

INFORMATION/EDUCATION PAGE

Returning to School After Pediatric Stroke



Returning to school after a pediatric stroke can be overwhelming. Brain injury of any kind can have an effect on learning and daily life. Research shows that many students who have had a brain injury benefit from monitoring of their academic progress and accommodations in school.¹ Your student may need a new school plan after their stroke to help them be successful.

Creating a return-to-school plan

Step 1

Contact your student's school early in their hospital stay. Tell school staff about your student's stroke.

Step 2

Talk to your student's medical team. Share any important information with school staff. This can include discharge papers, progress notes, evaluations, and any medical plans (see below in Medical Considerations section).

Step 3

Discuss with school whether a 504 plan or an Individualized Education Plan (IEP) is needed based on your student's needs.² [Table 1²](#) shows some of the differences between a 504 plan and an IEP.²

Step 4

If you think your student needs an IEP, request a school-based evaluation for services. The request should be in writing with the date, your student's name, a brief explanation of your reasons for this

request, and parent or guardian's signature.² A letter from your doctor can be helpful but schools require a parent or guardian signature to start the process.

Step 5

You can ask for a school meeting at any time if you have concerns that the plan is not working. A meeting can help you and the team talk about what is working well and what may need to change or be updated.

Advocating for your educational rights

- You are an important part of your student's education team. You can advocate for their educational rights. Communicate with school staff in writing to make sure you have records of your requests.
- Every state has a parent training and information center (PTI) that helps guardians understand their student's rights. Information on how to contact the local PTI can be found on your state's board of education website.
- After you ask for an evaluation, the school must reply to you within a specific time. Refer to your state's board of education for the specific time frame and more information. Knowing the time line may help you advocate for better services.
- You have the right to disagree with a proposed IEP if you feel it is not the best plan for your student. You have the right to not sign something that you do not agree with or do not understand. Refer to your state PTI or state department of education website to understand

Table 1 Differences between a 504 plan and an Individualized Education Plan (IEP)

	504 Plan	Individualized Education Plan (IEP)
How to qualify	<ul style="list-style-type: none"> - Requires a letter from a doctor listing all diagnoses that affect school participation - Renewed yearly 	<ul style="list-style-type: none"> - Parents or guardians ask in writing for their student to be evaluated - Standardized tests determine whether your student qualifies. Nonstandardized tests or surveys also may be used to create the best plan for your student based on their learning strengths and needs³ - Reviewed <i>at least</i> yearly
Academic services	<ul style="list-style-type: none"> - Provides supports to increase access to the regular classroom and curriculum 	<ul style="list-style-type: none"> - Regular curriculum is modified - Includes measurable academic and/or therapy goals and Specially Designed Instructions (SDIs) to support areas of identified need. SDIs are the specific supports (extra time, special seating, copy of notes, etc) - Alternative curriculum may be necessary - Other in class/homework support as needed
Related services (such as occupational, physical, and/or speech services)	<ul style="list-style-type: none"> - Related services can be included 	<ul style="list-style-type: none"> - Related services can be included. Each service must have measurable goals.

the timeline and process for disagreeing with what a school offers your student.

- Needs may change over time as your student continues to recover or as they move to higher grades. Some changes may not be noticeable until later in your student's journey. Regular communication with school about your student's stroke and recovery is important. You should talk with school staff often about how your student is doing. Check their progress reports to ensure your student's plan still meets their needs.⁴
- You and your team should teach your student to advocate for themselves. Students can be taught to ask for help when needed. This will be important as your student transitions from high school to any post-high school programming.

Classroom supports to consider

Students may feel different when returning to the classroom after a stroke.⁵ Some students may benefit from meeting with a neuropsychologist. Neuropsychologists use testing to see how a person's thinking, mood, and behavior has changed after their brain injury. This kind of evaluation is called a neuropsychological evaluation. Ask your medical team if this is recommended for your student. If it is, your team can help you find a provider. This testing can be helpful for schools as they plan for your student's needs.

Table 2 lists some common areas of need and possible services or supports.⁶ This is not a full list. It is important to speak with your medical and school teams to help create your student's specific learning plan.^{4,5}

Table 2 Common areas of need and possible services or supports

Common Challenges	Examples of Specially Designed Instructions or Services
Fine and gross motor skills	<ul style="list-style-type: none"> - Evaluation from a related service professional (for example, physical therapy [PT] and/or occupational therapy [OT]) - Extended time between classes and/or use of elevator - Assistive technology evaluation - Typing practice goals and voice to text programs - Copies of notes and study guides
Activities of daily life (ADLs)	<ul style="list-style-type: none"> - If help is needed with ADLs in the school environment, then an evaluation from a related service professional (for example, PT and/or OT) may be helpful - For example: putting coat on/off, using the bathroom, opening food containers - Some goals will need to be addressed in an outpatient setting rather than a school setting. Discuss concerns/goals with your team
Vision deficits	<ul style="list-style-type: none"> - Seat near the teacher or best place to meet vision needs - Assistive technology evaluation - Vision specialist evaluation if available
Attention difficulties	<ul style="list-style-type: none"> - Seat near the teacher or board - Breaks
Impaired memory	<ul style="list-style-type: none"> - Multiple choice or true/false, use of word banks, and so on - Written lists/directions
Slowed processing speed	<ul style="list-style-type: none"> - Extra time for tests and assignments - Less practice work (such as completing the odd numbered problems only)
Language (receptive and expressive)	<ul style="list-style-type: none"> - Graphic organizers - Speech evaluation for school services or classroom supports
Executive function (organization, time management, etc)	<ul style="list-style-type: none"> - Planner/calendar support - Check-in person
Behavior (impulsivity, low frustration tolerance)	<ul style="list-style-type: none"> - Consider the need for positive behavior support plan if disruptions occur in classroom
Emotional health (adjustment to diagnosis, anxiety, social participation)	<ul style="list-style-type: none"> - School-based counseling or check in with counselor - Monitor social interactions, including watching for bullying

(continued on next page)

Table 2 (Continued)

Common Challenges	Examples of Specially Designed Instructions or Services
Fatigue (physical and cognitive)	<ul style="list-style-type: none"> - Lighter schedule and workload - Gradual return to school. Regular communication between home and school is needed to best understand when to increase time in school or work-load demands

If you are concerned about your student being pulled out of classes for related services, ask if services can be provided within the classroom. Some evidence suggests that classroom-based direct services are at least as effective for some goals. Classroom-based services might help ensure that new skills transfer to real-life situations.^{5,7}

Medical considerations

Each student's medical needs in school will be unique. The following care plans are common for students after a stroke. The medical team can guide what plans are needed for each child.

- Some students may need homebound instruction after a hospital stay before slowly returning to their regular school schedule. Talk to your school about what homebound services are available through your school district. Homebound instruction can vary greatly between school districts.⁶
- Emergency care plan for signs and symptoms of stroke or transient ischemic attack.³
- Seizure action plan (examples can be found on the Epilepsy Foundation website: <https://www.epilepsy.com/learn/managing-your-epilepsy/seizure-action-plans>).
- Headache management plan that includes specific instructions (ie, what medicines to take and when).
- Activity restrictions as needed (ie, no contact sports).

Resources for parents

- Pediatric Stroke Family Tool Kit, International Alliance for Pediatric Stroke, and The

International Pediatric Stroke Organization: [IAPS.links_final_4.12.21.pdf](https://www.iapeds.org/links_final_4.12.21.pdf) (iapeds.org)

- Australian's Family Guide to Pediatric Stroke: [Our-Familys-Stroke-Journey-1.pdf](https://www.ourfamilystroke.com/our-family-stroke-journey-1.pdf) (internationalpediatricstroke.org)
- Canada's Family Guide to Pediatric Stroke: [A-FAMILY-GUIDE-TO-PEDIATRIC-STROKE-EN.pdf](https://www.internationalpediatricstroke.org/family-guide-to-pediatric-stroke-en.pdf) (internationalpediatricstroke.org)

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