

The Care Group¹

Referrals, Assessments, Therapies, Academic Support



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For many years it has been recognized that students in the classroom often need extra support beyond the regular curriculum and the time and availability of the class teacher. In many schools, committees have been formed to coordinate this support as a service to the classroom teacher and the students in need.

What is a Care Group?

The term “Care Group” over time has been adopted by many support committees in a considerable number of schools all over the nation. In the first Waldorf School Rudolf Steiner held faculty meetings where students were discussed, and since then students with various needs have been brought up for discussion in faculty meetings, either as a class/group or as individuals. These studies have frequently been referred to as “child studies” and, depending on the school, take place on a frequent basis throughout the school year. Over time, it was felt that a committee of teachers were needed to take the recommendations from the faculty study and to organize the support needed for the student.

The Constellation of the Care Group

Depending on your unique school situation, the Care Group can consist of three or more individuals who have a special interest in academic or therapeutic support and who represent the various age groups in the school. Typically, the Early Childhood program, the lower school, and the middle school are represented. If the school’s budget permits, a trained remedial Extra Lesson teacher will be part of the group and may also be the chair. Whenever possible, responsibilities are shared, with a chair taking care of the organization and delegation of different tasks.

Tasks of the Care Group

These vary from school to school but could include the following:

- To meet at regular times and frequency

- To take minutes of each meeting for future reference
- To support class- and subject-teachers, including observation of students in and out of the classroom and making recommendations
- To receive and process referrals from teachers and parents
- To organize and lead child studies in faculty meetings
- To follow up on faculty input and organize/arrange for educational support
- To meet with school district educational support teams for local public school assessments, individualized education plans (IEPs), and funding
- To invite speakers/experts to present to the faculty or the Care Group
- To meet with parents and teachers as needed
- To create forms that could be used for parent meetings, referrals, assessments, educational support reports, educational support invoices, etc.
- To communicate with the members of the support team, create schedules, and organize spaces for them to work
- To monitor educational support, provide forms for reports and invoices
- To organize the first grade screening and the second grade assessments and facilitate the follow-up with the teacher
- To develop an up-to-date referral list of independent evaluators, doctors, therapists and tutors and to present them to the faculty for general awareness.

Child Observation

The teacher begins observing children from the time that the teacher first becomes acquainted with them. If the teacher is taking on a first grade, the first meeting will be at the first-grade readiness assessment when the student visits the school for the first time as an applicant. Upon acceptance of admission, the second meeting may take place at the student’s home,

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generally referred to as home visits. The teacher can observe and get to know the student as well as the parent in the home setting and begin to create the special bond between both student and teacher and parent and teacher. Once school begins, observation of students happens on a daily and weekly basis and a picture of the child gradually emerges.

Referrals

A class teacher or subject teacher who recognizes a student's needs beyond the classroom setting can refer the student to the Care Group chair. The form will have the student's name, date of birth, grade, class-teacher's name, and a brief description of the student's needs. The members of the Care Group who receive the referral discuss the student and determine whether a child study is needed before it is decided what type of support may be appropriate. A further referral may be made for an assessment by a remedial support teacher or with the local school district.

Criteria for Referrals for Therapeutic Eurythmy, Extra Lesson, Speech, Art and Music Therapy and Spatial Dynamics

The therapies available are given once per week (except for therapeutic eurythmy, twice per week for a shorter duration of time) and either for six or seven consecutive weeks, depending on the school's arrangements with the therapists. This allows the student a break and allows for the therapists to give other children a turn. The referral may be repeated later on in the year, or in the following year. Results of therapies are not necessarily immediately apparent as the therapies work slowly and deeply on the individual and are not always tangible. The overall desired result is that the child unfolds at her own pace in her development, becomes more comfortable in her body and grows in confidence in her social and academic endeavors.

What follows is an outline of what the therapies work on.

Therapeutic Eurythmy works on:

- Spatial orientation, co-ordination, movement in space, forms on the floor
- crossing midlines, working with copper rods
- body awareness, grace in movement
- concentration, focus, rhythm

Extra Lesson works on:

- Balance
- crossing midlines

- anxiety, nervousness
- body geography
- incarnation process
- eye-hand co-ordination
- eye tracking
- spatial orientation
- relationship to numbers
- writing, spelling, and reading

Speech therapy works on:

- Clear pronunciation
- relationship to the spoken word

Art therapy works on:

- Individual stories/biographies
- immersion in colors
- behavioral concerns

Music therapy works on:

- Auditory processing
- sharpening the senses to tone etc.
- nervousness and anxiety

Spatial Dynamics works on:

- Enhancement of the relationship between the human being and space

Screenings and Assessments

There are several different assessment options for the class teacher and the students. These consist of

- the first grade readiness screening
- the second grade assessment
- an Extra Lesson assessment
- a school district assessment
- a private assessment with a specialist

The Care Group can help determine with the teacher as to which direction to follow. In addition, other options include an ophthalmology assessment and an auditory or speech evaluation. Once the assessment is completed, it is reviewed by the teacher together with the Care Group and a decision is made as to further steps that need to be taken.

Support Programs

Support programs can come in a variety of forms once the need has been determined. In the lower school years, the type of support recommended is often that of movement that works with the lower sense to strengthen the foundation for learning. (This might include therapeutic Eurythmy, and Spatial Dynamics, as

well as Occupational Therapy and Sensory Integration. Music or Art Therapy may also be recommended. Some of these therapies, such as Therapeutic Eurythmy, may take place at the school during the school day. Other therapies, such as Occupational therapy, would be scheduled for after school hours and at the therapy off-site location.

Tutoring in math and language arts typically may be provided in the later years beginning in fifth grade, sometimes as early as fourth grade. Tutoring can be scheduled during school hours at the school, or after school hours at the school or in the tutor's work location.

Craniosacral Therapy

Craniosacral therapy is a gentle, hands-on approach that releases tensions deep in the body to relieve pain and dysfunction and improves whole-body health and performance. It was pioneered and developed by Osteopathic physician John E. Upledger.

The craniosacral system is made up of the membranes and fluid that surround, protect, and nourish the brain and spinal cord. A craniosacral practitioner uses a soft touch that releases the restrictions in the soft tissues in the central nervous system. The practice is increasingly used as a preventative health measure for its ability to bolster resistance to disease and it is effective for a wide range of medical problems associated with pain and dysfunction.

The therapy addresses the following conditions:

- Migraines and headaches
- Chronic neck and back pain
- Autism stress and tension related disorders
- Motor coordination impairments
- Infancy and childhood disorders
- Brain and spinal cord injuries
- Chronic fatigue
- Fibromyalgia and more

Sensory Integration

Sensory Integration is the life work of Jane Ayres, an occupational therapist and educational psychologist. Her work indicated to her that children, who have irregularities in sensory processing, can develop challenges and problems, such as inattention, over or under sensitivity to sensory stimulus and input, lack of muscle

tone and coordination, as well as speech and language problems and behavioral concerns.

Dr. Ayres developed a series of tests to assess the basic components of sensory integration, such as touch reception, balance, spatial orientation, hand-eye coordination, bilateral integration, and motor planning.

Sensory Processing

This is the neurological process that organizes sensations from the body and the environment to enable the body to be used effectively in the environment. The typically developing child does not need specialized therapy because play naturally provides her with the sensory experiences her brain needs and allows her to respond in a meaningful way to stimuli. Each child is unique and has different neurological needs. Sometimes the encoding of the sensory information does not function efficiently, causing a

Sensory Processing Disorder (SPD) that can cause postural control problems, poor motor control, and sensory modulation disorder.

Therapies for Different Senses

Therapies vary widely and many of the suggested exercises dovetail with those for occupational therapy. For instance, therapies for the vestibular system (balance) include movement on swings, spinning, rolling, somersaults and cartwheels. Therapy for the proprioceptive system (body position, spatial orientation) involves bouncing on a trampoline, skipping, or pushing large objects. Typically the sensory integration therapist has a wide variety of equipment for all kinds of activities to provide for the child all sorts of opportunities for full body movements as well as finer movements such as manipulating objects.

Sensory Integration therapy is most commonly used together with occupational therapy programs and is one of the approaches used by the specialists who treat children with autism, attention deficit disorders, and other learning disabilities.

Occupational Therapy

Occupational therapy practitioners work with children, youth, and their families to promote active participation in activities or occupations that are meaningful to them. Occupation refers to activities that may support

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the health, well-being, and development of an individual. For children and youth, occupations are activities that enable them to learn and develop life skills (e.g., school activities), be creative and/or derive enjoyment (e.g., play), and thrive (e.g., self-care and care for others), as both a means and an end. Occupational therapy practitioners work with children of all ages (birth through young adulthood) and abilities. Recommended interventions are based on a thorough understanding of typical development and the impact of disability, illness, and impairment on the individual child's development, play, learning, and overall occupational performance.

Occupational therapy practitioners provide services by collaborating with other professionals to identify and meet needs of children experiencing delays or challenges in development; identifying and modifying or overcoming barriers that interfere with, restrict, or inhibit a child's functional performance; teaching and modeling skills and strategies to children and their families to extend therapeutic intervention; and adapting activities, materials, and environmental conditions so children can participate under different conditions and in various environments.

Developmental Needs

The primary occupations of young children are play and interacting with caregivers. Occupational therapists evaluate children's development and provide intervention to improve skills and/or modify environments when concerns arise about a child's functional performance. Some examples are:

- Facilitating movement to help a child sit independently or crawl
- Helping a child learn to follow 2- or 3-step instructions
- Helping a child develop the ability to dress independently
- Helping a child learn to cope with disappointment or failure
- Reducing extraneous environmental noise for a child who is easily distracted
- Building skills for sharing, taking turns, and playing with peers
- Helping a child develop the ability to use toys and materials in both traditional and creative manners

Educational Needs

Occupational therapy practitioners work with students in preschool, and elementary, middle, and high school

to support successful learning, appropriate behavior, and participation in daily school routines and activities.

Academic Support

Academic support is usually offered for language arts and math. The process of reading and writing can be augmented by a specialist in the Orton-Gillingham and/or Wilson method, where the student is usually seen on an individual and weekly basis as a supplement to daily work done in the classroom. With math, processes and times tables are supported and practiced in the lower grades, along with a focus on number awareness, depending on the need of the student. In the middle school, students can receive tutoring by math specialists.

The Orton-Gillingham Method

The Orton-Gillingham philosophy is based on a technique of studying and teaching language and on the understanding of the nature of human language, of the mechanisms involved in learning and of the language-learning processes of individuals. Inherent in the language acquisition process is emphasis on the meaning and comprehension of the material that is written and read.

The Orton-Gillingham method is a program that was developed for the student to acquire skills through a multi-sensory approach that is phonetically based, structured, sequential, cumulative, and rational.

The Wilson Reading System

This is an intensive Tier 3 program for students in grades 2-12 and adults with word-level deficits who are not making sufficient progress and who have been unable to learn with other teaching strategies therefore requiring multisensory language instruction, or who require more intensive structured literacy instruction due to a language-based learning disability, such as dyslexia.

As a structured literacy program based on phonological-coding research and Orton-Gillingham principles, the Wilson Reading System directly and systematically teaches the structure of the English language. Through the program, students learn fluent decoding and encoding skills to the level of mastery. From the beginning steps of the program, students receive instruction in:

- Phonemic awareness
- Decoding and word study
- Sight word recognition
- Spelling
- Fluency

- Vocabulary
- Oral expressive language development
- Comprehension

The Lindamood-Bell Program

Lindamood-Bell is an individualized instructional or tutorial program used in a therapeutic setting. This approach can be used with dyslexic and severely disabled, poor readers of all ages. The program emphasizes three sensory-cognitive functions that underlie reading and comprehension:

- Phoneme awareness – the ability to auditorily perceive sounds within words
- Symbol imagery – the ability to create mental imagery for sounds and letters within words
- Concept imagery – the ability to create mental representations for the whole: actions, scenes, movement etc.
- The school district assessment and the Individual Education Plan (IEP) process

This is a summary of the assessments available at local school districts and how the process of obtaining an IEP for a student works. Availability and process will vary from state to state.

What is an Individual Educational Program?

An individualized educational program (IEP) describes the educational plan that has been designed to meet the student's unique needs. Each child who receives special education and related services must have an IEP. The IEP process creates an opportunity for teachers, parents, school administrators, and related service professionals to work together to improve education for children with learning disabilities.

The IEP is a legally binding document that establishes a plan for an individual student. The eligibility criteria for an IEP include the following:

- Autism and Asperger's Syndrome
- Pervasive Developmental Disorder (PDD)
- Emotional impairment
- Physical impairment
- Communication impairment
- Developmentally delayed learning disorder
- Sensory impairment
- Limited cognitive function
- Specific learning disability
- Health issues

(The criteria for receiving an IEP will vary from state to state.)

A summary of what is contained in the IEP (where appropriate and needed):

- The student's disability
- A vision statement of the student's long-term goals
- Description of how the student's disability affects their progress in the classroom
- How the student's progress towards these goals will be measured
- Accommodations
- A program designed to address emotional and behavior issues
- Summer services
- Transport needs
- Type of placement

When to refer a student for a school district assessment:

- A student is struggling academically or not performing at the same level as the other students in the class. A student struggling to read is one of the major reasons students are referred for an IEP.
- Behavior difficulties at home or at school. The student may exhibit unusual stress or anxiety.
- The student may exhibit attention issues such as Attention Deficit Disorder (ADD) or Attention Deficit Hyper activity Disorder (ADHD)
- Depression
- The student has memory difficulties, short-term or long-term.

The IEP Team

The Federal law, entitled Individuals with Disabilities Education Act (IDEA), defines the IEP team as a group of people who are responsible for developing, reviewing, and revisiting the IEP for a student with a disability.

The team includes:

- Parents
- Teacher
- School system representative
- Special education provider
- A professional who can interpret the instructional implications of the evaluation results

Types of Evaluation

There are several types of evaluations/assessments that can be done by the school system or by an independent evaluator. The school system evaluations assess all

areas of suspected disabilities. An independent evaluator may only evaluate one aspect, such as speech.

A school system assessment includes:

- Educational evaluation
- Psychological evaluation
- Neuropsychological evaluation
- Functional behavior assessment
- Speech and language evaluation
- Auditory Processing evaluation
- Occupational therapy evaluation (OT)
- Physical therapy evaluation (PT)
- Assistive technology assessment (TA)
- Home assessment
- Teacher assessment/observation

Educational Evaluation – an assessment of reading, written language, spelling, math. The reading evaluation includes assessment of word analysis skills, (word decoding, word recognition, oral reading rate, and comprehension).

Psychological Evaluation – an intelligence test measuring general cognitive ability. Sensory, motor, language, perceptual, attention, cognitive, affective, attitudinal, self-image, interpersonal, behavioral, interest, and vocational factors are evaluated in regards to the student’s maturity, integrity, and dynamic interaction within the educational context. The assessment is based on the student’s developmental and social history, diagnostic observation of the student in familiar surroundings (such as the classroom), and psychological testing as indicated.

Neuropsychological Evaluation – provides a profile that tells the parents and teachers how the student approaches learning and doing things, based on patterns of strengths, weaknesses, and integration among a range of neurological measures. (ADD, Autism, PDD or specific learning difficulties are assessed in this evaluation.)

Functional Behavioral Assessment – is a problem solving process for addressing student problem behaviors. It is used to create behavior plans that contain strategies and skills the student needs in order to behave in a more appropriate manner or plans providing motivation to conform to required standards. The plan should be pro-active with positive intervention plans that teach new ways of behaving and address both the source of the problem and the problem itself.

Speech and Language Evaluation – an assessment of receptive language, expressive language, phonological

processing, articulation, voice, auditory memory and pragmatics (the ability to use language with others).

Auditory Processing Evaluation – an evaluation by an audiologist who identifies, measures and treats hearing disorders as well as loss and central auditory processing issues.

Occupational Therapy Evaluation – assesses gross and fine motor skills, visual motor integration and visual perception or visual processing.

Physical Therapy Evaluation – assesses physical activities such as sitting, standing, crawling, walking, running, and climbing. It looks at the student’s body strength, coordination, balance, and symmetry as she moves and controls her body, and how she plans new motor activities.

Assistive Technology Assessment – determines if devices can assist the student’s learning process.

Transition Assessment – this assessment may include independent living assessments, aptitude tests, intelligence tests, achievement tests, and measuring of self-determination.

Home Assessment – conducted by an authorized social worker, nurse, guidance counselor, teacher, or psychologist to ascertain pertinent family history and home situation factors including, with parent consent, a home visit.

Teacher Assessment/Observation – an assessment by the teacher to include current information on the student’s present level of performance in the general curriculum.

How does the process begin?

The IEP process begins with a referral from the teacher or the parent of a student to the Care Group. In most cases, the Care Group will already have an awareness of the student’s challenges and remedial work will have taken place or have begun. There may or may not be in place an informal in-house IEP for the student that has been carefully planned by the student’s teacher together with the Care Group.

The Care Group serves to help the teacher and parent make the best possible conditions for their students to learn to his/her best capacities. It may take several years for an IEP process to be initiated from the date of the student’s enrollment at the school. Typically, students are given a chance to develop and mature into school-ready children. Some students in the first years of school benefit from Therapeutic Eurythmy to help them feel at home in their bodies and orient them in the space around them. The second-grade assessments done during the second half of the year may indicate

challenges and Extra Lesson will be recommended. Typically around and usually not before grade three, it may become apparent that the student is unable to keep up with his or her peers for certain reasons. Tutoring begins mostly in fifth grade. An IEP process, if and when needed, may be implemented at this time. (There are cases of young students coming from other schools who already have an IEP established by their school district. In this case the IEP would be reviewed by the admissions team in conjunction with the teacher and the Care Group.)

This process towards an IEP then typically serves students who are unable to keep up with their academic work in the classroom or students who may need help beyond the regular help that the school can provide. The IEP process is carried out under the overview of the Student Administration Unit (SAU) of the local school district both for public and private schools.

The IEP process follows specific steps in sequence:

1. Identification of the student and referral process

The teacher and the case manager (or Care Group chair) of the student meet with the parents to determine the need. Parents are asked to sign a permission form for the assessment/evaluation if the need is determined. (Parents may initiate the meeting with the teacher.) The case manager of the student at the school then communicates with the special education teacher at the local school and sets up a pre-evaluation meeting for the team. This can be followed up with a written referral explaining what the learning challenges are. Any report from, e.g., a Developmental Optometrist or a Neuro-Psychological evaluation is copied and submitted for review before the second meeting.

2. Pre-evaluation meeting

Parents or teachers can request a pre-evaluation conference to talk with a school professional about the 4 Ws: Who, What, When, Where:

Who will conduct the evaluation; *What* evaluations would be helpful; *When* the student will be taken out of class to be evaluated; *Where* the evaluations will take place. Also to be determined is who will explain why the evaluations are happening.

The team members meet and review the referral material submitted and any pre-existing submitted materials. The evaluations decided upon depend on the individual student. Testing will be conducted by trained, licensed evaluators. The testing is usually done within school

hours at the school in the privacy of one of the rooms that are set aside/available for these purposes.

3. Determination of eligibility and post evaluation meeting

The team meets this time to review the results of the testing and to determine whether the child is eligible for special education services. To be eligible, the child must have a disability and require special education or special education *and* related services to benefit from education. The child will then be identified or 'coded' with a specific classified disability. Parents are asked to sign a document stating that they agree with the findings of the testing. Without the parent's signature further IEP

planning cannot take place. Parents have the right to waive the signature and end the process. If parents disagree with the results of the testing, conflicts can be resolved through discussion and information sharing. If issues arise that cannot be settled informally, formal dispute resolution procedures are available. (A list of organizations/agencies that help parents understand the special education process and resolve disputes should be available).

4. Development of the IEP

Within 30 days after the student is found eligible for special education, the team meets to develop an individualized education program for the student. Once a student has an IEP, it is reviewed/revised annually and must be in place at the start of the school year. The IEP becomes effective once the parents have signed the document. The team meets once more to determine the least restrictive environment in which the child can receive educational services described in his/her IEP.

5. Monitoring

Once the IEP is in place and implemented, the educators involved monitor the student's progress on an ongoing basis to ensure his/her educational needs are met. If concerns arise about the student's progress, a meeting of the team may be requested. The IEP is typically reviewed after three years to determine if services need to be continued.

Services

Services for support by the school district vary from district to district, state to state. They are mostly only available if the student attends the school where the assessment took place. If this is not deemed advisable, the Care Group team with the parents can devise an in-house IEP with accommodations in the classroom.

In the lower school years, the type of support recommended is often that of movement that works with the lower sense to strengthen the foundation for learning.

Parents with a student who has an IEP can also opt to have tutoring services done at the Waldorf school and that are paid for by the state, such as a Title 1 program. In this case the tutor, who is often a reading and/or math specialist, comes to the school during class time.

Note: Currently it is stressed by the school district that the student referred needs to be receiving adequate instruction and teachers need to be prepared to explain and defend the Waldorf methods of teaching reading, writing, and math. You, your Care Group chair, or your school administration may need to provide the school district with a document to this end, in order for the school district team to agree to have the student tested. In the case of a newly admitted student, a careful checking of prior school records and reports will need to be made to determine if the student has had adequate instruction prior to being admitted. In addition, the student needs to be failing to make adequate progress academically, even though supports and modifications have been tried before the referral is made. Many students have needs, but they do not necessarily have a learning disability and will not always be granted an IEP.

The 504 Plan

Congress passed a civil rights law in 1973 that protects people with disabilities by eliminating barriers and allowing full participation in areas of life such as education and the workplace.

Executive function, ADD/ADHD, and memory issues fall into this category. A physician must make a diagnosis for the student to be eligible for modifications that support his/her with this disability. It is known as Section 504 or the 504 Plan.

The 504 Plan is a plan based on the student's medical disability and designed for students who have a disability, have a record of a disability, or are treated as having a disability *but do not qualify for special education services under IDEA*. For example, a child has cerebral palsy. While it does not interfere with the student's progress in the general curriculum, it does require the child to use special equipment to access his/her education. Therefore, this child would qualify for a 504 Plan.

Before deciding whether a student is eligible for this type of plan, the child must be assessed, and the school team must agree that the child has a substantial and pervasive impairment in order to be eligible under this federal law. The purpose of a 504 Plan is to level the playing field and allow a student to get the accommodations and modifications needed to access the curriculum at the same level as his or her peers.

For further reference to the IEP see US Dep. of Education guide to the Individualized Education Plan.

Elizabeth Auer is a graduate of the Waldorf Teacher Training program and the Remedial Resource Waldorf Teacher Training program from the Association for Healing Education. While taking a class through from grade 1-8, she helped continue the work of the Care Group at Pine Hill Waldorf School where she also taught *Extra Lesson*. She currently teaches a variety of workshops and courses, works as a freelance consultant and educator and teaches *Extra Lesson*.