

FDLRS Record

Newsletter for the University of Florida FDLRS-MDC program in Jacksonville

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Treating ADHD

by *Stephanie Kinnare, Ph.D.*

There are several treatments suggested for a child with ADHD. Of critical importance, family and school personnel should be educated in the nature of the disorder, in order to increase their understanding of the behavioral and cognitive symptoms of the disorder.

Research overwhelmingly provides evidence for the effectiveness of medicines for treatment of symptoms. Your child's pediatrician is a good place to start when considering medication treatment. For more complex cases where other co-existing symptoms may be present, your child's pediatrician may refer you to a child psychiatrist for medication management.

Psychological treatments assist in addressing environmental accommodations/modifications. For example, meeting with a psychologist or other therapist/counseling trained in ADHD management may involve parent training in child behavior management, and learning about behavioral modifications appropriate for the classroom setting. Some children who experience difficulties with peer relations may also benefit from social skills training, either as part of their school programming or through other agencies. Children with ADHD may qualify for a 504 Plan or Individualized Education Plan (IEP), which documents the specialized accommodations, modifications, and/or interventions the child needs through his or her educational programming.

Children are not the only ones who may receive assistance for ADHD. Adults, too, may qualify for accommodations in the workplace or in their educational setting under the Americans with Disabilities Act, provided that their symptoms are impairing to their daily life. Adults seeking such accommodations must disclose their disorder to their employer or educational institution. Like children, adults may also benefit from the psychological treatments and medicine that aim to manage ADHD symptoms.

Reference:

Barkley, R. A. & Murphy, K. R. (2006) *Attention deficit hyperactivity disorder: A clinical workbook* (3rd ed.). New York: Guilford Publications.



OUR SERVICES

Who we Serve:

- Individuals between the ages of 3 & 22 who have not graduated high school.
- Who are struggling in school and have complicated medical, behavioral, developmental, &/or social histories
- And who reside in Baker, Clay, Duval, Flagler, Nassau, & St. Johns counties

Services for Families:

- Comprehensive, multidisciplinary assessment, which may include psychoeducational, emotional-behavioral, &/or developmental pediatric evaluations
- Feedback sessions and a report detailing our findings
- Assistance in planning for your child's educational and psychological needs
- Trainings for parents covering a variety of topics

Services for the Community:

- Training/consultations for educators, students, & other professionals
- Educational consultation and support services: This can include collaboration with school personnel to facilitate school placement & provision of services



Establishing and Maintaining Structure and Routine During the Summer Months

by Tina Batio, M.S.

As the school year begins to wind down, school-age children are eager for carefree days with no early wake-ups and no homework! While it is important and healthy to relax and recharge our batteries during summer break, school-age children can benefit from establishing some form of structure and routine during the summer months.

The more structure and routine that is embedded into the summer months, the more ready school age children will be in transitioning back to the school environment. We do not expect moms, dads or caregivers to create a classroom-like setting in their homes; on the contrary, there are everyday practices that can help establish routines and foster more learning opportunities for continuous brain growth.

Learning: If your school-age child is given a summer learning packet by their teacher, utilizing those can be a great opportunity to encourage summer learning. Have a set time each day allotted to the completion of the packet. If the

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classroom teacher did not supply one, grade level packets are easily accessible in bookstores and online. Also, use the summer months to explore topics of interest studied during the school year. Make reading a family affair where parents and children stop what they are doing and cozy up to a good book!

Limit Screen Time: The American Academy of Pediatrics recommends that children aged two years and older watch no more than two hours total of screen time per day. Having a firm discussion about these guidelines while encouraging the participation of other events will help limit the hours of time spent mindlessly watching television or playing video games. This can sometimes be a challenge, yet using screen time as a reward mechanism can foster more responsibility than allowing free access to screens.

The Great Outdoors: Sit down and make a list of all the fun activities and places that interest your children. Go through the list to determine what is feasible for your family; put one to two events a week on a calendar to ensure that your family follows through with the summer fun!

Chores! The summer months can provide more hands on deck for parents when it comes to tackling spring, I mean summer, cleaning chores! Lastly, establish age-appropriate chores for your children while breaking down larger projects into smaller, more attainable tasks.

The above recommendations are just some of the ways that parents and caregivers can establish structure and

routine during the summer break from school. Every family is unique with their own respective dynamics. Using the summer months to explore, learn, and grow together as a family will have everyone more refreshed and prepared to start the next school year!

Reference:

American Academy of Pediatrics. (2017). *American Academy of Pediatrics Announces New Recommendations for Children's Media Use*. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/american-academy-of-pediatrics-announces-new-recommendations-for-childrens-media-use.aspx>



Addressing Dyslexia

By Stephanie Kinnare, Ph.D.

Dyslexia is a “specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction” (Lyon, Shaywitz, & Shaywitz, 2003, p. 2).

Dyslexia symptoms may vary throughout the early elementary to high school years. Dyslexia may first manifest as difficulties with phonological awareness (i.e., difficulties with the ability to notice or manipulate individual sounds in words), and using phonics skills to decode words when reading. Beyond early elementary years, it can manifest as difficulty with fluency, spelling, and even reading comprehension. Lack of accurate and fluent reading, and poor reading comprehension can consequently result in lack of exposure to vocabulary and background knowledge.

Treatment for dyslexia is addressed in the educational system. In the public schools, for example, children identified as having dyslexia may qualify for an Individualized Education Plan (IEP) under the exceptionality of Specific Learning Disability (SLD). The student then receives exceptional student education services to address the academic needs of the student.

Solid intervention for students with reading difficulties involves systematic and explicit



instruction in one or more of the five areas of reading in which the student demonstrates a need. The five areas of reading include:

- Phonemic awareness
- Phonics
- Fluency
- Vocabulary
- Comprehension

For more information regarding exceptional student education services in Florida, visit the Bureau of Exceptional Education and Student Services (BEESS) at <http://www.fl DOE.org/academics/exceptional-student-edu/>.

Reference and Recommended Readings:

Lyon, G. R., Shaywitz, S. E., & Shaywitz, B. A. (2003). A definition of dyslexia. *Annals of Dyslexia*, 53, 1-14.

Slinger-Constant, A. M. (2016). *Dyslexia Fast Facts*. Retrieved from <http://www.fl DOE.org/core/fileparse.php/7699/urlt/DyslexiaFlyer.pdf>

Back to School Tips

By Stephanie Kinnare, Ph.D.

According to Jennifer Jones, Ph.D., here's some quick tips on helping your child prepare for school before that first day of school approaches:



child's strengths, such as sports, dance, chess club, etc. Such activities may have physical benefits and social benefits, as well as improve your child's self-esteem.

1. **Tour the school.** Locate your child's classroom, gym, auditorium, bathrooms, etc. If you know your child's schedule, travel from class to class with your child. Familiarity with classrooms may ease your child's anxiety.
2. **Decide on an organizational system together.** Help your child pick out school supplies that will facilitate organization of assignments, materials, etc.
3. **Make a home for school and extracurricular materials.** A home for backpacks, books, sports bags, lunches, etc. could be near the front door and have hooks, cubbies, or shelving. A specified spot for school and sports materials will assist children in keeping track of items.
4. **Have school supplies ready for home, not just school.** Ensuring your home has sufficient materials needed for homework and projects will make completing homework all the more efficient for your child.
5. **Review accommodations and ESE services, if applicable.** If your child has an IEP or 504 Plan, review it and communicate with your child's teacher the accommodations and goals you want to focus on this year.
6. **Plan After-School Activities.** With your child, pick activities that utilize your
7. **Schedule a tutor if needed.** If you suspect your child may require additional help, set a schedule for structured tutoring or assistance during homework time. When interviewing tutors, pick a tutor that has both the academic skills and personality fit that works best for your child.
8. **Make a calendar.** With your child, write down anticipated events and activities on a calendar that is visible to both of you. Calendars help with foreseeing deadlines, planning ahead for busy days, and helping you and your child determine whether you can commit to any additional activities.
9. **Review medication needs, if applicable.** Ask your child's doctor whether any changes in medication are warranted due to puberty changes, changes in demands at school, etc.
10. **Discuss learning goals together.** Help your child brainstorm what skills he or she would like to improve upon this year. Strengths and weaknesses can be discussed, and realistic goals can be set.

Reference:

Jones, J. (2017, July 26). 10 things to do BEFORE school starts. *ADDitude magazine*. Retrieved from <https://www.additudemag.com/things-to-do-before-school-starts/>

What Should an IEP Include? How Can Changes Be Made to the IEP?

By Stephanie Kinnare, Ph.D.

An Individualized Education Plan (IEP) is like a roadmap for what students already can do and what they need to learn. The IEP provides a written educational plan for up to 12 months of an individual student's education. All students receiving Exceptional Student Education (ESE) services have an IEP.

According to the Florida Department of Education (2015), a student's IEP should include these components:

- ◆ "What the student knows and can do now
- ◆ What the student needs help with
- ◆ How the student's disability affects their success in school
- ◆ What the student should learn by the end of the school year
- ◆ The special education services, supports, accommodations or modifications, and assistive technology the student will receive during the year
- ◆ An explanation of any time that will be spent receiving instruction outside the regular class
- ◆ How the student's progress will be measured
- ◆ By age 14, identification of the need for transition services, including preparation for the student to graduate with a standard diploma
- ◆ If the student is age 16 or older, their goals for life after high school"

Once an IEP is written, parents will be asked to give written consent for ESE services to be provided to their student. If parents disagree with content on the IEP, there is an appropriate process for resolving differences. First, the parents may schedule another IEP team meeting and attempt to resolve differences with the other IEP team members. Parents or schools may request the help of a trained person within the district that may provide a 'facilitated IEP meeting.' If differences still are not resolved, parents "may seek mediation, file a state complaint with the Florida Department of Education, or ask for a due process hearing" (Department of Education, 2015). To obtain more information about this process, or about IEP's in general, parents are encouraged to speak with their school district's ESE administrator or to view information on the Bureau of Exceptional Education and Student Services website at: <http://www.fldoe.org/schools/k-12-public-schools/helpful-links.shtml#ese>.

Reference:

Florida PTA by the Florida Department of Education. (Revised 2015). *Getting ready for your student's IEP meeting*.

IEP

SLD, OHI and ASD ... Oh My!*

By Chelsea Pierce, M. Ed.

Caring for a child with special needs can be a challenging, yet rewarding experience ... but no one ever said it was easy! In addition to supporting their needs at home and encouraging them at school, you must also be their advocate during Individual Education Plan (IEP) meetings. So how can one person fill all of these important roles? Here are some helpful hints so you feel more prepared to represent your child's needs the next time you attend a school meeting.

IEP meetings can sometimes seem overwhelming, with many new acronyms being verbally thrown around by a small army of strangers who work with your child at school. You and the others might feel like sardines packed into a small conference room. The teachers and therapists may be using terms that are unfamiliar to you and speaking faster than you can process the information. STOP!

Just as we quickly use abbreviations like "LOL" (laugh out loud) when texting or emailing, some professionals may use acronyms and jargon without even thinking about it. You are entitled to understand what is being discussed and have all of your questions answered. Although the teachers and therapists are all specialists in their fields ... YOU are the expert on your child!

The key to navigating these meetings and achieving a favorable outcome is in the preparation. You must begin preparing for the meeting before you arrive at school. It may be helpful for you to bring along a list of questions or concerns, as well as an explanation of common Exceptional Student Education (ESE) acronyms. During the meeting, do your best to follow along on your copy of the paperwork, and remain focused on the needs of your child. You may choose to construct an academic binder of your own including assessment information, previous IEPs, doctor's notes, etc. This will show that you are organized, interested in your child's education, and can readily access data that may be helpful for the current IEP meeting.

The teachers and therapists should review the data they collected in order to determine future goals and instruction. Everyone in the meeting ("on the team") will take turns speaking and should work collaboratively to formulate a realistic plan for the coming year. You will leave with a stapled stack of papers specifying the services that the school will provide for your child.

Websites such as Understood.com offer helpful information regarding the purpose and development of an IEP. It details the specific parts of an IEP such as goals, modifications, supplementary aids/services, extended school year services, the amount of time your child spends in general education classes, assessment data, and the Present Level of Performance.

For more information regarding ways to prepare for an IEP meeting, check out the links below:

- Questions to Ask Before and During an IEP Meeting, Worksheet
[https://www.understood.org/~media/6a7a4939af7d4d91a6a87606547134a1.pdf](https://www.understood.org/~/media/6a7a4939af7d4d91a6a87606547134a1.pdf)
- IEP Binder Checklist
<https://www.understood.org/~media/57844e3ea812406caf6cdd91ec4830b3.pdf>
- Before the IEP Meeting, 6 Tips for Parents
<http://www.smartkidswithld.org/getting-help/the-abcs-of-ieps/iep-meeting-6-tips-parents/>
- Frequently Used Acronyms in Education
<https://www.greatschools.org/gk/articles/acronyms-in-education/>

* SLD=Specific Learning Disability, OHI=Other Health Impaired, ASD=Autism Spectrum Disorder