

PARTNER with PARENTS

In Deuteronomy 6, we see God's design for the family to be the primary place for a child's discipleship. When it comes to kids with special needs, another reason to partner with parents is that they know their child's needs and strengths better than *anyone else* other than God. We'll connect with parents too, but so should you! ☺

WHY this MATTERS

"...Jesus said, 'Let the little children come to me and **do not hinder them**, for to such belongs the kingdom of heaven.'"

Matthew 19:14 (ESV)

Jesus' call for the little children to come to him didn't add "except for those with seizures or with an extra chromosome or with challenging behaviors." No, it was an open invitation, with the command to his followers not to hinder any children. As we teach and minister to ALL children, we act in obedience to Christ, in response to the love He first showed us in His death, life, and resurrection.

When other children ask questions, you have the opportunity to point to God with your answer, just as Christ did when the disciples asked whose sin caused a man's blindness and Jesus replied, *"It was not that this man sinned, or his parents, but that the works of God might be displayed in him."* (John 9:3). A good response is "God created all of us differently and loves each of us."

Sources include American Association on Intellectual and Developmental Disabilities; National Down Syndrome Society; Spina Bifida Association; U.S. Administration on Developmental Disabilities; National Mental Health Association; United Cerebral Palsy; National Center for Learning Disabilities; American Academy of Allergy Asthma and Immunology; Administration on Developmental Disabilities; Attention Deficit Disorder Association

Tip: Kids who are adopted can be more likely to have disabilities, so this info can prepare you to support the families in your church who adopt.

WHAT ARE SOME COMMON SPECIAL NEEDS?

Autism spectrum disorder

- Includes a several disorders, including autism, Asperger syndrome, and pervasive developmental disorders
- May have deficits in (a) social interaction and (b) communication (could be nonverbal), and (c) may have a repetitive behavior (called a "stim") or unusual fixation on a specific topic
- May have difficulty with overstimulating environments
- More common in boys than girls

Developmental & cognitive disabilities

- Both are broad categories that include multiple disabilities
- Developmental disabilities begin before age 22, are lifelong, and impact self-care, learning, language, & mobility
- Cognitive disabilities include individuals with traumatic brain injuries, intellectual disabilities, organic brain syndromes caused by infection, and Alzheimer disease & other forms of dementia

Learning Disability

- May have difficulty with one or more of the following: listening, speaking, reading, writing, reasoning, math
- May have difficulty with executive action (that is, the ability to connect past experience with present action, learn from mistakes, and apply prior knowledge to new learning experiences)
- May act out or shut down if learning activities become too frustrating

AD/HD

- Symptoms are related to one or more of the following: staying focused, paying attention, controlling impulses, delaying gratification, making decisions, processing information, using executive function (see LD) and being overly active or restless
- More common in boys than girls
- In girls, symptoms of inattention are more common, while in boys, hyperactivity and restless are more likely

Physical impairment

- A broad category encompassing disabilities that affect movement
- Common physical disabilities include spina bifida (a neural tube defect occurring in early pregnancy), cerebral palsy (a group of conditions affecting body movement & muscle coordination due to damage to the brain in the womb, during birth, or as a baby), and muscular dystrophy

Allergies

- Range from causing mild discomfort to endangering life
- Most common allergies: pollen, dust, food, insect stings, animal dander, mold, medications, and latex
- Most common food allergies: cow's milk, eggs, fish, peanuts, shellfish, soy, tree nuts, and wheat
- May be at risk for anaphylaxis

Down syndrome

- This genetic condition occurs when a person has three copies - instead of just two - of the 21st chromosome
- Often causes delays in physical and intellectual development, including intellectual disabilities
- May have a heart condition, may have difficulty using tongue in eating

Intellectual disability

- Used to be called "mental retardation" (a phrase no longer used because of the negative connotation)
- Defined by an IQ that is at least two standard deviations below the norm (70 or below)
- May have difficulties with conceptual, social, and practical life skills

Mental illness

- A disease classified by mild to severe disturbances in thought and/or behavior, causing an inability to cope with life's ordinary demands
- More than 200 types exist, but the most common are depression, bipolar disorder, dementia, schizophrenia, and anxiety disorders

A couple final tips:

- Bubbles and stress balls are cheap, easy tools that can be helpful with some kids with special needs.
- Please uphold our good health policies so that kids with disabilities who are susceptible to illness can still come!

Tip: Having a posted schedule and predictable routine helps most kids with and without special needs!

Remember that **every child is uniquely created by God and **every child** is different, so the same thing won't work for **every child**!*

What can I do if a CHILD...

seems to be hyperactive or inattentive?

- plan teaching activities in several smaller chunks with activity breaks in between less active chunks
- allow children to have a fidget toy (something to hold to fidget with to help them focus) or chew gum
- use screens (powerpoint, video clips, etc)
- offer calm, low-key reminders of appropriate behaviors
- understand that they may be learning in a different way even if they don't appear to be paying attention

is being impulsive?

- make expectations clear, stick to routines, & offer praise and encouragement in response to wise choices
- have a special cue (word, gesture, pic) you can use to remind the child to focus without calling him out

has a physical impairment?

- physically include the child in classroom environment & think through activities so the child isn't excluded
- allow extra time in transitions if mobility is limited

has reading difficulties?

- don't ask child to read aloud or give child advance notice so she can pre-read the text in advance
- give instructions verbally and not just in writing
- incorporate learning tasks that don't require reading

has a seizure?

- keep child safe (move anything away that might hurt him if it's a grand mal seizure), remain calm so that you don't scare the other children, and send one teacher *immediately* to get someone on staff

has a hearing impairment?

- ask parents if sign language is used and, if so, ask them to teach you a few basic signs
- make sure you are close enough for the child to hear you (if they can hear a little) and see your lips

has limitations or aversions in one sensory area (like sight or hearing or touch)?

- use other senses - hearing or touch or visuals, for example - in lessons

has sensory issues?

- provide a quiet area - like a corner with noise-blocking headphones, a beanbag chair, and some books
- have sensory items, like stress balls, textured toys, and velcro
- agree on a sign/signal the child can give you if he's getting overwhelmed

doesn't seem to understand?

- know & emphasize the main point for ALL children to grasp, even if they don't understand everything else
- adjust pacing of lesson, use repetition, use shorter words and phrases, avoid abstract language (using concrete examples instead), use visual aids, set reasonable learning goals if original goals are out of reach

has an assistive device?

- this includes wheelchairs, splints, communication devices, hearing aids, etc.
- learn about the device and ask parents how to care for them
- make it clear that the device is only for the intended child, not for other kids to try or play with

has allergies?

- check with the parents about what snacks and treats are okay, and check with us for ingredients' lists for the snacks that are available on Sunday mornings
- allow parents to provide safe snacks from home

Remember: kids communicate with their behavior. If they are behaving in a disruptive, unusual, or distracting way, consider what could be leading up to it and what changes could help the situation. If you need help doing so, let us know - we would love to help!