

# Creating a Team to Create & Support Your Student's IEP

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An Individual Educational Plan (IEP) is a formal structure for achieving the educational goals of students with learning differences. IEPs are written collectively by a team of teachers, parents, and professionals involved with a student's welfare, based on concerns raised by parents and/or teachers, usually backed up with specific diagnoses that arise out of standardized evaluations. Frequently they address multiple issues, identified by a variety of professionals. Usually, an IEP is a statement of a set of quantifiable goals for the student to achieve, followed by a description of the support that will be given to help the student achieve the goals. When developed well and implemented conscientiously, an IEP can translate the insights of educators and parents, medical and psychological experts into teaching practices that will be effective given the unique learning profile of the child.

Creating a well-functioning educational team to both write and monitor an IEP can be especially important for a child with Asperger Syndrome (or another closely related autism spectrum diagnosis such as HFA, PDD-NOS, NLD), because these children have a communication weakness. They are less likely than neurotypical children to be able to be good self-advocates, to report important school information to parents, to share important home information with people at school—or even to recognize the need to keep other people in their lives informed. Students with Asperger Syndrome (AS) do best when the key adults in their lives take the initiative to communicate regularly and openly with each other. In addition, since AS is a pervasive developmental disorder—i.e., one affecting multiple areas of functioning—these children often have complex profiles, and therefore require ongoing oversight and tweaking of their educational programs, accommodations, and interventions.

## Why take the time?

Without regular communication among the key adults in a student's life, it's all too common for parents and educators to play the "blame game" rather than channeling their energy into problem prevention, problem resolution, and fostering a student's successful development. Over the years, as an educator and consultant, I can attest to the fact that sharing information on a regular, cooperative basis amongst team members helps stop the blame game, which is based on counter-productive assumptions such as:

- ◆ Blaming the child: This student is lazy/rude/could do better if s/he only tried.
- ◆ Blaming the parents: These parents ought to push this child more/set better limits/make sure the student is doing homework. This child is falling asleep in class—why don't those parents get this kid to sleep on time? These parents are so pushy/unreasonable/over-reactive/overprotective
- ◆ Blaming the educators: The teachers are not trying hard enough. Why doesn't the guidance counselor do more for my child? The principal has no idea what the teachers are doing with my child. Why won't the school give my child OT/PT/speech and language therapy? My kids' teachers are so uncaring /uncooperative/unfair!

Frequent, open, respectful communication between home and school prevents the build up of such incorrect assumptions, and defuses mistrust, frustration, and anger. Good teams provide a built-in forum to put such issues on the table in non-confrontational way, to dispel misunderstandings, and to examine (and re-examine) whether

the student is, in fact, getting adequate services relative to the diagnosis and the goals of the IEP—instead of playing the blame game.

Regular communication between home, school, and other professionals also gives early warning when a student is struggling emotionally or behaviorally, or that a student is getting poor or failing grades. Proper follow-through, a "given" for any well-constructed team, would ensure that parents be notified shortly after a student's grades start to slip, or shortly after student has stopped turning in homework (or handing in poor quality homework), or shortly after behavior has become a concern. Then the team can take prompt action to limit the damage and turn the situation around. This is far preferable for all concerned than waiting until a quarterly progress reports shows slumping grades or other concerns.

Creating a smooth-functioning team with an ethos of mutual respect, support, and creative problem-solving can be a challenge. Team members generally start off with differing perspectives, overlapping areas of expertise and sometimes a sense of challenge to personal or professional dignity. To develop and then implement an effective IEP, positive effort is required to establish mutual respect amongst the parties. Students with AS can be challenging to parent and to educate—and they don't come with operating manuals! When problems arise, usually neither parents nor educators are to blame. However, all team members can contribute to a student's improvement and success if they are willing to accept one another's insights and assistance, brainstorm solutions, and think outside the box.

When all involved consider themselves to be on a single team, and come together to pool what they know about the student, there is much more likelihood that the IEP will be geared to the actual needs of the student, and implemented effectively. If the professionals who are charged with the implementation of accommodations in the IEP are directly involved in its creation, it is more likely that they will understand why the accommodations are part of the plan, and therefore be better able and more motivated to implement them.

A team-based approach brings together the required expertise to synthesize a comprehensive plan for the child, but it also serves to help all the adults who play a role in the student's life. Fully functional teams help all the members to stay on target, and to support each other, as well as the student, to accomplish stated goals of the IEP. Creating and maintaining the team does take time—but it is time well spent. Picking up the pieces or repairing the damage stemming from poor communication also takes time, and it is not nearly as enjoyable or rewarding.

## Team Members' Roles

From the age of 14 years on, students are legally entitled to attend their own team meetings. (However, it may be wise to invite younger students to attend for a short time, to prepare them to participate in meetings constructively as teens.) There are also many advantages to including students in at least some meetings, or for part of meetings, if there is adequate preparation and skillful leadership. For example, many students may be able to bear unique witness to their struggles in accessing the curriculum, as well as learn self-advocacy. Please see the accompanying article for detailed examination of successful inclusion strategies.

Parents are their children's primary advocates. Regular team meetings allow parents to bring their insights, concerns, suggestions, requests, and ideas to the school's attention, pro-actively and in-depth. However, parents should be careful not to tell educators

how to solve a problem or meet the student's needs at school. Educators know the rules, the culture, the resources, and the people in their school system; they need to be the ones to generate solutions that will work in their school, albeit in consultation with parents.

One person essential to a team is an effective leader. The school may designate a special education administrator (e.g. "Inclusion Facilitator" or "Case Manager"), a school psychologist or social worker, a guidance or adjustment counselor, or a vice-principal to lead the team. Ideally, the leader should be someone who has some mobility and some clout in the school, who feels an interest in the student's well-being, and who has expertise and experience with AS—or at least an open mind and an interest in learning more about AS. Whatever his or her precise title or position, the team leader should be an educator able to convene the team, to facilitate regularly scheduled face-to-face meetings (once a month is excellent), and to facilitate communication among team members between meetings (e.g. intra-school and home/school communication).

In addition to the team leader, the parent(s), and the student, there can be good reasons to include one or more additional educators from the school. In the case of an elementary school student, for example, the primary classroom teacher and the one-to-one aide may be core team members. A guidance counselor or resource room teacher may play a key role in the life of a teenager, and thus belong on his or her team.

Other professionals representing many areas of expertise may be involved in an IEP team, either on a regular basis or just on occasions when their particular expertise or particular knowledge of the student is needed. They may participate by attending meetings in person or by phone, or by providing information to the core team members through written reports. Professionals may participate in areas from diagnosis and testing, to teaching and therapies.

Once initiated, an IEP may need some level of oversight in each of these areas:

- ◆ A pediatrician can provide medical history, developmental factors and any medical condition (physical or sensory deficits, allergies, chronic illness, injuries, hospitalizations) that impacts student capability.
- ◆ A therapist helps all parties to understand emotional issues of the child as they relate to school functioning, family issues, or peer issues.
- ◆ A psychologist (ideally a neuropsychologist) puts intellectual, emotional and psychological potential into context, especially relative to the student's academic achievement, output, social skills, ability to read non-verbal cues, processing speed, executive functioning and attention factors.
- ◆ A psychopharmacologist or psychiatrist who prescribes medications for student can explain the impact of these medications on a student's mood or ability to pay attention, and school performance.
- ◆ Parents bring the family and home perspective, give family history, information on sibling and parental interaction, and make known the difficulties the student encounters when not in school, including organizational skills, level of distractibility, ability to adhere to routine, and ability to initiate and finish homework. Parents can relate what the child does during non-school time—friendships and hobbies (or lack thereof), signs of stress that may not be manifest during the school day.
- ◆ Special Education (or SPED) administrators know what resources are available in the school system and how they can be brought to bear on behalf of the student. They are usually

the ones who make decisions on how much funding a school system has to support the accommodations of the IEP. The buck often stops with them and they are often the keepers of the bottom line where expenses are concerned.

- ◆ SPED teachers deliver remediation and individualized instruction, either in self-contained or inclusion classes according to the accommodations specified in the IEP. SPED teachers may team teach and do planning in conjunction with regular education teachers, as well as with other specialists involved in student's IEP.
- ◆ Regular education teachers teach heterogeneous classes where specific accommodations of an IEP may need to be incorporated into planning and delivery of services for the student.
- ◆ Guidance counselors are instrumental in choosing courses, as well as identifying teachers who deal best with similar students, and in planning for the future. They may act as case managers, and/or provide a designated "safe adult" or go-to person for a student. They may direct the student to after-school activities, and may create a group or invite the student to participate in an existing group. They may act as a liaison between home and school.
- ◆ School principals or vice-principals are involved in administrative and disciplinary issues. They are responsible for what happens within their school. Teams should look at the school's discipline codes and think about whether expectations need to be modified for students with AS. To avoid counter-productive reactions to student behaviors, every adult who may encounter the student will need some level of awareness about AS, and know where to turn for information, support, or problem resolution.
- ◆ An organizational coach (sometimes a resource room teacher) works with students to improve executive functioning (organizational skills; ability to initiate, break down, and complete tasks; e.g.: writing down homework assignments, taking home necessary materials, completing multi-step assignments, turning homework in).
- ◆ A tutor works with students on specific subject or skill set.
- ◆ An occupational therapist helps students with many issues having to do with school success including sensory integration, proprioceptive (body awareness) activities, motor planning.
- ◆ A physical therapist works with student on gross and fine motor coordination, balance and coordination, and strength.
- ◆ Speech and language therapists work with students on expressive and receptive language, social skills, and social pragmatics. (Articulation is less often an issue for students with AS.)
- ◆ A social coach (sometimes a trained/supervised aide) works with students to apply social skills in settings outside the speech therapy room.
- ◆ Other possible team members or contributors to team include the school nurse and/or an athletic coach.

### **How a Team Works**

A team supports a student by creating an IEP in which all accommodations are arrived at and implemented based on an agreed-upon set of goals, using agreed-upon techniques and consistent vocabulary. By working together, parents, teachers and professionals strive to create a cohesive, integrated plan that reinforces the same concepts, skills and attitudes for student both at home and at school. Working cooperatively, teams can share information so that planning for a student takes into account the myriad, disparate issues that students with complex profiles have.

Writing the IEP is just the beginning of the team's work;

the team also needs to monitor the implementation of the IEP throughout the school year, making adjustments as necessary. Therefore, a good team creates a communication system to share critical information promptly, so that the student is not allowed to fall behind academically, emotionally or behaviorally for any length of time. Ideally, there should be three layers of communication.

1. Ideally, a monthly face-to-face meeting of the core members of the team.
2. A daily check-in by handwritten journal or individualized checklist (e.g. a notebook traveling between home and school in the backpack of an elementary school student, sometimes filled out by an aide) or a weekly phone conversation or email message from school to home, probably more appropriate for most students in the middle school years. (The choice of email vs. phone should accommodate the preferences of the educator who is the point person—whichever is realistic given this person's daily schedule and habits.)
3. Emergency communication as needed, by phone or email, from a parent to a designated person at the school, such as the team leader, or from that person to the parent(s).

There should also be regular communication among educators, and as needed with the outside professionals. By including outside professionals, the ongoing issues at school can be incorporated into the work that tutors, coaches, and therapists do with the student. In turn, these professionals can inform the school and the planning process of issues or insights that might otherwise go unnoticed.

### Examples

In my practice, I have been part of many good teams and have seen examples of the benefits of cooperative teamwork. For example:

- ◆ A student's psychopharmacologist placed him on new medication whose side effects could have affected mood, energy level, and school performance. The psychopharmacologist informed other team members about the medication and its possible side effects. The other team members were then able to plan ahead how to handle the potential repercussions. If the team had lacked that information, they would have wasted a lot of energy trying to figure out why the student was behaving differently, and trying to undo the damage caused to the student's academics and peer relationships. Because this team communicated on a regular basis, they made sure that this student's needs were anticipated and supported. They were also able to report back to the psychopharmacologist how the student's behavior changed on the new medication. Students spend more waking hours in school than anywhere else. A team that was made aware of what to look for was able to convey information that was used in determining whether that medication was having its intended effect and whether side effects were affecting school performance.
- ◆ Parents informed the team of a disruptive family event (in this case, a death in the family, but it could well have been illness, loss of parental job, death of a family friend or pet, new sibling, separation or divorce, move to a new house or community). This information was shared (confidentially on an as-needed basis), and professionals planned a course of action to support the child. (Parents could also relay a student's poor night's sleep, change of routine, difficulty with homework, or travel plans, so that educators can anticipate, plan, and intervene accordingly.)
- ◆ A therapist discovered and reported to the team that a child was struggling at school but had not told any other adults of

the difficulty. The team planned together to address the issue in a cohesive manner. The value of a cooperative, already well-established team is especially obvious in a crisis situation. (Examples of serious issues that students with AS may fail to report include bullying and teasing, an eating disorder, insomnia, anxiety, sexual harassment.)

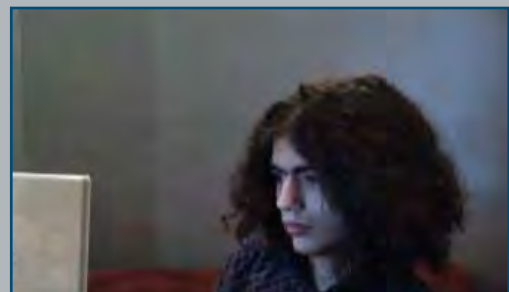
- ◆ A pediatrician discovered a medical reason for school difficulties. (In this case, the child was discovered to have hypoglycemia, but in other cases it could be a food allergy, low muscle tone, hearing or vision problems, thyroid condition, or hormonal anomaly, etc.) The team strategized on how to deal with the impact of this medical issue on school performance and was able to provide the doctor with helpful information on the day-to-day functioning of the student.
- ◆ A psychologist brought a new diagnosis to the team's attention (in this case, Asperger Syndrome). The team planned an integrated approach to implement recommendations that were appropriate for the diagnosis.
- ◆ A social skills coach learned that a student was unable to interpret people's facial expressions and body language. The team learned from the coach how they could help the student pick up social cues, and how they could reinforce student's learning of such cues. The student also received additional speech and language services on the basis of this finding, to target the learning of these essential skills.

Carefully constructed, cooperative teams, based on mutual respect for all members, keep the focus on the student and serve as a forum for exchange of information amongst all interested parties. They serve to monitor and evaluate the benefits and effectiveness of IEP goals. They give an IEP a better chance of addressing a student's needs and give the student a much better chance of achieving school success. Serving on a well-run team, working cooperatively with other caring and dedicated professionals, and watching a student progress due to the team's persistent efforts, can be a pleasure and an inspiration.

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