
The Educational Therapist and the IEP: A Pivotal Point in Intervention

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A mother just asked me to attend her son's Individual Education Program (IEP) meeting. In eighth grade at age 14, he reads laboriously at a third-grade level. An IEP document at age 7 suggested he didn't work hard enough and denied his eligibility to receive special education services. Two comprehensive medical reports reveal inadequate visual-perceptual-motor development. Tracking and visual perception are nearly impossible for him: his eyes do not "flicker" as they must in order to read a line of print. While he is not blind, he does have severe visual-perceptual impairments, preventing focus on and retention of visual symbols. His inability to read and write at grade level is inconsistent with his average cognitive ability. He has a well-documented learning disability. I've been called, and I am ready.

I was trained at UC Berkeley, then at UC Hastings College of the Law. I have multiple perspectives: as a special education consultant with more than 20 years of experience, as the primary caregiver of a student with disabilities, and from my work at the Westside Children's Center as staff attorney for the Education Advocacy Project of the Disability Rights Legal Center.

Realizing that one person can't help enough students by working on individual cases, I teach others to do what I do. For example, using IEP meetings as our classrooms, I taught graduate students at Loyola's School of Education to review a child's history and obtain the best educational results through advocacy. With parents' written permission, teams of two or three grad students attended IEP meetings with me, after I taught special education law and mentored them in the classroom using redacted IEPs. I rarely spoke at these IEP meetings except to alter the tone or change an outcome when necessary. Each of my graduate students (future teachers, principals, school counselors, and administrators) reported surprise that a process intended to help students can so quickly become emotionally draining, and ineffective. We conclude that this is not the outcome intended by our legislators.

When first creating special education laws, legislators were seeking the best way to solve a perplexing problem: how to teach students who learn unconventionally. Rather than micromanaging the process, they decided that a team should plan the education of each student, based on the team's understanding of the individual. Documents, medical records, test scores, and teacher evaluations are among the

documentation that can support the team's understanding so an educational program can be agreed upon. If the student qualifies for special education, the team evaluates present levels of performance, and discusses academic goals, services, accommodations or modifications and, finally, placement. Designing an adequate program should be the goal of every IEP meeting, but ...

IEP meetings can be quite adversarial and even traumatic for all attendees. My graduate students weren't the only ones to notice this. Parents exhausted by the demands of time, emotions, and the financial costs of having a child with disabilities feel betrayed by school officials. Administrators feel besieged by parents wanting too much. Teachers feel co-opted because they fear for their jobs if they don't toe the administrator's line. All attendees feel uncomfortably vulnerable in so public a forum. Often, the IEP "team" does not exist beyond the black-and-white pages of legislation. I hate it when the process fails because adults don't cooperate. Failure of the process creates failure for the child.

So, in an effort to perfect the process, I offer these thoughts:

(1) It is the legal duty of our government to educate each child with a disability using IEP team meetings to determine how a free, and appropriate public education (FAPE) shall be provided. Therefore, like being a juror, each team member is a quasi-governmental functionary with the specific legal duty of planning the education for one individual.

(2) Each team member has different experiences and perspectives to express in a respectful, receptive environment. We are all here to do our best for the child.

(3) Each participates in every decision as an individual—regardless of affiliation.

(4) We must be honest, and earnest—and we must persevere.

(5) The privacy and dignity of every human being must be honored.

(6) The IEP team's task is to resolve all educational issues at the IEP meeting.

Returning now to the subject described above: the 8th grader's education is in crisis. Large photos of him at the meeting will make him seem more real than abstract. I will explain why the following are required: aural teaching to match his primary learning modality; bountiful and patient repetition; multisensory learning; and accommodations in classroom testing and in standardized testing, including having each test question read aloud to him—privately, to avoid stigmatization. For evaluation, all test questions and his verbal responses can be recorded.

Intensive remedial instruction will allow academic progress; periodic assessment will reveal achievement (see below). Psych-ed evaluations indicate he can graduate from high school with a diploma rather than a certificate, but this can happen only if he receives the necessary accommodations and services described in the preceding paragraph. If we help him to learn, and plan his transition, he may actualize his potential goals. He is tremendously motivated to learn. He only needs to be taught.

The next IEP meeting will more thoroughly detail his education plan because an assistive technology assessment will have been completed at that time. The next IEP meeting will also be the ideal moment for an ET to join the IEP team, or at least to write a report for the team to consider. The ET I plan to invite is one who knows this student's emotional connection to learning, knows the level of vulnerability he experiences on a daily basis, and understands the plight of his mother, who is holding down a number of jobs to pay for his medical and educational needs; and of his father, who is not earning enough to support the family as he feels he must. Adding an ET at this point can persuade the IEP team to consider all aspects of the "whole" child—including his family and their dynamics. An ET also helps to focus the team on more broad, relevant considerations like the effect of excessive homework on family life.

Until now, he has been required to use his eyes exclusively to access his curriculum. Like telling a child with an amputated hand to practice handwriting with the stump, it makes more sense to just use the other hand, or, in his case, other learning modalities (his ears). He says he needs to continue an intensive, 1:1, Orton-Gillingham-based reading program. During the past year, slow progress was documented for the first time. Very excited by this improvement in his ability to read, he'll visit an eye surgeon to determine whether recent advances allow for successful surgical intervention.

Meanwhile, we'll improve one life if our IEP meeting functions as our legislators intended. I am ready to be a member of his IEP team—and to do my best.

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