



Assessing Student Needs

“This is at the heart of all good education, where the teacher asks students to think and engages them in encouraging dialogues, constantly checking for understanding and growth.”

—William Glasser, psychiatrist and author

There are a number of ways in which you may learn a student has a mental health or learning disorder. With some children, you will be informed of their difficulties. You might be asked to pick up where another teacher has left off in providing accommodations or special services to help a student who has a learning disability or a condition such as depression. Other children might come to the classroom with parents reporting a disorder for the first time.

In situations where you have been informed of a problem, it can help a great deal to make yourself familiar with any student data already collected by the school. This might include a student’s academic history, past IEPs, 504 plans, and information on behavior and social skills. You can also gather anecdotal background by talking to other staff members who have taught or counseled a student in the past.

Whether or not you have prior information about a student’s disability or disorder, early intervention can make a significant difference in the progress that child makes during the school year. A prompt change in instructional approach might allow you to engage a student in a new way that prevents the need for special services. In other instances, a referral for special education assessment might be necessary. The more quickly students are provided with instructional strategies or accommodations that best respond to their needs, the better chance they’ll have to be successful.

SCHOOL REGISTRATION FORMS

Your school's registration form is a great first opportunity to gather important information about a student. Registration forms are most often standard throughout school districts. These forms query general information about students and any mental health, behavioral, speech, or learning problems that may affect their education. It's important that a confidentiality statement is included on forms.

To minimize the possibility that a parent forgets to note a child's condition, it's best if the form lists common problems like learning disabilities, Attention Deficit Hyperactivity Disorder, mood and anxiety disorders, tics, seizures, and speech/language difficulties. There should also be space for parents to list physical illnesses, such as allergies and diabetes, as well as an "other" space where conditions can be listed. Allow for plenty of space for parents to provide relevant comments about problems.

If students are not required to register yearly, distribute a form annually that asks parents to alert the school to any changes in medical history or special circumstances about a child. Also be sure an emergency contact form is on file.

Early intervention is just as important (perhaps even more so) in regard to mental health disorders. Students who are experiencing emotional distress due to a mood disorder or another condition are affected in multiple ways. Academic performance can suffer, as can self-concept and relationships with others. Inappropriate behavior can jeopardize a student's placement in a classroom or school. Some educators may be reluctant to intervene in the issues related to a child's emotional well-being. It does require good judgment to make this decision. Remember, however, that a student's difficulties seldom are resolved without intervention from a caring adult. Your role is important.

IMPORTANT! When speaking with a child (or his parents) about behaviors, avoid diagnosing disorders. This is going beyond your qualifications as a teacher. Your responsibility is to report behavior you observe—not to diagnose a condition that may be causing it. As necessary, involve counselors, school psychologists, and other specialists in your conversations with parents.

What should you do if you observe a child having difficulties? If problems are minor, you alone might be able to resolve an issue with a student. For more serious problems, it's important to consult with colleagues. Counselors, school psychologists, other specialists, and administrators can all provide significant insight. Often

they will have background information on a child that you simply could not be privy to. These people are also responsible for knowing the ins and outs of school procedures and important legal considerations that will likely determine the best next steps for helping a child.

It's best if the policies for reporting behavior problems (and any forms used) are uniform within your school or district. If your school does not have guidelines for responding to these issues, collaboration with other school staff in a team approach is even more crucial.

WORKING WITH COUNSELORS AND SCHOOL PSYCHOLOGISTS

Make it a matter of routine to check in with counselors, school psychologists, and other specialists before deciding on interventions for students. There are many ways in which you can reach out for this help:

- If you don't completely understand a child's behavior, consider asking a counselor, school psychologist, or special educator to sit in on your class. This person may be able to offer insight into why a child is acting a certain way, or could conduct additional assessments to help determine what's happening.
- Sometimes a child's difficulties won't present you with an obvious strategy for intervening. Rely on counselors, school psychologists, and other specialists to provide suggestions for interventions.
- For students facing certain sensitive problems, request that one of these specialists intervene. Particularly in elementary schools, counselors conduct groups for students who may be experiencing social problems or difficulties dealing with divorce, the loss of a loved one, or other major life changes.
- Call on school psychologists, counselors, and other specially trained staff to manage crises with students. Consider including in any student coping plan (see page 24) a provision where students can get the help of a specialist to talk to and calm down during emotional times.
- A counselor, school psychologist, and other specialists can be a great resource during parent meetings in which you are discussing a child's problem.

Also remember to make full use of any other specialists in your school—the school nurse, speech/language pathologists, occupational therapists, aides, and any others who may be able to offer help with a child's behavior. Consult these staff members when their areas of specialty correspond with needs you observe in students.

IMPORTANT! Although it's essential to communicate about a student with other staff, be cautious about revealing information a student may have told you in confidence. A high school girl may tell you a certain boy has been calling her a lot. A fifth grader might confide to you that he dislikes another teacher at school. By sharing too much, you could damage student trust and jeopardize a relationship. However, in some situations—such as in the case of abuse or self-injury—you are legally obligated to report information.

COMMUNICATING WITH PARENTS

Sharing sensitive information with parents may be one of the most challenging parts of your job. A helpful suggestion to keep in mind when speaking with parents is to keep your reporting limited to the way in which problems are negatively affecting the child academically, emotionally, or socially. In this way, you'll avoid saying anything that may sound like a value judgment against the student or a parent's childrearing. Hopefully a parent will respond to your comments with something like, "Thank you for sharing this information. I've noticed this behavior, too, and I'm concerned about it. I appreciate how much you care about my child and her education."

Even when you've made your best efforts to show sensitivity, parents may not react favorably. A parent may disagree with what you have to say ("Are you saying that my child has a problem?") or blame you for the child's difficulty ("If school were more interesting and you were a better teacher, my child wouldn't behave this way!"). If any of the remarks sound familiar, you're not alone. During these difficult times, another member of the school staff can be especially helpful. He can verify what you are saying about a child and serve as a witness to the conversation that you—and by extension, your school—are having with a parent.

What can you do if a parent becomes defensive or even confrontational? Stop and take a deep breath. It's your responsibility to stay calm and listen to what she has to say. It's possible that a parent's claims are true—that a child doesn't show a behavior at home. Acknowledge this and say you're glad to hear that she hasn't observed the child showing this behavior outside of school. You may want to add, however, that for whatever reason, the child is choosing *your* classroom to show certain behaviors that are affecting learning—her child's and that of other students.

In some situations, you may know that a child also behaves in a certain way outside of school. Don't dispute a parent who tells you otherwise, as this may only cause greater tension. Remember that a child's behavior is an obviously sensitive topic for parents. They may struggle to come to terms with a child behaving in an inappropriate way or having an emotional problem. It may take more than you (or other school staff) sharing information about a child for parents to acknowledge certain realities about their children. In some cases, parents simply do not want to acknowledge that a problem exists.

In times of difficulty, remember why you have brought up concerns with parents. You're looking out for the welfare and successful education of a student. The sooner any issues are raised, the sooner that child might receive some assistance—an early response is the best way to decrease the long-term effects of any problems. Also, remember that in your interactions with a parent you will be working with him to address a child's problem. The best approaches for helping students will involve a team approach with you, other school staff, parents, and any outside professionals working as allies to address difficulties.

HOW TO SAY IT . . .

Following are some examples of inappropriate and appropriate suggestions for speaking to parents.

Instead of . . .

"I think your child is depressed."

"Janie's a shy little girl. Is she afraid of people?"

"Eric never stops running around. He must have ADHD."

Try . . .

"I'm a little concerned about Sally. She doesn't laugh or get excited anymore when all the other students are having a good time in class. Have you noticed anything different about her behavior lately?"

"I've noticed that Janie sometimes has trouble joining others at playtime. She also looks down at the floor much of the time. Have you noticed any of these behaviors when Janie is with others outside of school?"

"Sometimes Eric seems to have a hard time paying attention and staying still. I notice that he also forgets instructions much of time and often seems distracted. Have you ever noticed behavior like this at home?"

CHILD ABUSE AND NEGLECT

There may be times when you suspect parent mistreatment as a cause for a child's difficulties. Teachers are legally obligated to report suspicion of child abuse or neglect. Statutes for all 50 states (and reporting information) are available at www.smith-lawfirm.com/mandatory_reporting.htm.

The laws only require the reporting of a suspicion. Your state agency will conduct an inquiry to determine the validity of a suspicion. Informants are kept anonymous. Make sure you or your school administrator has checked the applicable law in your state. If you do not report suspected child abuse or neglect, you and your school could be held liable for harm a child experiences.

MEDICATION

It's important that school officials are aware of any medications children are taking. Side effects (such as stomachaches, mood changes, headaches, agitation, and changes in appetite) of these medications can affect them at school. When reporting potential side effects to parents, follow guidelines similar to those for discussing behavior. At first it's best to make behavioral observations. ("Sam was very sleepy today." "Luis keeps complaining of headaches.") Let the parent respond with an explanation that may or may not mention medication. If the parent does not mention a connection with medication, it may then be appropriate for you to ask whether a medication the child is taking may be causing the problem. You may want to involve a school specialist in these conversations.

Even when you are very tactful, some parents misinterpret teacher comments about medication. They may interpret teachers as being in favor of or opposed to its use. Remember that your job is to manage students in the classroom as effectively as you can, regardless of other treatments or interventions parents pursue. Medical treatment is the parents' responsibility and choice.