

February 2021

Thoughts from one who has founded, created, implemented and directed schools, for nearly 40 years, for those who are mandated to receive a free and appropriate education.

What could school look like for those with severe autism, who are unable to wear a mask, stay a reasonable distance from another, follow directions without physical support, need help to eat their snack and lunch, need help in the bathroom with hygiene and toileting and could have a seizure requiring, once again, physical support?

How could parents and teachers, therapists and governmental organizations work together to create this new learning environment, which is recommended but not exactly mandated or supported by funding that may be needed to develop such a new paradigm?

What would it look like? What policies and procedures would be put in place? What types of collaborations and understandings would need to be agreed upon between parents, schools, school districts, the Commission on Teacher Credentialing and the State Departments of Education?

- 1) My first ah ha was that parents need to be sure they are doing everything to keep themselves and their children healthy. Colds, virus, flu, disease in general hit those who have greater health challenges, harder. Professionals must also do everything they can to keep healthy (nutrition, exercise, sleep).
- 2) Parents are going to have to find ways to make sure those with autism are less likely to become obese or acquire diabetes. Better meal planning will need to occur, addressing sensory challenges over food will be a priority. Replacing sugar food intake with nutrient dense foods will be a must.
- 3) My next thought was, everyone needs to adhere to better hygiene routines, especially those children and families at greater risk. Never before, in my nearly 70 years of life, has it been so important to wash hands and be aware. This routine will need to be put in place at home frequently and completed at school many times a day. Each student will need to have their own hygiene tools at school and they will need to be cleaned at the end of every day.
- 4) Parents will truly need to find support to keep their children home from school when they have a cough, runny noses and of course any infections and fevers. I have received those students off the yellow buses, whose parents must go to work and send their son or daughter to school with coughs or runny noses, as long as they have no fever. This is a challenge for all, now.
- 5) The communication challenges of those on the spectrum must be addressed. This should be one of the highest priorities and assistive technology and devices be readily available to all children with communication challenges. It is known that the better a child, with ASD or any person with a communication disorder, can communicate, the less anxious, frustrated, confused they will be and the less use of physical ways to get their needs and feelings met. When the student uses his or her physical ways of communicating, everyone is at a higher risk for injury and now, of course the spreading of a potential deadly virus.
- 6) In California, the Regional Centers and Early Intervention Organizations and schools all need to ensure that addressing communication is number one on the child's program plan. All medical practitioners need to become aware of the critical need for speech therapy and augmentative

communication therapy. Long waits for systems to be put in place need to be stopped. No more refusal, from districts, to have devices remain at school and not go home with each student.

- 7) Toilet training must be addressed early for these children, as well. How do we make training accessible and not at such high prices for families? So many private businesses have been started, offering Behaviorists to come in and provide training. How can most families truly afford them? (\$60, \$75, \$125 and more per hour?) How do we address this or change this challenge?
- 8) Perhaps more outdoor education could be allowed and goals and objectives adjusted to be met in more creative ways. Sitting and receiving information at a desk, in a classroom for 6 hours a day with all other students and support staff may not be the healthiest way to receive an education nor the most effective. There needs to be more flexibility in program delivery.
- 9) Hygiene/toileting educational goals may have to be written for home implementation and parent training completed, for implementation in the home environment, to reduce school staff risks. There needs to be more flexibility in program delivery.
- 10) Parents need to be required to work with their son or daughter on all self-help goals that occur naturally in the home. No longer can the schools be totally responsible for teaching independent living without the families' agreement to engage, mentor and expect their son or daughter to do these things at school. There needs to be more flexibility in program delivery.
- 11) The new paradigm has to be more collaborative than it has been in the past. I understand this will be hard on families, but to expect the education system to do it all without their help, is not fair. Teamwork is imperative here.
- 12) Perhaps instructional assistants can be approved to train in the home? Perhaps teachers can be approved to observe in the home and train parents? Why is it that education can only occur on a school site?
- 13) Parents now know that early-on in their son or daughter's lives they will need to teach them to wear a mask. The earlier the better. This is not the school's sole responsibility. Children learn to brush their teeth, comb their hair and take a bath. Children learn to wear coats in the winter, gloves maybe too. Now they will have to learn that a mask may need to be worn when an illness is present. This is just another requirement for a parent, to keep them safe.
- 14) Students will need their own set of education supplies and learn to keep them clean. (pencils, pens, paper, erasers, rulers, crayons etc.) Schools will need funding to support this action.
- 15) Students will need a place to store their backpacks and extra school needs, they bring in, that don't connect with other students' personal items. Where will the schools get funding to purchase these storage units?
- 16) Will group seating (at one table) work now? Will the new paradigm require separate desks?
- 17) How will recess occur safely? I imagine less students out at one time. More planned recess activities with stations set up and visual schedules for the student to follow.
- 18) How will snack and lunch time occur safely? I imagine in their own classrooms now and with proper health standards met. Boxed lunches, not cafeteria style, delivered.
- 19) The occupational therapist gym will need to be cleaned after each student's use. Perhaps more sessions held out doors with more typical motor equipment found in the real lives of the student (bikes, balls, exercise equipment)
- 20) The speech therapist's room cleaned after each student's session. All materials cleaned before the next student utilizes them. Perhaps more sessions outdoors, which opens up the ability to

build communication in more natural contexts. Making home visits could work. Holding sessions in the backyards of families. This could improve generalization from school to home.

- 21) Each school will need to have a safe room to support a student who has been found to have come to school with some type of unsafe symptom (diarrhea, their monthly period, fever, cough, etc.) and must wait until their parent picks them up. There must be an agreement for a parent to pick up in a timely manner. I have seen where parents have waited until the end of the school day. I understand it must be hard to have to leave work, but there needs to be an understanding that this is a high priority.
- 22) Each student in special education is required to have a current individual education Plan (IEP) and after 14 a current Individual Transition Plan (ITP). These documents are supposed to outline current goals and objectives as well as supports and services. There will need to be more flexibility in these plans so that schools are not being put in a compromising position to provide education that is at risk for their students or provider.
- 23) The student with autism with greater communication, motor planning, sensory overloading challenges and perhaps compromised cognition may need a very different educational paradigm than the typical elementary or secondary school student. Have we looked at other countries' methodologies? Where in the world are better outcomes occurring?
- 24) We are in crisis in the US in the special education field. We have less people interested in becoming teachers for these challenging students. We have less speech therapists and occupational therapists coming out of our university system who are prepared to support these students. Why is this so? Again, is it due to a system that is too narrow minded, underfunded and restrictive? It appears we need a new paradigm so we can once again inspire people to move into these meaningful professions.
- 25) How do we begin to think out of the box? Have any of the schools sat down with families and brainstormed together? (zoom is fashionable now). Perhaps. What was their outcome? Has there been any open dialogue for the safe expression of concerns with people actually, actively listening, not judging and not attacking? Perhaps, what was their outcome? Have educational leaders found a way to come together to brainstorm on a new paradigm? What will it take? I wonder.
- 26) My media only reports that more and more litigation is occurring. My media contains the frustrations of families and schools due to the change in weekly advice for opening schools. My media continues to ask if I know of how and where to hire teachers and therapists and assistants to help support in homes and schools.
- 27) Where must these discussions begin to be held, city level, state level or federal level?
- 28) How do we reach those who make policy and procedures that are no longer working?

After 40 years of passionately working in this field, trying my very best to direct schools and give hope to families, I must say this now is the time to change how we have operated for the past 40 years and to realize the old paradigms do not fit any longer. I only know that I would be delighted to be asked to sit on that committee empowered to make change. Wouldn't you want to?

Karen Kaplan

www.karenkaplanasd.com