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Welcome and Introductions

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Presentation

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Home Building Blocks

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• Building your child’s understanding of their craniofacial diagnosis  
  • Preparing for surgery

• Building blocks for behavior management at home

• Parenting during COVID-19

Parenting During COVID-19

• COVID-19 has impacted children  
  • School closures, missed birthday parties, separation from extended family, awareness of parental stress, loss or learning about loss, sports cancellations, milestone celebration cancellations…..

• Children may demonstrate increased aggressive behaviors

• May struggle with emotional regulation

• May become more isolated

• May attempt to alleviate the stress in the home  
  • Even toddlers will pick up on parental stress

• May experience increased anxiety

• May attempt to gain control in unhealthy ways

• Previous mental health concerns may be exacerbated

- Surgeries may be postponed  
- Medical appointments may be different
- Therapies may be virtual  
- ....and so on...
Parenting During COVID-19

• Most important thing a parent can do is listen
  • Ask your children what they already know, what they have heard, etc.
  • Ask what their concerns are
  • Use open ended questions
• Answer questions honestly but in a developmentally appropriate way
• Be clear about the support your child has despite uncertainty
• Emphasize that the pandemic is temporary
• Be aware of news coverage
• Maintain physical activity (as it is safe to do so)
• Establish a schedule/routine

Parenting and Discipline During COVID-19

• Ongoing discipline is important for children’s psychosocial health
  • Consider increasing comfort behaviors (e.g., hugs, etc.) instead of becoming overly permissive
  • Consider possible new negative impact of previous consequences (e.g., removing technology may reduce access to extended family, etc.)
• Model healthy coping yourself
  • Talk about how you are feeling (within limits) and how you coped, label coping behaviors you are using, etc.
Supporting Your Child’s Transition to “Post-pandemic” Life

- Remember how much of their life has been during the pandemic
  - 1 year for a 30-year old is 2.86% of their life
  - 1 year for an 8-year old is 12.5% of their life
- Do not make assumptions about how your child feels
- Remember your child is not the same person they were at the start of the pandemic – and that is normal
- Maintain space to listen to your child’s fears and excitements
  - Continue to talk about what they are seeing and hearing in the community
- Consider what may be a new trigger for anxiety and make a plan to address this
- Do not try to “catch up” on everything that was missed
- Continue to model talking about feelings and how to deal with them
- Ask your child what new traditions they would like to keep (if possible)

Building Your Child’s Understanding of Their Craniofacial Diagnosis

<table>
<thead>
<tr>
<th>Age</th>
<th>Building blocks caregivers can provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (0 – 12 months)  Toddlers (1 – 2 years)</td>
<td>Attachment is main concern (child has no real understanding of facial difference yet)</td>
</tr>
<tr>
<td></td>
<td>- Provide care, be present during procedures and hospitalizations, provide comfort, maintain routines</td>
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<tr>
<td></td>
<td>- Document your child’s medical journey for them</td>
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<tr>
<td></td>
<td>- Don’t forget about older siblings!</td>
</tr>
<tr>
<td>Preschoolers (3 – 5 years)</td>
<td>Begin to notice differences</td>
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<tr>
<td></td>
<td>- Start to model/practice responses to questions</td>
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<tr>
<td></td>
<td>- Create a space to talk about “highs” and “lows” of each day</td>
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<tr>
<td></td>
<td>- Educate other caregivers (daycare providers, etc.)</td>
</tr>
<tr>
<td>Early school age (6 – 8 years)</td>
<td>Will notice differences</td>
</tr>
<tr>
<td></td>
<td>- Check in about peer relationships</td>
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<tr>
<td></td>
<td>- Maintain communication with adults who supervise less structured times (e.g., recess, lunchroom, afterschool programming)</td>
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<tr>
<td></td>
<td>- Talk about how to respond to questions versus teasing</td>
</tr>
</tbody>
</table>

COVID-19 Considerations:
- Visitor restrictions
- Day care changes
- Impact of masking
# Building Your Child’s Understanding of Their Craniofacial Diagnosis

<table>
<thead>
<tr>
<th>Age</th>
<th>Building blocks caregivers can provide</th>
</tr>
</thead>
</table>
| Later school age (9 – 12 years) | Puberty leads to many changes, may become more critical of appearance  
  - Maintain social contacts  
  - Obtain your child’s input as to what support they want addressing peer concerns  
  - Thank them for sharing difficult things with you  
  - Keep protected “talking time” (can be helpful to do this during an activity, in the car, etc.) |
| Adolescents        | Main concerns may be fitting in and self identity  
  Any difference may be perceived as negative  
  - Encourage participation in medical decision making, appointments, etc.  
  - Allow your teen time alone with their medical team if they would like  
  - Do not minimize social concerns  
  - Keep lines of communication open  
  - Do not offer choices (e.g., about surgeries, etc.) unless either option is acceptable |

# Preparing Your Child for Surgery

- Information for your child should be given:  
  - In a way they will understand  
  - To help correct any false thinking  
  - To get rid of fears your child may have  
  - HONESTLY  
- Remember that children are always listening  
- Consider a pre-surgical tour if possible  
- Prepare siblings  
  - Including what the plan is for their care during and after surgery  
  - Keep sibling’s schedule as typical as possible  
- Stay relaxed but normalize nerves

**COVID-19 Considerations:**  
- Uncertainty may be increased  
- Consider role of virtual school (ok to still take a break from school)  
- Visitor restrictions may impact hospitalization  
- Hospitalization may look different (no child life activities, etc.)
## Preparing Your Child for Surgery

<table>
<thead>
<tr>
<th>Age</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (0 – 12 months)</td>
<td>- Familiar objects and people are important</td>
</tr>
<tr>
<td></td>
<td>- Bring a favorite blanket or toy</td>
</tr>
<tr>
<td>Toddlers (1 – 2 years)</td>
<td>- Talk about the hospital 1–2 days before surgery</td>
</tr>
<tr>
<td></td>
<td>- Let your child choose a stuffed animal or toy to bring</td>
</tr>
<tr>
<td></td>
<td>- Explain what will happen and model exam if needed</td>
</tr>
<tr>
<td>Preschoolers (3 – 5 years)</td>
<td>- Talk about the hospital 3 days before surgery</td>
</tr>
<tr>
<td></td>
<td>- Read books about the hospital together; Engage in medical play</td>
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<tr>
<td></td>
<td>- Use simple terms but be honest</td>
</tr>
<tr>
<td>School age (5 – 12 years)</td>
<td>- Talk about the hospital 1–2 weeks before</td>
</tr>
<tr>
<td></td>
<td>- Encourage questions &amp; answer honestly (“teach back” for comprehension)</td>
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<tr>
<td></td>
<td>- Explain what your child will see after the surgery (stitches, bandages, etc.)</td>
</tr>
<tr>
<td>Teens (13 – 18 years)</td>
<td>- Remember teenagers are focused on independence, privacy &amp; body image</td>
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<tr>
<td></td>
<td>- Encourage them to be a part of the decision making (as they like/is appropriate)</td>
</tr>
<tr>
<td></td>
<td>- Encourage your teen to ask questions and answer honestly</td>
</tr>
<tr>
<td></td>
<td>- Respect your teens need for privacy</td>
</tr>
</tbody>
</table>

## Building Blocks for Behavior Management

- **ABC’s of behavior management**
  - **Antecedents:** Factors that make a behavior more or less likely (AKA, Triggers)
  - **Behavior:** Specific action you want to encourage or discourage
  - **Consequence:** Results of the behavior

- **Behavior + Attention = More Behavior**
  - “Catch” your child being good
  - Label praise
  - Ignore negative behaviors (when safe)
    - Do not look at, talk to, touch your child
    - Can “talk to the air” if necessary
    - Make sure to give positive attention as soon as behavior stops/lessens
Building Blocks for Behavior Management

• Effective consequences:
  **need to be consistent and as immediate as possible**
  • Positive attention for positive behaviors
  • Rewards/reinforcers (tangible or privilege/attention)
  • Time Out
  • Active ignoring (only if safe)

• Ineffective consequences:
  • Negative attention
  • Delayed or disproportionate

**COVID-19 Considerations**
- Consider impact of removal of technology (may be more significant now)
- Consider increasing comfort behaviors
- Normalize feelings about the pandemic while still implementing behavioral consequences

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### Building Blocks for Behavior Management

<table>
<thead>
<tr>
<th>Do Not</th>
<th>Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assume your child knows what you want them to do - Behavior worsens when children are uncertain</td>
<td>Make expectations clear - Sit down and make sure your child knows what they need to do - Ask them to repeat it back - Good to do this even if they &quot;should&quot; know - Tell your child what to do, not what not to do</td>
</tr>
<tr>
<td>Call out directions from a distance</td>
<td>Give instructions without distractions, face to face</td>
</tr>
<tr>
<td>Transition without warning</td>
<td>Provide a countdown for transitions - Stick to stated time</td>
</tr>
<tr>
<td>Ask rapid fire questions/give a series of directions</td>
<td>Give direction step by step and praise for completion of each step</td>
</tr>
<tr>
<td>Forget to evaluate the environment</td>
<td>Check for distractions, hunger, fatigue, anxiety, etc. Adjust the environment (give directions after TV is off, give a snack before directions, etc.)</td>
</tr>
<tr>
<td>Allow your child choices as appropriate</td>
<td></td>
</tr>
</tbody>
</table>
Time Out

- Set behaviors/consequences ahead of time
- If safe, allow one warning
- Use a predetermined place (best to label this the “Time Out” space versus “naughty space” or something similar)
  - Can have Time Out plan for public places as well
- One minute per age
  - Good to set a timer so that child knows how much longer they have
- Require your child to be calm for Time Out to end
- Quick response
  - After warning, make sure the Time Out is immediate
  - State the reason for the Time Out “You hit your brother. Go to Time Out now.”
  - Do not give any other verbal input at this time
  - Be brief and neutral (not emotional)
  - Delayed consequences do not work

General Behavioral Management

- Time Out – Refusals
  - Give a time limit to get into Time Out before it is doubled
    - “If you’re not on the Time Out chair by the time I count to three your Time Out will double”
  - Remove desired objects for not doing a Time Out (e.g., cannot watch TV or play video game until Time Out is done)
  - Praise for successful Time Out completion
- Consequences for older children:
  - Remove privileges/objects (e.g., TV, video games, going outside, etc.)
  - Better to provide reinforcement than punishment (e.g., earn privileges as opposed to losing them)
  - For most situations you should re-start privileges at the beginning of the next day
  - Still best for consequences to be as close to negative behavior as possible
Parenting References

- American Academy of Pediatrics (n.d.) *How to shape and manage your young child’s behavior.* [https://www.healthychildren.org/English/family-life/family-dynamics/communication-discipline/Pages/How-to-Shape-Manage-Young-Child-Behavior.aspx](https://www.healthychildren.org/English/family-life/family-dynamics/communication-discipline/Pages/How-to-Shape-Manage-Young-Child-Behavior.aspx)


- myFace *Parent Guides* - Parent Guides for Children With Craniofacial Conditions. [https://www.myface.org/parent-guides/](https://www.myface.org/parent-guides/)


Building Social Connections

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*Pediatric Psychologist, Children’s Hospital Los Angeles*
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*Los Angeles, CA*
COVID-19 Social Impact & Self-Image

Masks
- Speech
- Hearing loss
- Noticing differences in social interactions

Online Activities
- Extended time focused on faces on camera
- Increased overall appearance awareness

Isolation
- Loss of routine peer contact
- Loneliness
- Increased mental health concerns

Transitioning out of pandemic:
- Anxiety about returning to social settings and variable COVID-19 health concerns
- Self-consciousness of not wearing a mask
- Re-adjustment to school social demands

COVID-19 & Cyber Life
- Before COVID-19, screen time was already the primary activity in children’s daily lives and distance learning added additional time
- Prior to COVID-19, children spent 5 to 11 hours daily on devices, computers, TV, etc.
- Social media use starts by age 10 for 60% of children
- Only a third of children report parental rules for social media use

American Academy of Pediatrics recommends:
- Limit screen time to 2 hours a day (not counting time for distance learning)
- Minimal screen time under the age of two
- Keep devices out of bedrooms
- Establish and model family rules like: no devices at the dinner table, no screen time when possible during homework, and equal time spent in other activities
Social Media Benefits Magnified by COVID-19

- Keep connected to friends and receive social support
- Experience normalization
- Develop new support networks with shared interests/experiences
- Self-expression and promotes creativity
- Identity development

Cyber Bullying

- Texts
- Posts
- Tags
- Videos
- Photos
- Emails
- Webpages
- Chats
- Comments
- Gaming

- Unlimited audience size/viral
- Targeted audience possible
- Misleading/anonymous perpetrator
- Possible at any time and endless
- Difficult for adults to supervise
- Hard for law enforcement to investigate
- About 25%–35% of general population
- A 70% increase since COVID-19
Cyber Bullying Caregiver Role

- Teach and monitor screen use openly, while balancing privacy
- Talk about expectations for screen use with the same values set by the family in any situation
- Be empathic and supportive if cyber bullying takes place, rather than dismissive
- Discuss options about how to respond together, including collecting evidence
- Contact the platform administration to remove content, block users, delete accounts, etc., and report on http://www.cyberbullying.us/report
- Seek mental health support for ongoing concerns about children’s adjustment

Teasing & Bullying – Returning to School

- Around 35% of youth in the general population report teasing or bullying
- Children with craniofacial diagnoses are more likely to experience teasing
- Teasing tends to start in preschool, peak in middle school, and decline by the end of high school
- If not addressed, bullying can have long-term outcomes on adult adjustment
- Bullying can be physical, but is most often social and verbal – as well as cyber bullying and within distance learning and virtual activities during COVID-19
Teasing Frequency in Populations with a Cleft

![Bar chart showing teasing frequency in different populations with a cleft. The chart includes data from Norway, EuroCleft, France, and Ireland, comparing self- and parent-reported teasing frequencies.]

Teasing Frequency in Populations With Microtia/Craniofacial Microsomia

![Bar chart showing teasing frequency in different populations with microtia/craniofacial microsomia. The chart includes data from the UK, China, USA, and South America, comparing self-reported teasing frequencies.]
Caregiver Role

- Help teach your children the difference between the frequent questions or comments that come out of curiosity and those that are meant to be hurtful
- Regularly check in with children about any teasing across settings
- Balance being protective with children learning adaptive independent coping
- Help your children practice at home how they can handle situations at school
- For school-based concerns that persist, talk to teachers and school administration directly rather than to the students involved or their parents
- If bullying is within context of extended family/friend network, collaborate with family of the perpetrator
- If there are threats of physical aggression or a possible crime (e.g., stalking, blackmail), contact local law enforcement

Medical Language Awareness

- Use neutral/descriptive language with children
- Many medical terms, like abnormality, malformation, and deformation, can have negative connotations and imply that a child is “broken”

<table>
<thead>
<tr>
<th>Medical Terms</th>
<th>Alternative Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>birth defect =&gt;</td>
<td>congenital diagnosis</td>
</tr>
<tr>
<td>lip/palate repair =&gt;</td>
<td>diagnosis a child is born with</td>
</tr>
<tr>
<td>fix the lip/palate =&gt;</td>
<td>lip/palate surgery</td>
</tr>
<tr>
<td>nasal deformity =&gt;</td>
<td>close the lip/palate</td>
</tr>
<tr>
<td>alveolar ridge defect =&gt;</td>
<td>nasal flattening</td>
</tr>
<tr>
<td></td>
<td>opening in bone in the gum line</td>
</tr>
</tbody>
</table>
Confident Nonverbal Communication: STEPS

• **Self-Talk**: thinking positive and affirming statements about one's self

• **Tone of Voice**: speaking clearly and at an appropriate volume to be easily heard

• **Eye Contact**: looking at people in the eye when talking and listening

• **Posture**: keeping an upright posture with shoulders back and head up

• **Smile**: showing friendliness and confidence

Kammerer Quayle (2001)

Rehearse Your Response

• **Label:**
  I have a cleft lip and palate. • I was born with my top lip open. • This part (pointing) was open when I was born, and the doctor closed it when I was a baby. • I was born with a little ear.

• **Reassure:**
  I’m doing great. • I had surgery and I am doing really well. • My doctors are taking good care of me. • I have a few surgeries to go and so far, so good! • I can hear everything with my hearing aid.

• **Change Topic:**
  Thanks for checking in on me. • What’s the math homework? • Who’s your favorite superhero? • Let’s go play tag! • What’s for lunch?

Kammerer Quayle (2001)
Coach Assertiveness

- **Active** ignoring
- Walk away
- Say “no” or “stop”
- Use friendly humor
- Seek friends’ support
- With trusted people, express feelings
- Get help from an adult

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Dating

- Keep open communication in discussing dating and family expectations
- Check in about how your child and their friends are thinking about dating
- Discuss with your child how to talk about their cleft with a date as they would with friends and practice how to respond to different reactions
- One large study found no differences in self-rated romantic appeal for boys with a cleft and a very small difference for girls with a cleft when compared to their peers at age 16
- Consider an adolescent genetic visit to discuss recurrence rates – especially if there has been an assumption of 50/50 recurrence from their biology classes
Sexting

- Sexting starts with 3% at age 11 and is over 20% by age 18

- On average, about 15% of males and 10% of females report receiving naked or semi-naked photos from a classmate at school

- Child pornography laws can be applied to sexting among minors

- In a review of police records, minors were arrested 36% of the time if there were aggravating factors (e.g., coercion, attempts at blackmail) with resulting state/juvenile court charges

- If the sexting appeared to be consensual and images had not been distributed, arrests were made 18% of the time

Group Interventions

- School-based/classroom bullying prevention programs
  - [www.stopbullying.gov](http://www.stopbullying.gov) in addition to several programs specific to school districts

- Social skills training programs
  - Teaching and practicing skills (e.g., listening, coping with frustration) in small peer groups often held at school or community mental health agencies

- Support groups for children and families
  - General groups for families coping with medical diagnoses or cleft/craniofacial-specific groups most often held through a hospital

- Camp programs
  - General camps for patients with a range medical diagnoses or cleft/craniofacial-specific camps that your cleft team can help you identify in your area
Individual/Family Mental Health Services

- Practicing coping strategies
- Building problem solving, social, and communication skills
- Using cognitive restructuring/reframing
- Managing anxiety and relaxation skills
- Building positive self-esteem and self-efficacy
- Reducing depressive symptoms
- Helping with advocacy

The Big Picture

- You as parents and family have the most powerful role in shaping children’s perceptions of themselves and their world
- As difficult as some social situations may be, most children learn how to respond and cope positively
- Resiliency, empathy, and social maturity can develop at a younger age for children with a craniofacial diagnosis from overcoming challenges and their unique experiences with other patients and medical settings
- COVID-19 stressors have contributed to growth in many areas
References


School Building Blocks

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Common School Concerns in Cleft and Craniofacial Patients

- Absence due to medical/surgical/orthodontic treatments
- Developmental delays
- Speech and language difficulties
- Fine motor difficulties
- Hearing loss
- Vision loss
- Specific Learning Disabilities
- Executive Functioning difficulties
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorders
- In-school nursing care
Cognitive & Academic Outcomes

• Highly variable but all children with cleft and craniofacial conditions have elevated risks due to their medical status

• School issues are not limited to cognitive functioning, and should include consideration of broader medical, developmental and functional status

School Supports

• Every child with a disability has a legal right to a free and appropriate public education

• Available support services may vary depending on state, district, and school setting

• Quality of support services can vary

• Families should carefully and accurately consider their child’s unique needs when determining plans for schooling
Assessing Your Child’s School Performance with Your Team Specialists

• What type of school is your child enrolled in?
• What kind of classroom setting is your child in?
• What are your child’s strengths at school?
• What are your child’s greatest challenges?
• Are there activities your child struggles to do on their own or like their peers?
• Does your child have an IEP or 504 Plan? What does it include? How often are services received?
• Are you happy with the quality and quantity of supports your child is receiving at school?

Types of Testing

• Psychoeducational
  • Academic functioning: achievement/grade level, need for support

• Neuropsychological
  • Brain/behavior relationships: memory, language, visual perceptual skills, fine motor skills, attention, executive functioning

• Psychological
  • Emotional and behavioral functioning
Individualized Education Program (IEP)

- Individuals with Disabilities Education Act (IDEA) covers school-aged kids with one of 13 disabilities
- Disability must impact educational performance and/or ability to learn and benefit from the general education curriculum, leading to the need for specialized instruction.

<table>
<thead>
<tr>
<th>Specific Learning Disability</th>
<th>Other Health Impairment</th>
<th>Autism Spectrum Disorder</th>
<th>Emotional Disturbance</th>
<th>Speech or Language Impairment</th>
<th>Visual Impairment (blindness)</th>
<th>Deafness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Impairment</td>
<td>Deaf-Blindness</td>
<td>Orthopedic Impairment</td>
<td>Intellectual Disability</td>
<td>Traumatic Brain Injury</td>
<td>Multiple Disabilities</td>
<td></td>
</tr>
</tbody>
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Individualized Education Program (IEP)

- IEPs have a formalized process that must be followed
- IEP Team must include the following (ideally at all meetings)
  - Child’s parent
  - At least one of the child’s general education teachers
  - At least one special education teacher
  - School psychologist or other specialist who can interpret test results
  - District representative with authority over special education services
- IEP must outline specific goals, benchmarks, services and personnel

Evaluation → Determination of Eligibility → IEP Writing → IEP Meeting → Implementation → Annual Review → Re-Assessment (3 yrs)
504 Plan Service Agreements

- Section 504 of the Rehabilitation Act of 1973
- Covers individuals who have a physical or mental condition that affects their functioning in a major life activity
  - Walking, seeing, hearing, speaking, breathing, learning, working, self-care, performing manual tasks
- **Goal:** placement in a *general education classroom* with services, accommodations, or aids needed to achieve satisfactory academic performance
- No standard form or template, but is usually a written document
- Usually but not always includes parents
- Suggests but does not require “periodic” evaluation

IEP vs. 504 Plan – What’s the difference?

- **504 Plan**
  - Access to general education
  - Must have a disability that affects access to curriculum
  - No formal process or goals
  - All ages (through college and beyond)
  - Modified assignments
  - Student is not eligible for extra services

- **IEP**
  - Access to special education
  - Must have 1 of 13 designated disabilities that affect access to curriculum
  - Formal process and team, designated goals
  - Age 0-21
  - Modified assignments and/or curriculum
  - Student is eligible for extra services

Support Services in School Could Include:

- Learning support (pull-out or push-in)
- Reduced/altered workload
- Special education classroom – full time or resource room
- Speech therapy – 1:1 and group
- Hearing support – preferential seating, FM system, written reviews
- Vision support – preferential seating, magnification, large print, audio books
- Physical therapy – gross motor, mobility, accessibility
- Occupational therapy – handwriting, functional independence
- Testing accommodations – oral exams, quiet room, extra time
- Nursing support
- Behavioral support – 1:1, TSS/BSC, daily check-ins, counseling
Talking to Kids About Testing & Services

- Discuss what’s fun and hard about school
- Explain the evaluation process and talk about their team
- Reassure them that it’s not a test they have to study or prepare for
- Emphasize that we all have strengths and weaknesses with skills and learning
- Highlight how testing and support services could help them have a better experience with learning
- Help your child understand their identified issues
- Let them know what to expect from their planned services or accommodations
- Practice answering peers’ questions with your child
- Prepare for a range of reactions

Requesting School Testing

- **Write a letter** specifying your concerns and request for evaluation
  - Use a [template](https://www.understood.org/en/learning-attention-issues/understanding-childs-challenges/talking-with-your-child/talking-to-your-child-about-getting-evaluated) if it’s helpful
  - Be specific and write as much as you need
  - Include your consent for evaluation and request a “Consent to Evaluate” form
- Make sure the letter is received – hand-deliver or send certified mail
- Follow up – give it 1–2 weeks, then follow up by phone or email
  - States vary on how long they have to respond to the request and how long they have until they perform the requested evaluation
- Testing requests could be denied – be persistent!
### Advocating for Your Child

<table>
<thead>
<tr>
<th>Be Informed</th>
<th>Be Patient</th>
<th>Be Persistent</th>
</tr>
</thead>
</table>
| • Know your child’s rights to education (see resources on next slide)  
• Ask questions to understand the evaluation and plans  
• Seek outside support as needed | • IEP and 504 evaluation and implementation can take many months  
• Needs can change throughout school years and may require revisions to plans  
• Not all school personnel understand your child as well as you do! | • It can take multiple requests for evaluation and iterations of a plan to come to fruition  
• Keep tabs on your kid’s services and whether they are being implemented as outlined  
• Pull in outside support as needed |

### Resources

- American Cleft Palate-Craniofacial Association  
  [https://acpa-cpf.org/acpa-family-services/family-resources/](https://acpa-cpf.org/acpa-family-services/family-resources/)
- Learning Disabilities Association of America  
  [https://ldaamerica.org](https://ldaamerica.org)
- International Dyslexia Association  
  [https://dyslexiaida.org/](https://dyslexiaida.org/)
- Understood (learning & attention disorders)  
  [https://www.understood.org/](https://www.understood.org/)
- Education Law Center  
- U.S. Department of Education  
  [https://www2.ed.gov/about/offices/list/ocr/504faq.html#interrelationship](https://www2.ed.gov/about/offices/list/ocr/504faq.html#interrelationship)
Selected References


Selected References


Question & Answer

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Closing Remarks

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Thank You

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