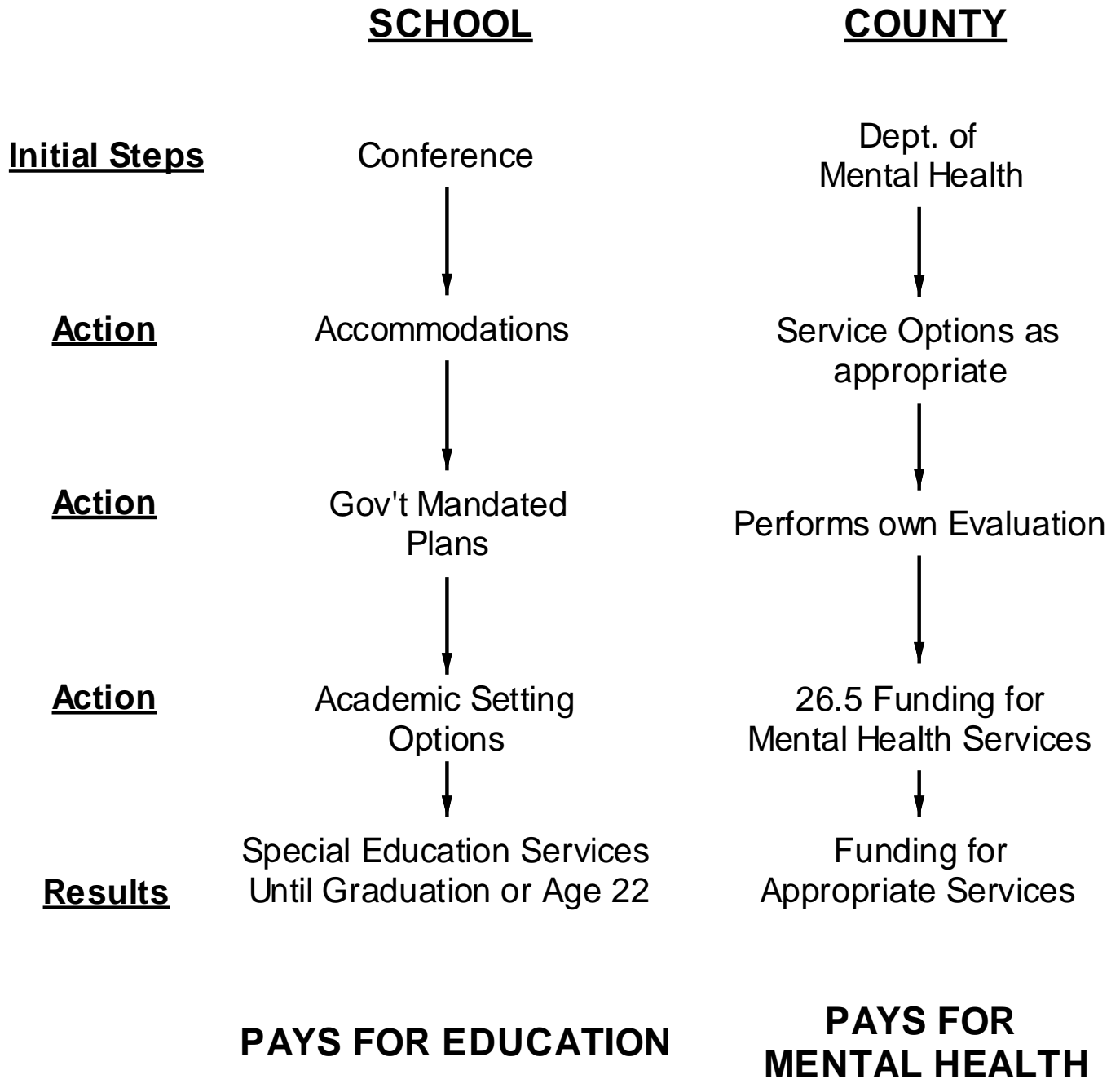
Mediation/Due Process

Mediation is the process of negotiating the family’s requests and the school district’s offers to come to a mutually agreed plan of action. “Due Process” is the education laws (See Appendix 4) that protect individual rights, including a “free and appropriate” education. A conflict may sometimes only be resolved through legal means.

Student Evaluation Process

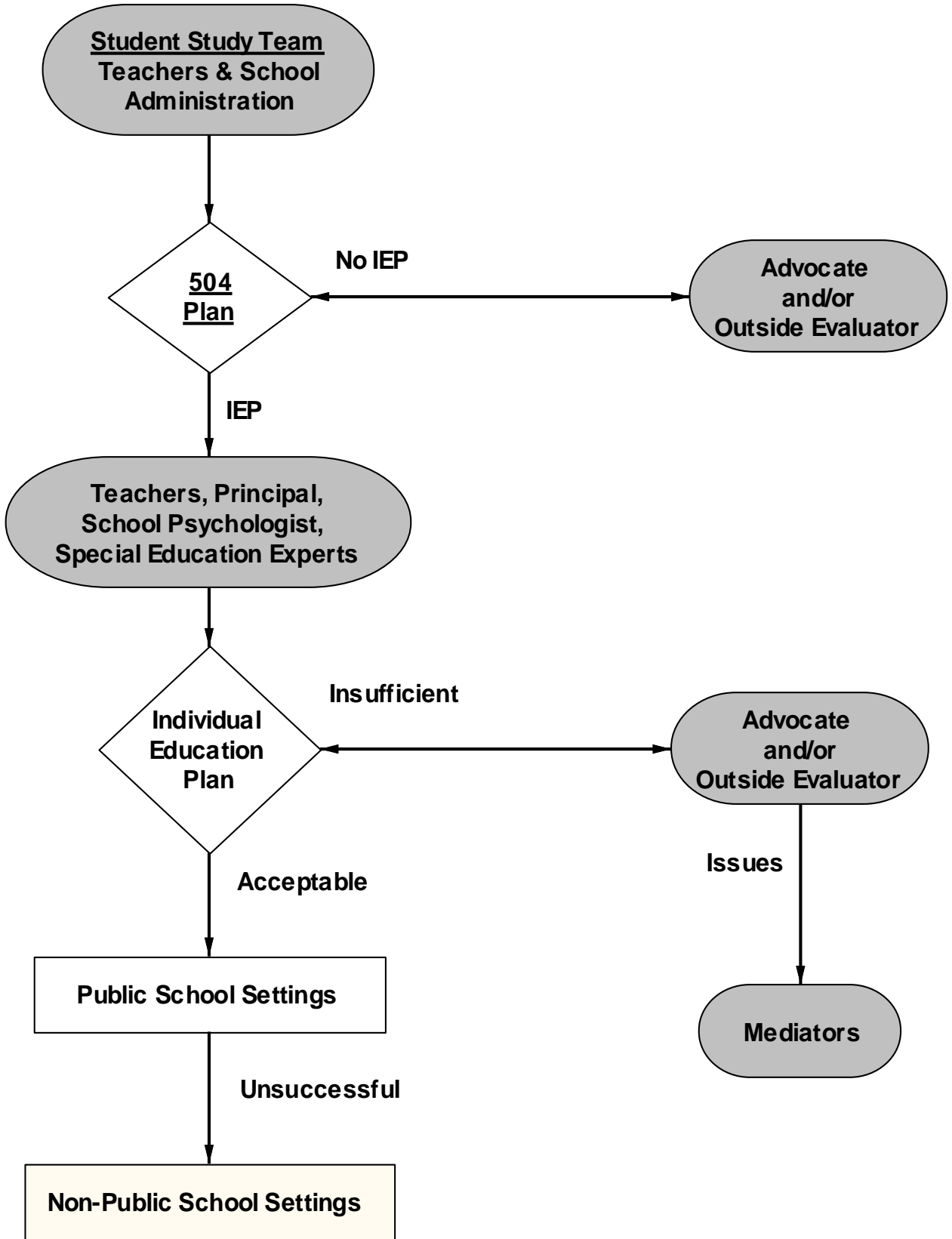


V. **Responsibility Flowchart:** The school system has the responsibility to offer a free and appropriate public education for children. The county system has the responsibility to help families with emotional and mental health issues.



VI. WHO CAN I GO TO FOR HELP?

The following chart reflects the principal players in the process of defining the appropriate educational plan for your child. This flowchart and progression is based upon roadblocks that may be presented and what can happen if disagreements are encountered. These are people who can assist in progress toward the right school setting.



VII. Final Words

Our stories comment on issues that may arise when adopting a child. A parent may not know an adopted child's genetics. A parent may not be aware of the pain these children carry. Adoption is a unique experience both for the family and the child whether you are planning to adopt a new baby or just planning on fostering a child. People adopt for many reasons and most families make a lifetime commitment. Adoption should always be forever!

Many people travel all over the globe to adopt the perfect child. Today we are not certain what that perfect child would look and act like, however, right next door that new addition to your family might be waiting. While all intentions are noble, there are many babies and children right in our own city. It saddens us when we see advertisements in magazines of international adoptions - the enticing pictures of happy families and cute babies and children. Understand we want all children to have families and homes but we wish for families to look locally for that perfect addition. We have babies and sibling groups waiting to find their homes. Most adopted children will come with their own set of issues. Children born locally, as well as children from other countries, will at times display emotional and physical challenges. Some children do escape their early beginnings. When you adopt from the local county agencies there are many varied and supportive services that will help families long after the adoption. Children need you.

Our friendship has been cemented with many tears, loud cheers, and hearty laughs. Many times we both have quivered at the thought of the path of destruction our kids were traveling. When denials were challenged, with perseverance, barriers finally came down. When our limited monetary resources were questioned, funds were initially denied, but ultimately offered. Most importantly, we never gave in to apathy. We crusaded, as much as humanly possible, to find justice for our kids. We carried the torch of determination.

The overwhelming question is why? Why does the system not recognize these inconsistencies? Why can't every child be recognized for his special abilities and feel the intoxication of success? Small, but deliberate, steps that you take through the years

will result in finally one morning your child won't fight you over going to school. You will have a son or daughter who bring their work home and is proud of it. You will see a hopeful path for the future for your child. Will it be easy? No. It may be a continuing battle with school districts, governmental bureaucracy, and even the general public's ignorance of these issues. But all our kids can win. No child should ever be "left behind".

Our diverse backgrounds came together in finding solace and then in collaboration. Our stories end with John's poetry. The first poem was written before special education services were offered and the other two poems two years later. (Appendix 5.)

Appendix 1. Early Signs of Learning Disabilities

Childhood temperament:

- Hyperactivity
- Frustrated by limits
- Goes from one activity to the next not completing them
- Cannot pay attention
- Cannot learn certain behaviors or skills
- Impulsive and distractible

School settings:

- Poor performance in school despite trying hard
- Easily distracted, especially by environmental factors
- Act as class “clown” to make friends
- Cannot concentrate or remember information
- Trouble focusing to hear directions
- Forgets to bring homework home
- Forgets to turn in homework

Other behaviors:

- Poor organizational skills
- Impulsive, even risky, behavior
- Forgets to follow directions
- Poor social skills
- Poor self-esteem
- Few friends or friends that are several years younger

Appendix 2. Examples of Accommodations

- Sitting in a quiet area with few distractions, maybe in the front row
- Teachers provide written as well as oral instructions
- Allow student to stand to do work (if necessary and not disruptive)
- Reading issues – allow more time
- Writing issues – accept oral responses
- Math issues – allow calculators
- Extra time to do assignments, fewer answers expected, and less homework to receive grade
- Provide tools such as day planners and help students use them
- Assign a positive peer as a learning partner
- Supervise and assist transitions, including arriving at school, lunch, recess, and end of the day
- Positive reinforcement techniques, not punitive
- Provide short breaks between assignments
- Give silent and private cues to stay on task and focus

Appendix 3. Evaluation Tests

Throughout our families' struggles, we became very familiar with problems that can cause an inability to learn and the evaluation tests used to judge competency. Psychological and educational evaluations often provide confusing test scores and statistics. Often the disabilities are described in unfamiliar language.

Visual processing – understanding learning cues shown visually

Auditory processing – understanding cues through sounds

Cognitive functioning – memory and thinking abilities

Motor processing – physical abilities and development

BASC (Behavior Assessment Scale for Children) – emotional and behavioral assessment

Examples of problems:

- Hyperactivity
- Poor organizational skills
- Oppositional behavior
- Emotional symptoms
- Personal maladjustment

Connor's Rating Scale – assesses age appropriate behavior, usually used for assessing ADD/ADHD.

Examples of problems:

- Atypically (immature behavior)
- Restless and impulsive

Woodcock Johnson III – measures scholastic achievement in relation to other children of the same age and grade level

Appendix 4. Laws and Resources

Federal laws define the rights and responsibilities of all parties in all aspects of education. The federal laws below are complicated and lengthy and our intent is to only summarize them here. These laws are the cornerstones of a child's right to a "free and appropriate public education".

Individuals with Disabilities Act (IDEA)

This law is the basic law for special education. The law prohibits discrimination in employment, public services, and accommodations solely on the basis of disability. This Act recognizes many disabilities including other health impairments (OHI). OHI can include the diagnosis of ADD and other physiological disorders. Special needs children are to be provided an Individualized Education Plan (IEP) with goals and measurable milestones.

Rehabilitation Act, Section 504

The original section 504 of this law provides the legality for schools to accommodate all children with disabilities, including those with emotional and learning disorders. This law authorized education plans that document responsibilities of teachers and school districts in making the best learning environment for your child.

American Disabilities Act

This law mandates that persons with disabilities shall not be discriminated against in any public, and some private, settings. The mandate includes educational settings. Individuals with physical or mental impairments, who have a record of such impairments, under this law, must qualify for educational programs and services.

No Child Left Behind Act

This act is a new name for the Elementary and Secondary Education Act that was already in existence. Any school that accepts federal money must adhere to federal law. The focus is on ensuring that all students are educated. Schools must work to ensure all children reach a certain level of academic proficiency.

Assembly Bill 3632

California Assembly Bill #AB3632 designates the County Division of Mental Health to fund mental health services pursuant to an IEP. The funding is found under Chapter 26.5 of the bill and is, therefore, called "Chapter 26.5 Funds". This funding regulation describes financial responsibility procedures in determining ability to pay and the level of payment due from parents of minor children receiving services. Mental health services agreed upon in the IEP are at no cost to the family. Such services include occupational and physical therapy, psychotherapy or other mental health services.

Federal Educational Code Title 34, Section 300.7

A student is considered emotionally disturbed if, because of a serious emotional disturbance, he or she exhibits one or more of the following characteristics, over a long period of time and to a marked degree, which adversely affects educational performance:

- (1) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
- (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (3) Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations;
- (4) A general pervasive mood of unhappiness or depression; and
- (5) A tendency to develop physical symptoms or fears associated with personal or school problems.

It should be noted that the disability category "seriously emotionally disturbed" is a creation of Congress, and varies from the recognized psychiatric diagnostic category.

Always check for updates and new information on websites. There is a vast amount of knowledge available on all the topics we discuss in this guide. When in doubt about your rights, you can contact an attorney that specializes in special education issues.

The future of our world is in the hands of our young people. Let's make them all successful!

RESOURCES:

Sacramento Child & Family ACCESS Team

1-888-881-4881

916-875-9980

Sacramento County Advocacy for Family Empowerment (SAFE)

916-875-4182

California Dept. of Education

www.cde.ca.gov

916-445-4613

Warmline Family Resource Center

www.warmlinefrc.org

916-922-9276

Appendix 5.

John's Poetry

"Welcome to My Life"

*Have you ever been lonely?
Have you ever been sad?
Have you ever broken down?
Well, I have, and been at the point of destroying,
I wish it were all over,
I wish I were gone,
O I surely do,
Everyone makes fun of you,
You wish you were dead,
You live in fear
You don't want to be alone,
You want friends,
But all you get is enemies,
And all you do is cry,
Be good and get bad,
You help out
But get accused for stuff you didn't do,
O I surely do,
I wish I were in heaven
And be happy,
But I'm not,
I'm sad,
I'm mad,
It'll never be okay,
I will never be good
But all I do is act like I am happy,
All it is acting.
All I do is sit in my bed
Wishing I were dead
You get no happy feeling
You get no free feeling
You get no rest
All you get is pain
Pain emotionally
Pain physically
You wonder why you were born
You have all these questions
But you get nothing back..
Welcome to my life.*

Heaven

*Heaven can be a lot of things,
It can be white and cloudy,
with golden roads.
It can be full of souls,
But nobody knows.
What I think it is,
It's a place full of happiness.
And full of treasures,
It is full of kindness,
And has a lot of food,
But you never get hungry,
And you never get full.
You go through the tunnel.
And only one way,
How you go is up to you.*

Your Mind

*Where the trees sway,
And the kids play,
The river flows,
And the path goes,

Where the bees buzz,
And the people love,
Above the clouds,
There's not any sound,
The most beautiful place is in your head.*