

## New clinical report a primer on IDEA for pediatricians

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It's a common scenario: Nervous parents are sitting in a school meeting room across from multiple professionals. They are all there to discuss an individualized education program (IEP) for a child with special education needs.

What happens in the meeting is critical. Parents and school representatives must understand the child's needs and how the school will meet those needs. The pediatrician's role in the process can be key.

A new AAP clinical report updates pediatricians about laws for children who have special education needs. It serves as a primer for the pediatrician and a resource for families.

Many parents struggle with the complex educational process involved in accessing services required under the Individuals with Disabilities Education Act (IDEA). They typically need help in understanding the law and may require advocates to guide them.

About 15% of U.S. children have a disability. Since 1975, these children have been entitled under federal law to a free appropriate public education in the least-restrictive environment from infancy to young adulthood. IDEA has undergone several changes over the years, and the report highlights how the current (2004) version relates to pediatric health care providers. It also reviews two other federal laws that ensure the educational rights of children with disabilities: Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.



Dr. Lipkin

"Every pediatrician deals with children who have these needs, so we think it's incumbent upon them to understand the fundamentals of these laws," said Paul H. Lipkin, M.D., FAAP, the lead author of *The Individuals With Disabilities Education Act (IDEA) for Children With Special Educational Needs*. The clinical report, from the AAP Councils on Children With Disabilities and School Health, is published in the December issue of *Pediatrics* (2015;136:e1650-e1662,

<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2015-3409>).

While these are not classic issues of health, Dr. Lipkin said, "they are needs that arise *because* of health issues and really impact the child and the family tremendously outside of the medical home."

### Overcoming challenges

Lack of communication can exist between those working in the health vs. education spheres. Schools may not fully understand a child's health needs and specifics about their disabilities. Pediatricians may not know what is actually being done for the child during the core part of the school day.

“With this statement, we hope to close those gaps and encourage communication ... so the care of the child is more unified and collaborative,” Dr. Lipkin said.

Another challenge is a lack of pediatric training about childhood learning problems, which can stymie some health care providers.

Residency programs, for example, have a minimal mandate to provide education around this topic because it doesn't affect hospital or clinical care, per se, Dr. Lipkin said. Most pediatricians learn through their own experience over time, but may be familiar only with customs in their community.

“There's a broader context,” Dr. Lipkin emphasized. The goal is to have a situation “where the child in Detroit is treated the same way as the child in Omaha.”

Common questions might involve whether a concern — such as a minor speech issue — could be an acute or chronic problem.

“If the child is not talking well now and may talk better and not have a need five years from now, it doesn't negate his current need,” Dr. Lipkin said. “The important thing to come away from with this report is new, updated information we would like to provide ... as a basic foundation they can draw upon when these questions arise.”



### **Health care provider's role**

The report suggests health care providers do the following to assist children with special education needs:

- Identify children who need early intervention or special education services.
- Share relevant information with early intervention or school personnel.
- Meet with early intervention or school personnel and parents or guardians.
- Use early intervention or school information in medical diagnostic or treatment plans.
- Work within an early intervention program, school or school-based clinic.
- Work at an administrative level to improve school functioning for children with special needs.

### **Requirements of the Individuals with Disabilities Education Act (IDEA)**

- **Free appropriate public education:** States and local school districts must offer this to all 3- to 21-year-olds with disabilities.
- **Identification and evaluation:** States and school districts must identify, locate and evaluate all kids with disabilities, without regard to severity, to determine eligibility and need for special education and related services.
- **Individualized education program (IEP):** Eligible children will receive an IEP; infants and toddlers, an individualized family service plan.
- **Least restrictive environment:** Children with disabilities must be educated in the least restrictive environment, i.e., with children who do not have disabilities, to the maximum extent possible.
- **Due process safeguards:** These must be in place for children and their families, including the right to mediation, request for complaint investigation, due process hearing and other rights.
- **Parent and student participation and shared decision-making:** Schools must collaborate with parents and students in the design and implementation of the special education services and placements.

**Resources**

- [State parent training and information center](#)
- [Council of Parent Attorneys and Advocates](#)
- [National Disability Rights Network](#)

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