

COLLABORATIVE SOLUTIONS FOR SCHOOL INTEGRATION FOLLOWING PAEDIATRIC TRAUMATIC BRAIN INJURY

Reference Material

Moderator:

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Holland Bloorview
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**BLOORVIEW SCHOOL AUTHORITY (@HOLLAND BLOORVIEW KIDS REHAB HOSPITAL) COMMUNITY RESOURCE TEACHER (CRT)
TRANSITION PLANNING STEPS
FOR ABI CHILDREN AND TEENS RETURNING TO SCHOOL**

<p>INTAKE</p>	<ul style="list-style-type: none"> -Contact school/Board to introduce role -Facilitate exchange of hospital/BSA to school consent forms -Identify key school/Board personnel and contacts -Where applicable, identify key members of private community team (e.g. Case Manager, SW) -Contact parent to introduce role -Attend 1st Family Team Meeting (FTM) with BIRT team and family -Request academic documentation (timetable, latest report card(s), credit summary (high school), IEP -If requested, facilitate school’s receipt of documentation confirming student’s HB admission and anticipated d/c date -With BSA classroom resource teacher, determine school program focus while at BSA
<p>WHILE @BSA/HBKRH</p>	<ul style="list-style-type: none"> -Attend FTM meetings to hear updates and to anticipate school transition needs -Invite school to participate in FTM meetings when appropriate -Alert school to child’s anticipated new physical, learning and independence challenges (e.g. support required with ADLs, orientation challenges, high falls risk) -Alert school and Board to anticipated supports that will require time to put in place (e.g. Home Instruction, request for a designated EA, Board transportation services, CCAC OT/PT or Nursing School Health Support Services referral) -Alert school/Board if a change of school, new supports (e.g. physical) or school programming level are anticipated -Determine school accessibility (e.g. elevator, stairs, washroom, size) -Meet with parents/student to discuss school transition concerns and to discuss child’s school transition needs and possible accommodations for ABI youth -Meet with BSA classroom teacher/BIRT Team members regularly to discuss student ABI learning needs and progress -Brainstorm school reintegration options, schedule and supports with school personnel -When possible, schedule CRT visit to school to get “eyes-on” perspective of school facility

<p>PRIOR TO DISCHARGE</p>	<ul style="list-style-type: none"> -Invite school and Board representatives to final School and Discharge Planning FTM @HBKRH -Participate in community school reintegration planning meetings -Facilitate transmission of required school documentation (e.g. additional consent forms, medical letter, forms required for Board transportation services, SW, OT/PT, SLP support, medication while at school) -If possible, collaborate with school to plan for student/parent transition visit prior to discharge (ideally to coincide with OT/PT safety and accessibility assessment) -From team and BSA school reports, determine/summarize most critical student needs, recommended supports and accommodations at time of transition, and communicate these clearly to receiving school -Determine specific family factors impacting scheduling (e.g. who will ensure child is on school bus, who will be at home if child has a partial timetable?) -With community school, finalize school reintegration schedule -Liaise with private community team members to collaborate on school transition planning -Facilitate school planning discussions between family, CRT, school, private community team (as appropriate) -Contribute to school discussions regarding student reintegration safety plans (as appropriate) -Share ABI teacher resources with school and parent -Support parent in identifying and sharing (with their discretion) key BSA/BIRT team assessment reports that support school programming (e.g. IEP, neuropsychological assessment, Communication & Writing Aids Assessment) -Plan and clarify school transition plan and final schedule with school, and communicate this clearly to family and student
<p>POST-DISCHARGE</p>	<ul style="list-style-type: none"> -Communicate with school to ensure receipt of critical school/hospital transition documentation -Participate in school reintegration planning meetings with family, school, community/private team members -Contact school and parent to determine success, challenges with school transition -Remind school/parent of availability and parameters of ongoing CRT support -Set date for progress update meeting(s) with school
<p>FOLLOW-UP</p>	<ul style="list-style-type: none"> -Participate in ongoing school meetings (e.g. progress, Case Conference, IEP development, IPRC) with family, school, community, and private team members -Provide ongoing ABI resources and programming ideas support upon request

**FOLLOW-UP
(continued)**

- Meet with teachers and students (as appropriate) to share ABI educational information
- Encourage parents to share updated school-related reports/assessments with school as they become available (e.g. update neuropsychology assessments, private team reports)

TRANSITION FACTORS TO CONSIDER

-Transition needs at different stages of child's development:

- Kindergarten to Primary-School Transition
- Transition to Middle-School
- 8-to-9 Transition Planning
- Post-Secondary Planning

-How to build on student strengths and interests

-Key learning and coping strategies – and how to teach them

- Medical needs
- Personal care needs
- Physical needs
- Learning needs
- Social/emotional needs
- Behavioural needs

-School implications as child "grows into ABI"

-Safety and emergency planning

-Learning challenges that impact school reintegration (e.g. memory, orientation, visual-perceptual skills, processing speed)

-Physical challenges that impact school reintegration (e.g. mobility, balance, fatigue, vision, support for ADLs)

-Key support and contact school personnel

-Optimal level of supervision/teaching support required during school day versus what may actually be possible

-Physical Activity Restrictions

-Age-related supervision challenges (e.g. at recess, lunch, travel time)

-Transportation issues (e.g. type of vehicle, length of bus ride, "met or unmet" at home or school)

-Experiential Learning supports (e.g. outdoor education, COOP, field trips)

- Need for specialized Board/community team resources (e.g. vision itinerant, deaf/hard of hearing)
- Mobility Equipment
- ADP/SEA Claim Equipment and assistive technology needs
- Extra-curricular, volunteering opportunities and limitations
- Structured versus unstructured time (e.g. scheduled resource period versus spare)
- Timetabling options
- Alternative modes of subject/credit delivery (Home Instruction, ELearning, Student Success)
- Alternative modes of evaluation
- Key accommodations and supports

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TIPS FOR SUPPORTING ABI HIGH SCHOOL STUDENTS IN THE CLASSROOM

Acquired Brain Injury (ABI):

- All brain injuries are acquired through **traumatic** or **non-traumatic** mechanisms or events.
- For example, **traumatic brain injuries (TBI)** may result from motor vehicle, boating and cycling accidents, sports injuries, falls, near-drowning or other sudden, debilitating events.
- **Non-traumatic** brain injuries, also known as **Acquired Brain Injuries (ABI)**, may result from strokes, prolonged seizures, diseases or viruses, brain tumors, or substance abuse.

Although each situation is unique, common learning challenges associated with ABI or TBI MAY include a few or more of the following:

COGNITIVE:

- Problems with sustained focus or attention
- Orientation and spatial challenges
- Impaired working and short term memory
- Aphasia, word finding and decoding difficulties
- Reading comprehension
- Understanding inference and figurative language
- Thought ideation
- Task initiation and completion
- Changes in speech pattern or production
- Decreased organizational skills and executive functioning
- Slower cognitive processing speed
- Perseveration or “rigid” thinking
- Slower auditory or visual/spatial processing speed

PHYSICAL:

- Increased fatigue/endurance
- Balance and coordination issues
- One-sided weakness

- Vision or hearing impairment
- Difficulty swallowing, eating or drinking
- Flatter “affect” or perceived lack of emotional expression
- Mobility challenges
- Fine or gross motor difficulties
- Sleep difficulties
- Decreased independence
- Challenges with personal Activities of Daily Living (ADLs) – ex. personal care
- Difficulties with timed tasks

SOCIAL/EMOTIONAL:

- Increased impulsivity
- Impaired social, emotional and interpersonal skills
- Anxiety
- Social withdrawal or depression
- Lack of insight regarding learning or personal changes since injury
- Problem-solving difficulties

Strategies that can help TBI/ABI students in the classroom...

INSTRUCTIONAL

- Regular use of visual schedules or daily agendas
- Use of memory aids, including electronic scheduling aids such as I-Pads, email calendars. and cell-phone note-taking applications
- Repetition, paraphrasing, and review of key ideas
- Pre-reading and summarizing strategies
- Monitoring for cognitive fatigue or information “overload”
- Note-taking assistance or assigning a classmate to share a complete set of class notes for review
- Use of multiple-intelligence strategies
- Provision of visual and auditory supports
- Reference sheets and memory aids for formulae, equations, process steps
- “Chunking” of information and step-by-step, manageable tasks
- Monitoring for distracted or inappropriate behaviour
- Redirection with concrete, clear language and positive feedback

ENVIRONMENTAL/PROGRAMMING

- Extra sets of texts
- Permission for quick breaks for a drink of water or short walk in the hall if needed

- Access to an elevator if needed
- Increased travel time between classes
- Reduced course load
- Reduced, adapted or modified tasks
- Flexible, balanced scheduling where possible
- Scheduled Resource periods or General Learning Strategies courses
- Options for credit acquisition (E-Learning, alternative programs, arts-based or hands-on courses, credit recovery, student success periods, COOP)
- Preferential seating to improve visual and auditory processing
- Reduction of distractions
- Access to computers and learning software when needed
- A locker on each floor if fatigue or mobility are issues
- Healthy physical education alternatives for high-impact, competitive, body-contact sports* (*these are strongly discouraged in the first 6 months after an injury or longer.)
- Use of a buddy system for emergency drills and field trips

ASSESSMENT

- Provision of a quiet place to write tests and exams
- Reduced number of evaluative tasks

- Alternative/variety of modes of evaluation
- Split-time evaluations (e.g. ½ in the a.m., ½ in the p.m.)
- Access to computers and learning software as needed
- Extra time for major assignments and evaluations
- Frequent, concrete and structured feedback

GENERAL

- Creation and yearly update of an IEP
- Schedule a GLE (Learning Strategies) or scheduled Resource/Student Success period each semester/term (especially as work load difficulty increases)
- Discussion at SST and possible coordination of IPRC if new placement/learning supports are needed
- Arrange regular progress meetings with student and parents
- Transitional planning support between grade panels (ex. SK to 1, primary to middle school, middle to high school, post-secondary)
- Promote self and parent advocacy skills, and a knowledge of the education process

How are these challenges different from a Learning Disability?

In general, the profile and challenges of a **Learning Disability** remain constant throughout a learner's lifetime. In contrast, the profile and challenges of an **Acquired or Traumatic Brain Injury** can change over time, particularly in the first 6 months-2 years.

TBI and ABI students may find their skills "plateau" for a time, and then continue to develop over the years.

Many TBI/ABI students look physically well, and over time, teachers and friends may forget that these youth are still in recovery from their injury. **Therefore, it is imperative to review learning changes and progress regularly.**

Frequent monitoring, access to special education supports, accommodations, and compensatory learning strategies greatly improve chances of students' overall success, as well as their chances of moving on to post-secondary goals.

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Online Resources to Support ABI Transition:

<http://brocku.ca/abieducation/>

Educating Educators About ABI (Ontario Neurotrauma Foundation, Brock University, OBIA)

<http://teenmentalhealth.org/learn/brain-injury/>

- Brain Injury Guide for Youth
- Understanding Brain Injury in Adolescence
- The Teen Brain

http://www.bced.gov.bc.ca/specialed/docs/moe_abi_resource_rb0116.pdf

- Teaching Students with ABI: A Resource Guide for Schools

<http://www.transitionresourceguide.ca/>

- [Resource Guide for Students with Disabilities](#) Transition to Post-Secondary Education

Examples of Tutoring and Learning Support Resources:

Free Online Tutoring

Website: www.khanacademy.org

- **Grades:** K – 12
- **Subjects:** Math, Science, Economics & Finance, Arts & Humanities, Computing (Computing Programming, Computer Science, Hour of Code), Test Prep

Website: www.edu.gov.on.ca/elearning/homework.html

- **Grades:** 7 – 12
- **Subjects:** Math
- **Live online 1: 1 tutoring:** 5:30 p.m. – 9:30 p.m. ET (Sunday – Thursday)

Membership Based Online Tutoring

Website: www.ca.ixl.com

- **Subjects:** English & Math
- **Cost:** HST exempt
- Each additional student (sibling) is \$3.00/month or \$30.00/year

	Math (Jr. K – Grade 12)	English (Grades 2 – 6)	Math & English (Best Value)
Monthly	\$12.95	\$12.95	\$19.95
Yearly	\$99.00	\$99.00	\$159.00

Free Tutoring Programs

Toronto

Tutoring For Teens

- Drop-in, no registration required
- Tutors are university students or adults in the community who receive training prior to providing tutoring services
- Offered at 3 library locations

<i>Maria A. Shchuka</i> 1745 Eglinton Avenue W. Toronto, ON M6E 2H4 Phone: 416-394-1000 Mondays 4:30 – 7:30 p.m.	<i>Parkdale</i> 1303 Queen Street West, Toronto, ON M6K 1L6 Phone: 416-393-7686 Mondays 4:00 – 7:00 p.m. Wednesdays 4:30 – 7:30 p.m.	<i>Fairview</i> 35 Fairview Mall Drive, Toronto, ON M2J 4S4 Phone: 416-395-5750 Tuesday 4:30 – 7:30 p.m.
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Hamilton

Neighbour 2 Neighbour - Jack Parent Tutoring Program

- Tutoring volunteers (adults) provide tutoring for students in grades 1 – 3, in the school, during school hours
- Tutors work with 4-5 students or 1:1 for 20 – 30 minutes at a time, 2-3 sessions per week
- Offered through the Hamilton Wentworth District School Board & the Hamilton Wentworth Catholic District School Board
- Currently offered at these schools; R.A. Riddell, G.L. Armstrong, Westwood Chedoke, Helen Detwiler, C.B. Stirling, Richard Beasley, Huntington Park, Highview, St. Michael, Our Lady of Lourdes, St. Margaret Mary, St. Marguerite d'Youville, and Sacred Heart

Website: www.n2ncentre.com/educational-support/tutoring-program/#sthash.KWfNHn0t.dpuf

Neighbour 2 Neighbour – Math Success Tutoring Program

- After school math tutoring program for students in grades 7-8 offered only in some schools
- Volunteers receive training prior to tutoring commencing
- Tuesday, Wednesday, Thursday 4:00-5:00 pm, February through June 2016
- Currently only offered at one school: Annunciation of Our Lord School; location(s) vary during each school year

Website: www.n2ncentre.com/educational-support/math-success-program/#sthash.ZxQKUyiW.dpuf

London

Hope for Relief

- Tutoring for students in the elementary grades
- Tutoring sessions are held at University of Western Ontario campus
- Free parking

Website: www.hopeforrelief.org

Learning Disabilities Associations

- Offer various skill development programs; (learning skills, social skills, and assistive technology training) for students and parents
- Offer support for parent and families
- Offer tutoring and summer camps for a reasonable fee (can be subsidized)