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# Classroom Reintegration for the Chronically Ill Child

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Classroom Reintegration for the  
Chronically Ill Child  
by  
Jessica Tibbitts  
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Jessica Lynn Tibbitts

## **Abstract**

Research shows that more students with a chronic illness are able to learn within their mainstream schools, but that schools are often unprepared for the reintegration process. Chronically ill students may not have the same access to equal learning opportunities when compared to their healthy peers, even though a regular school environment can be beneficial for the academic and social/emotional development of these students. School counselors can help to create an individualized reintegration program for these students, breaking down the barriers to their successful reintegration back into the classroom environment. This project is a guide to be used by school counselors to help facilitate this reintegration program for chronically ill students. It fills a need by providing an outline that school counselors can use to fill in the individualized student needs, thus creating a personal and specific plan for each student as necessary. This plan can help school counselors by providing organization and decreasing confusion and uncertainty throughout the planning process. This plan can also help chronically ill students to strengthen their academic and social/emotional development, and to have a more successful return to their typical classroom environment.

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## **Chapter One: Introduction**

### **Problem Statement**

Students with a chronic illness often struggle reintegrating back into the classroom after a period of absence due to their illness, particularly when school counselors are not available to facilitate this process. Students with a chronic illness tend to be absent from school more often than their healthy peers (Boonen & Petry, 2012). When a student is not in the classroom, they are missing valuable instruction and learning time, as well as pertinent peer interaction opportunities. A successful transition back to school is associated with more positive long-term outcomes for these students (Kaffenberger, 2006); however, chronically ill students are often forced to play catch-up upon their return to the classroom without a proper support system in place, both academically and socially.

As the frequency of students diagnosed with a chronic illness has increased over recent years (Hamlet, Gergar, & Schaefer, 2011), changes need to happen so that these students can have supportive educational opportunities and experiences similar to their healthy peers. Medical advances today have enabled more chronically ill students than ever before the opportunity to participate in education via a mainstream classroom. However, Shiu (2001) reported that many schools do not know how to best support these students with such diverse medical conditions and varying educational needs. A proactive school-wide program including thorough and appropriate communication between the student's family, medical team, and school personnel (Jackson, 2012), the opportunity to keep in touch with peers, if desired, throughout their absences (Kaffenberger, 2006), training for teachers and other front-line educators on how to best

support each student (A'Bear, 2014), and advocating for each student in regards to school system policies (Hamlet et al., 2011) are all imperative to these students' success in school. It may be easy to lose track of a student when that student is not in school every day (Hamlet et al., 2011). If schools want to better support this growing population of chronically ill students, a specific plan needs to be put into action ensuring that these students do not get left behind.

### **Importance and Rationale of the Project**

Education is an important part of growing up for all youth, both for the academic learning and the social-emotional development. Many children and adolescents spend seven or more hours of their day in a school environment learning core academic subjects, participating in elective classes, and getting prepared for their post-secondary plans and adulthood. Chronically ill students often face chronic absenteeism, struggle with their academic performance, and may also have social-emotional difficulties (Wodrich & Cunningham, 2008). All students should have the opportunity to benefit from an education, without barriers, regardless of their health status.

According to Lightfoot, Wright, and Sloper (1999), chronically ill students do not perform as well academically as their healthy peers. These students may be absent from classes and afterschool activities regularly due to being sick or visiting the doctor's office for follow-ups and procedures. This reoccurring absenteeism can lead to many problems for these students as they are missing out on important instruction time and losing the opportunity for direct support from their teachers. Due to missing classes, these students often fall behind in their school work, and without the same instruction time it may be



difficult for these students to make up the work and to appropriately prepare for tests and quizzes.

Chronically absent students may also worry about their relationships with staff and peers in the school building throughout this process. Beyond the academic and career development that happens throughout the K-12 environment, a school is a place for students to build social skills and to learn how to work with other people. Friendships are made and independence is developed while attending school. According to Sanzo (2008), when school or afterschool activities are interrupted due to medical concerns, a student's sense of belonging in the school environment may be affected. They may begin to feel isolated and lonely. If an illness is repeatedly causing a student to be absent from their usual school routines, this student is missing out on these important experiences.

Reintegrating back into the classroom after a period of absence can be difficult for many of these students, especially when a specific plan is not in place. According to Schilling (2014), the successful transition of a chronically ill student back into the classroom depends on the ability of the school to meet all of the student's needs. When students are left to facilitate the reintegration process on their own, or with little support, they may struggle with their academics and in many of their relationships. Appropriate facilitation and monitoring of the classroom reintegration process for a chronically ill child is important to ensure that these students do not fall further behind academically or have further social/emotional consequences as a result of their illness or chronic absenteeism (Shaw & McCabe, 2008). However, a smooth classroom reintegration for these students is not always possible as there are obstacles surrounding this process in schools today.

## **Background of the Project**

Today, the Individuals with Disabilities Education Act (IDEA) is a federal law that supports special education and services for children with disabilities around the nation. As explained on the U.S. Department of Education webpage, this was originally known as the Education for All Handicapped Children Act, passed in 1975. This civil rights measure allowed millions of children with disabilities to attend public schools around the nation. This act also demonstrated the country's commitment to providing all children, including those with disabilities, the opportunity to develop talents and contribute to their communities. Through the Education for All Handicapped Children Act, students with disabilities were given the opportunity for free appropriate public education in the least restrictive environments.

Through several amendments, most recently in 2015 through the Every Student Succeeds Act (ESSA), IDEA strives to ensure a more equal access to education for all children with disabilities, even before reaching school-age. Today, IDEA oversees how public agencies provide early intervention for families with infants and toddlers with disabilities and how children ages 3-21 receive special education and related services around the nation. Classrooms are becoming more inclusive today, and according to the National Center for Education Statistics (2016), approximately 95% of students with disabilities were being served in regular schools and more than 61% of students with disabilities were spending at least 80% of their school day in a regular education classroom in 2013.

As explained by Zirkel (2009), under the IDEA, students with a disability are provided special education services through an Individualized Education Program (IEP).

An IEP outlines a plan for teachers, parents, school administrators, and students to work together towards a successful educational outcome for children with disabilities. The student's individual strengths, skills, and needs are examined and used to create an individual program for the student to progress through the general education curriculum. An IEP is reviewed, at least once every six months to monitor progress and to update a student's goals.

As explained by the U.S. Department of Education (2015), in Public Law 114-94, the ESSA, Congress stated:

Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities. (para. 6)

Another support for students with disabilities is the Americans with Disabilities Act (ADA) Amendments (ADAA) and according to the Office of Civil Rights (2009), the ADAA gives civil rights protections to individuals with disabilities and guarantees equal opportunity for employment, public accommodations, transportation, government services, and telecommunications. Zirkel (2009) explained that the definition of 'disability' within the ADAA is broader than that used in the IDEA, as eligibility for students moves beyond just the learning aspects and extends additionally to other parts of life such as walking, eating, and breathing. This means that students with chronic illnesses such as asthma, diabetes, dysthymia, cancer, auto-inflammatory disorders, and

an ever-expanding list of possible impairments may also be eligible for services and accommodations aimed at their educational success.

Connected to ADAA is Section 504, part of the Rehabilitation Act of 1973. This is a federal law designed to protect the rights of individuals with disabilities who have a mental or physical impairment that limits a major life activity to a substantial extent (Zirkel, 2009). Differing from the IDEA, Section 504 provides benefits for students with learning, behavioral, and/or other health-related conditions, if the condition is severe enough to limit a major life activity. This means that students may be eligible for supports from Section 504 even without a learning disability. Specifically, this law states that “No otherwise qualified individual with a disability in the United States, as defined in section 706(8) of this title, shall, solely by reason of her or his disability, be excluded from the participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance” (Durheim, 2017, p. 1). This goes beyond the public school system, allowing students with disabilities in any institution receiving federal financial assistance, the opportunity for services and accommodations through Section 504. Examples of such accommodations include students having extra time to complete tests or assignments, having tests read out loud, enlarged print, computer aided instruction, visual aids, behavior intervention plans, and more. Each student’s needs are determined individually and accommodations are made based on each student’s specific needs.

Through the history of IDEA, ADAA, and Section 504, our country has seen some major transformations within the education system for the inclusion of all students. This system is still a work in progress. Focusing on students with chronic illnesses,

advances in medicine and technology today allow more of these children to survive and even manage their health conditions from home. Therefore, more chronically ill children are able to attend a mainstream school than in the past. According to Hamlet et al. (2011), this results in more students coping with their health care needs and the demands of school together on a daily basis. While it is understood that the number of children with chronic illnesses enrolled in schools is increasing, there is not a lot of current research on how educators can help with the reintegration process for these students or how best to include them within the classroom. It is important to understand how a student's illness may affect their learning and social-emotional needs and experiences at school. With this in mind, it is crucial to understand how educators, especially school counselors, can help these students succeed within the school environment.

According to Edwards and Titman (2010), school counselors can be a valuable resource to chronically ill students and in the reintegration process by intervening at a systemic level in the school. School counselors are leaders in the community, have access to research and resources that other individuals do not have. School counselors have training in working with and understanding the whole child, including their academic, social, emotional, and physical needs (Hamlet et al., 2011). By appointing the school counselor to the liaison position throughout this project, collaboration can be initiated, appropriate training can be delivered, progress can be monitored, and a whole-child concept can be the focus.

### **Statement of Purpose**

The purpose of this project is to develop a collaborative program to help meet the needs of students reintegrating back into the classroom after a period of absence. The

student and their family, the student's medical team, the school counselor, teachers, administrators, and peers will all play a part in this program. Through collaboration, the student and their family, medical providers, and the school community can work together to support the academic and social-emotional needs of the student throughout the reintegration process. This program will be divided into three parts, in order to address all three of the key components required of a successful reintegration process: Communication, specialized training, and supportive resources including school system policies.

Effective communication is a requirement in being able to meet the specific needs of any student, and especially those students with a chronic illness. In part one of the project, communication and collaboration will be the focus. The school counselor will be appointed the liaison between each of the individual teams, bringing everyone together. This collaboration should start early, even before the reintegration process begins. According to Hamlet et al. (2011), early communication especially between the parents and school counselor can provide support and build the foundation for future collaboration. For the classroom reintegration process to be successful, the student's family, the medical teams, and the school personnel need to work together to make sure that all of the student's needs are being met. Comprehensive services are needed to better facilitate the reintegration process. Also in part one of the project, communication with peers will be addressed and supported. As Shiu (2001) explained, the social-emotional survival of these students may be just as important as their medical treatment.

Part two of the project will focus on the importance of specialized training for educators within the schools. It has been noted that teachers may not be prepared to deal

with the challenges met when there is a chronically ill student in their classroom, so working through these challenges and concerns is a very important part of the reintegration process. Specific medical training for teachers, counselors, administrators, school nurses, and any other school staff who would have regular contact with the student would be necessary. Training can increase the preparedness and confidence of the front-line staff working with students on a daily basis. Pre- and post-tests will be used to determine the effectiveness of any specific training completed. It is crucial for school personnel, especially those on the front-line, to have regular access to trainings to teach them how to respond to the needs of all students (Shiu, 2001), including those with a chronic illness.

The third part of the project will focus on any supportive resources in place, including school system policies and procedures, and how to advocate for the student with specific policies in-mind. It is important for the collaborative team to be aware of state regulations and the school's policies, specifically regarding IEPs and Section 504 plans. As a student's attendance and performance may be related to the overall support that they receive within the school environment, students may struggle if all of their specific needs are not being met by these policies and practices. According to Edwards and Titman (2010), many families find it difficult to access appropriate support for their child and find the educational system daunting. In this regard, it will be crucial for the school counselor to work with the family and to advocate for the student's specific needs throughout this process.

This program, in its entirety, should be introduced to the school and families at the beginning of each school year, emphasizing the importance of all team members

working together to promote student success throughout the year. The program should be reintroduced throughout the year as needed, specifically with families who may be struggling with a chronically ill child, a child struggling academically and/or social-emotionally due to a chronic illness, or if there is a new medical diagnosis made during the school year.

A collaborative team is not an entirely new idea when working with students. Throughout the literature, struggles with effective communication and collaboration stand out in review after review; however, Hamlet et al. (2011) highlighted the importance of the school counselor in the liaison role. School counselors have the ability and skills needed to facilitate this team, while advocating for the student's needs and keeping the whole-child perspective in mind. Although the importance of effective communication and collaboration has been noted in literature, there is not a lot of current research on how educators can help chronically ill students reintegrate back into a classroom environment successfully. Previous research (e.g., Hamlet et al., 2011) noted that this collaboration should start as early as possible after a diagnosis. However, this project suggests that this initial communication takes place even before a diagnosis is made. By providing information regarding the importance of a collaborative team in the event of chronic absenteeism, the families may be able to focus completely on the health of their child and not worry about the unknowns of their child's education. The families will know ahead of time that there is a plan in place and that the school is prepared to support all students academically and social-emotionally, even if a student struggles with medical concerns. This program could be developed in the elementary, middle, or high school level, although pieces of this program may differ slightly based upon student development and



interest. The key component to this program is the collaborative team created between all of the different parties involved in the care of the chronically ill student, and how this team works together to support the reintegration of the student back into the mainstream school setting. This team would be crucial to the support of a chronically ill student at any level.

### **Objectives of the Project**

There are several key objectives to this project. The first main objective is for schools to help chronically ill students succeed in school, academically, and socially. These students already have so much going on with their health, potential family stressors, and possible financial strains, their access to education should not be another obstacle for them. As school is a “normal part of growing up,” going to school can help these students feel like they belong (Sanzo, 2008). Time outside of the classroom can result in students falling behind in their academics, especially without the support of educators in the school community.

The next objective is for families of chronically ill students, medical personnel, and school staff to communicate effectively together. It is understood that professionals are busy and some individuals may be difficult to get in touch with as needed; however, if the family, medical providers, and school personnel are to collaborate effectively together to support a child, they will need to ensure their commitment to this project. By coming together and communicating effectively, through the use of a school counselor liaison, this collaborative team will be able to better support their student.

The final objective is for all front-line school personnel, specifically teachers, to feel more prepared and confident in their abilities to work with chronically ill students. It

has been reported that teachers often worry about health-related concerns within their classroom, feel unprepared to handle the reactions of other students in the class, and lack confidence in their ability to meet the needs of all students equally (Nabors, Little, Akin-Little, & Iobst, 2008). As every student is different and has unique needs, individualized training will be needed on a case-by-case basis. Staff members will need to be trained on the needs of each student that they will be working with. According to Shiu (2001), it is important to have specific training available for staff members, teaching them how to respond in an informed manner to the individual needs of their chronically ill students.

In order to achieve these objectives, there are several things that need to happen. Before the start of the school year, the school counselor as liaison needs to have a meeting with staff to outline this new plan. The staff will be made aware of their specific role in the collaborative team and reminded of the importance of working with the whole child. Staff will also be reminded that every student, healthy or with a chronic illness, is unique and has their own specific strengths, weaknesses, and needs. Families will also be made aware of the school's dedication to supporting all students equally and ensuring that every student can be successful. Early intervention and communication with the collaborative team will be very important. It will be crucial to get as much information as possible, as early as possible. By acting early, everyone can be more familiar with the next steps and the plan in its entirety, and all team members can work together towards the goal of an eventually successful classroom reintegration.

### **Definition of Terms**

*Absenteeism* – Regularly being absent from school, either full or part days, often for multiple days in a row.

*Chronic illness* – A disorder, disease, or disability involving physical and/or mental impairment that interferes with daily activities for at least three months, and may worsen over time (A’Bear, 2014; Shiu, 2001).

*Collaboration* – Individuals working together towards a common purpose.

*Classroom reintegration* – The process of returning to a school classroom after a period of absence.

*The Family Educational Rights and Privacy Act (FERPA)* – A federal privacy law that gives parents certain protections with regard to their children's education records, such as report cards, transcripts, disciplinary records, contact and family information, and class schedules (U.S. Department of Education, 2007).

*Front-line* – Individuals (teachers, school counselors, administrators, et cetera) who work alongside and in close proximity to students on every school day.

*Health Insurance Portability and Accountability Act (HIPAA)* – A federal law designed to provide privacy standards to protect patients' medical records and other health information (U.S. Department of Health and Human Services, 2017).

*Individualized Educational Program (IEP)* – A document that is developed for every public-school student who needs special education services (U.S. Department of Education, 2007).

*Section 504 Plan* – A document put in place for students with a disability explaining how the school will provide specific supports towards an equal education for the student (Durheim, 2017).

### **Scope of the Project**

The scope of this project is to focus on students with a chronic illness and how schools can best support them. Hamlet et al. (2011) advised that as the number of chronically ill students around the United States is increasing, school counselors' responsibilities must include the support of this growing population. School counselors have the skillset to initiate the support process through a collaborative team. It is impossible to meet all of a students' needs through just the school setting. In a whole child approach, the success of a student requires that all of the comprehensive needs of the student are met, that the child is healthy, safe, engaged, and supported (Hamlet et al., 2011). To support the whole child, school counselors need to include the child's family, medical providers, and other front-line educators from within the school community. When a student has a chronic illness, the family, medical teams, and school personnel need to be involved. This truly is a team effort.

School counselors can provide responsive services to the student and advocate for the student whenever necessary. Anderson (2009) explained that although schools are responsible for providing free, appropriate public education to all children due to IDEA, the amount, type, and quality of care the students receive in school is not well-defined. School counselors may need to advocate for the students' needs if they are not being met through current school system policies. It is important to remember that not every school has the same opportunities available for students, and some schools do not even have access to a school counselor.

The information included in this project is not intended to be a definitive solution for all chronically absent students, but is specifically focused on those students with a

chronic illness as a contributing factor of their absenteeism. All school environments are different. School counselor availability, student to counselor and student to teacher ratios, resources, and school policies may impact the effectiveness of this template. I also understand that some students may miss classes regularly for other reasons besides their health, but this project intends to focus specifically on these students diagnosed with a chronic illness.

Although this project is advocating for appropriate training for front-line staff members, it is impossible for this project to give an exact outline of the training that every school may need. The training should be specific to the health care needs of the chronically ill students in each school building. Even if multiple students have the same illness, the trainings may still look different because each student and their specific needs are different. This is where the importance of the collaborative team will come into action. This project may offer suggestions towards the development of a specific training, but every school will need to develop their own training on a case-by-case basis.

There are several factors that could hinder the effectiveness of this project. Most importantly, if a school does not have a school counselor, this project would look very different. A chronically ill student may need responsive services throughout their school career, such as crisis counseling, consultation, individual counseling, group counseling, and referrals, all of which a school counselor is able to provide for students. School counselors are trained in the academic development, career development, and social-emotional development of students. They can provide responsive services and can advocate for their students. According to Hamlet et al. (2011), school counselors are in a unique and important position where they can facilitate the creation of a service for

students, help to implement the program, evaluate the data from the intervention, and make adjustments to the program if needed. The student to school counselor ratio may also impact the success of this project. The American School Counselor Association (ASCA) recommends a ratio of one counselor for every 250 students. When school counselors have a larger caseload of students, it is more difficult for the counselor to meet the needs of all students equally.

The next factor that could hinder the effectiveness of this project is if the family chooses to hide their child's illness from the school or refuses to allow the school counselor to communicate with the child's medical team or have access to medical records. The collaborative team emphasized throughout this project between school, family, and medical providers cannot happen if there is not permission from the family for the release of this personal information. To share this sensitive educational and medical information without permission from the family could be a violation of FERPA and/or HIPAA, with very serious legal consequences. Similarly, if the medical providers are not available for collaborating with the school and family, the results of this project may suffer. Without full team involvement, the reintegration of the chronically ill student may look differently.

Finally, it is important to remember that every student comes from a different background, some in vastly different locations. Resources available to one student, one school, and one community may be completely different when compared to a student elsewhere. Even the medical services available to a student could differ, depending on their location and the family's ability to obtain these services. If a student's health care

needs are not being met outside of school, this student will not feel well enough to reach their full potential within the school, no matter what program is in place.

## **Chapter Two: Literature Review**

### **Introduction**

Addressing the problem of unequal learning opportunities for students with a chronic illness requires a review of the literature on the subjects that provide the foundation for this project. An explanation of this chapter's organization follows. To begin, the theoretical orientation of this project is examined. Then, this chapter analyzes the literature that provides the rationale for this project including the effects of a chronic illness on student development and the barriers to a successful reintegration. Next, a summary is included to provide an outline of the key research findings. Finally, a conclusion is provided to explain how the research discussed throughout this chapter informs the project description that follows in Chapter Three.

### **Theory/Rationale**

School counselors offer supports to all students using comprehensive counseling programs. In this way, all students should have an equal access to education, allowing each student the opportunity to reach their full-potential. As explained within the ASCA National Model (2012), school counselors can design and deliver interventions to meet individual students' needs, to close gaps between specific groups of students. Most recent sources place the student population rate of those with a chronic illness at about 20% (Kaffenberger, 2006) and as the survival rates of adolescents with a chronic illness are improving, schools are more likely to have a chronically ill student within their classrooms (Wilkie, 2012). Therefore, school counselors may be needed to help close any educational gaps that result from these chronic illnesses. Interventions related to better supporting these students should first be grounded in theory. This project focuses



on two different theories: developmental systems theory and the whole child approach to education.

### **Developmental Systems Theory**

According to Greenfield (2011), development is seen as a dynamic process where all of the parts of an individual interact in mutually influential ways. Individuals and their environments are connected, as well as relationships that come out of the person-environment systems. This author also notes that social environments can influence an individuals' behavior and individuals can shape their environments; therefore, individuals can be both products and producers of their own development.

Using the developmental systems theory, school counselors can explore the correct life stage and development of each student (Hamlet et al., 2011). Each student is different with different systems involved in their life; and according to these authors, being aware of student characteristics, the developmental stage of the student, and the unique nature of the illness may give insight into the systemic factors that could affect that student's adjustment. A student diagnosed with a chronic illness may have many systems in his or her life, especially after the addition of the health care systems. The student's home system, school system, and medical system all must cooperate and collaborate among each other for the student to be successfully supported (Hamlet, et al, 2011). Through use of the developmental systems theory, school counselors can understand the developmental stage of each student, the various systems involved with them, and how each of these pieces are collaborating towards the academic success of the student.

### **Whole Child Approach to Education**

The Whole Child Commission used Maslow's Hierarchy of Needs to develop a whole child hierarchy (Slade & Griffith, 2013). The important pieces for student growth and development were outlined in this hierarchy, stating that when students' basic physiological and psychological needs are met, the students are more likely to be engaged in school and achieve well academically. This hierarchy also explains that when schools fail to meet those basic needs, students are less motivated, more alienated, and less likely to succeed academically.

Slade and Griffith (2013) wrote that the whole child approach to education focuses on the social, emotional, mental, physical, and cognitive development of students as a way to help each child reach their potential. This approach encourages both academic and non-academic supports for students, as one particular strength or struggle is not singled out. It is also noted that a student's academic needs cannot fully be met without providing support for their non-academic needs. Multiple professionals may need to be involved to support the education of the whole child, including parents, teachers, counselors, and medical staff (Hamlet et al., 2011).

The whole child approach is of importance specifically with chronically ill students, as Slade and Griffith (2013) noted that health and education are integrally linked. An ill child is not likely to attend school or may not be able to put all their concentration into their school day if they are in school but not feeling well. These authors also made note of studies reporting that schools working towards enhancing the mental, social, emotional, and physical health of staff and students often have improved academic achievement, reduced absenteeism, reduced risk-taking behaviors, and the

development of a positive school climate. With the whole child approach to education framework, school counselors can advocate for each students' individual needs, including academic development and social/emotional development, as well as help to reduce any health-related barriers related to their educational success.

### **Research/Evaluation**

While it is understood that the student population rate of those with a chronic illness is increasing, the definition of “chronic illness” is still debated in the literature (Duggan, Medway, & Bunke, 2004). A basic understanding is that a chronic illness is a disorder, disease, or disability involving physical and/or mental impairment that interferes with daily activities for at least three months and may progressively worsen (A’Bear, 2014; Shiu, 2001). Students with a chronic illness require medical care and coordination above and beyond the usual requirements for a child or adolescent (Geist, Grdisa, & Otley, 2003), as the student may be struggling with academic challenges, social/emotional difficulties, and physical changes. These students spend a lot of time outside of the traditional school setting, which affects their educational experiences.

Although reintegrating back into classrooms is often a goal for chronically ill students, once reintegrated, many students struggle with chronic absenteeism, poor academic performance, and social problems (Wodrich & Cunningham, 2008), as they are coping with the challenges of their illness and the demands of a typical school day (Hamlet et al., 2011). As explained throughout this chapter, a school counselor can help students throughout the often difficult reintegration process by being aware of the effects a chronic illness may have on student development and the potential obstacles that may get in the way of a successful reintegration. Each of these topics lead the progression of

this project and are the reasoning behind each of the components of Chapter Three and the Appendices.

### **Effects on Student Development**

A chronic illness may affect a student in many ways. This section provides research for explaining the effects of a chronic illness on a students' academic and social-emotional development within the school environment.

**Academic development.** Chronic illnesses may have an effect on the academic development of students throughout their educational experiences. These illnesses have been shown to have a direct impact on a student's school performance and academic achievement (Kaffenberger, 2006). More specifically, according to A'Bear (2014), students with a chronic illness often experience more academic difficulty than their healthy peers and are more at risk for academic failure (Krenitsky-Korn, 2011). In a mixed methods design study by this same author, survey results of 28 students with asthma were compared to 29 students without asthma with the results that school nurse interventions supported students physically, social/emotionally, and academically. It was also noted that students with asthma were absent more often, scored lower in math, and participated less in school activities when compared to their peers without asthma. These results were limited by a single location and small sample size but future, more widespread studies were recommended.

Wodrich and Cunningham (2008) noted that approximately 40% of students with a chronic illness struggle with academics throughout their high school careers, and according to Maslow, Haydon, McRee, and Halpern (2012), chronically ill students are less likely to finish high school and attend college, and are more likely to have

educational, vocational, and financial problems when compared to their healthy classmates. Throughout the National Longitudinal Study of Adolescent Health, Maslow et al. used data from over 10,000 respondents and determined that school connectedness is associated with subsequent college graduation for all students and especially important for students with a childhood-onset chronic illness. This study noted that chronically ill students are at risk of educational difficulties and that school personnel have a unique opportunity to promote the successful development of these students. This study had the strength of utilizing a large, nationally representative sample, however a potential limitation of this study is that not all chronic illnesses were included in the initial questionnaire, which may have resulted in misclassification of some chronically ill students into the healthy youth sample.

Chronic absenteeism related to a student's illness may impact their academic development. Students may miss days of school due to doctor's visits, having medical procedures done, or because they aren't feeling well enough to come to class. Students may miss many days in a row or repeated, short-term absences, each of which may impact a student academically. It has been reported that children with a chronic illness have at least 50% more absences than their healthy peers (A'Bear, 2014); and up to 30% of chronically ill students need to repeat a grade in school. Consistent school attendance is needed for appropriate development of a student's academic, social/emotional, and career development; and recurring absences from school can hinder the student's learning (Havik, Bru, & Ertesvag, 2015). If a student is missing this valuable classroom time, upon their return to class, they may be left with missing assignments, lower test scores, and the need to catch back up. "Falling behind academically leads to catching up, and

catching up takes time away from keeping up” (Thies, 1999, p. 4). It may be difficult for these students to catch back up on their education and in the relationships if there is not a plan in place for their reintegration. It has been reported that students and their parents need classroom systems set up where school work is sent home and support is given to catch up on missed assignments (Mukherjee, Lightfoot & Sloper, 2000) rather than leaving the student to figure it out on their own.

Developing a plan to ease the transition from home/hospital to school is part of creating a supportive school community, which can help these students both socially and academically (Shiu, 2001). As explained by Wilkie (2012), chronic illnesses are long-term; therefore, students need academic continuity to prevent disruption to their education. Students may have ongoing medical concerns over an entire year or for the rest of their life. As explained by this same author, academic continuity also minimizes disadvantages and improves a students’ independence.

**Social and emotional development.** A chronic illness may also affect a student’s social/emotional development within the school environment. According to Maslow et al. (2012), ties may weaken between these students and their staff and peers within the school environment as they progressively miss more class time. These authors also explained that ill students are at an increased risk for anxiety and depression, which may also affect their success within the school environment. Krenitsky-Korn (2011) reported that levels of emotional distress and incidents of suicidal ideations were higher for students with a chronic illness.

According to Sanzo (2008), it is difficult to be seen as different, especially during childhood and adolescence. This author also reported that some students try to keep their

illness a secret from their peers because they do not want to be seen as different; they want to be a part of the group. When school or extracurricular activities are interrupted regularly due to health-related issues, this can influence a child's sense of belonging within the school or increase anxiety related to academic performance (Wilkie, 2012). Participating in normal life experiences, such as school and extracurricular activities, promotes the mental health of children struggling with a chronic illness (Chin & Tsuei, 2014) and reintegrating back into the classroom helps students feel like a part of the group again. It has been noted that school gives these students a purpose (A'Bear, 2014). They can feel like a normal kid, distracted from their illness, have long-term goals, and more of social connections. Wilkie (2012) explained that students who continue with their education along with their health care needs have an increased sense of normalcy and hope for their future.

It is important for all adolescents to have connections with other people to improve social skills and build meaningful relationships for support (Maslow, et al., 2012). Specifically, it has been noted that mentoring relationships with chronically ill students and a non-parental adult may be beneficial, as they can provide encouragement and support to these students who may be struggling to make connections in the classroom. The importance of a student feeling connected to their school, through relationships and extracurricular activities has been emphasized by Maslow et al. (2012). Students seek academic continuity through these connections (Wilkie, 2012), and that can be achieved by getting support from their own teachers, completing their usual school work, and by feeling like a part of their school. Educators may be able to promote

connections between these students and their school as a way to improve their social/emotional development within this environment.

### **Barriers to Successful Reintegration**

When a student is ready to get back into their regular classroom, the process of reintegration begins. This section provides research for three of the main obstacles that may get in the way of a successful reintegration, effective communication, appropriate training for school personnel, and unequal resources.

**Effective communication.** This is a requirement for being able to meet the needs of students with a chronic illness (Shiu, 2001) and has been noted as the greatest barrier to a smooth reintegration for students (Kaffenberger, 2006). Between the student and their family, the school personnel, and the medical teams involved, there are a lot of people contributing to the health and wellness of every student; and a successful reintegration for the chronically ill student requires establishing trust, building relationships, and frequent communication between each of these teams (Jackson, 2012). Similarly, Lindsay et al. (2015) emphasized that in order to meet the academic, social/emotional, behavioral, and medical needs of these students, collaboration among the student, family, educators, and medical clinicians is crucial.

It is important that the family, school personnel, and medical teams are all on the same page and know what is expected of them to support their student, as well as whose job it is to communicate with whom (Jackson, 2012). School personnel may benefit from knowing possible medical side effects they could encounter, and the medical team may benefit from having an understanding of what is being seen from this student at school.



Jackson (2012) also noted that a lack of adequate information shared between each team may limit the ability to fully meet a students' needs.

It has been noted that parents often feel like the "go-betweens" between the medical providers and the school personnel (Anderson, 2009; Jackson, 2012), and that this communication is not easy. Parents are often not able to meet this expectation due to language or social barriers (Jackson, 2012). Instead, literature has emphasized the benefits of promoting a liaison within the school system to facilitate the communication and collaboration between each of the teams involved in a students' care (Hamlet, et al., 2011). It was reported by Jackson (2012) that the risk of communication failure is increased when there are more people facilitating the collaboration. With one liaison in charge of the communication and collaboration between all of the teams, the risk of communication failure would be decreased.

School counselors have the ability to initiate the support process between the student, family, medical teams, and school personnel, to provide responsive services as needed, and the ability to anticipate each student's unique needs (Hamlet et al., 2011). According to Hamlet et al. (2011), communication between the family and the school counselor should happen early as a way to build a foundation for future collaboration. ASCA (2016) clearly explains the school counselors' role when working with these students, such as that of "consulting and collaborating with staff and families to understand the special needs of a student and understanding the adaptations and modifications needed to assist the student" (para. 4). ASCA's statements express the importance of the school counselors' role in supporting all students, including those with a chronic illness. It also emphasizes the need for collaboration among all of the teams

involved. School counselors can take charge, communicate with all teams involved, collaborate, and advocate on behalf of the student to ensure effective management of the classroom reintegration process (Hamlet et al., 2011).

**Specialized training.** Today, most children with a severe or chronic illness survive and are treated in their communities as outpatients (Wodrich & Cunningham, 2008); therefore, more of these students are attending public schools. Without specialized training, educators may not be prepared for the potential challenges of having a chronically ill student in their classrooms. As explained by Kaffenberger (2006), a lack of training and information for educators on a specific illness or treatment plan with a student is another barrier to a successful reintegration.

Research has indicated that teachers specifically are often not prepared for the challenges encountered when there is a chronically ill student in their classroom (Duggan et al., 2004). Teachers' professional responsibilities often require them to work with a cohort of students, working as an entire class (Wilkie, 2012); however, when one of their students is diagnosed with a chronic illness, this may shift the teacher's focus to that individual. In a survey conducted by Nabors et al. (2008), 247 Midwestern teachers rated their level of knowledge and confidence in meeting the needs of chronically ill students. The results of this survey indicate that teachers need more information about and when working with chronically ill students. This study may have been limited by not assessing teacher experience working with children with special health care needs, and this may have provided teachers with greater confidence in helping chronically ill students. According to Nabors et al., teachers often do not feel confident in being able to meet the academic or social/emotional needs of students with a chronic illness, even on the front-

line as one of the first to respond in a crisis situation. They may not know how to handle any medical needs of a child coming back to their classroom or how to handle classmates' questions (Kaffenberger, 2006). Without training, teachers may feel that they are not knowledgeable enough or confident enough to support all of their students equally (Nabors et al., 2008).

As noted by A'Bear (2014), as chronically ill students may be absent from class for extended periods of time, teachers may need to support the students through these transitions and teachers can be challenged by students who are gone from class more often. This author explained that teachers may have lower expectations for chronically ill students due to not wanting to add to the students' stress. On the other side, without specific training, teachers may not be able to recognize limits when the students are back in class, assuming unrealistic expectations and frustrating the student (Sexson & Madan-Swain, 1995). Wodrich and Cunningham (2008) noted the importance of helping teachers understand and minimize misattribution of illness-related classroom expressions, such as blaming health-related problems, such as lethargy or inattention, on non-health factors, such as lack of caring. Inconsistent attendance, as well as low motivation and concentration may be identified as behavior problems for students instead of a result of an illness (Kaffenberger, 2006). It was noted that if the cause of a behavior is not known, and without proper training, school personnel may be slow to respond to the need for special education or 504 services. Wodrich and Cunningham (2008) reinforced the importance that all school personnel that will be working regularly with a chronically ill student be made aware of possible side effects to the health conditions or medications as

to prevent any mistaken assumptions about the true cause of any classroom-related problems.

In-service trainings and presentations related to supporting students with chronic illness have been highly useful and informative for teachers (Duggan et al., 2004). In this study measuring the effectiveness to in-service interventions with 91 volunteer participants, 85% reported that the experience was useful and helped them to formulate reasonable expectations for their students. This study also determined that detailed care plans may be helpful for teachers, and other staff members, to inform them of health care needs and various school plans for each student. If school nurses or other medical personnel were not easily accessible in a time of crisis, this care plan could be a resource until more help arrived.

It is important to note that teachers are not the only school personnel needing information and training when working with chronically ill students. Teachers work closely with their students every day, but they may need assistance with obtaining health-related information, providing medical care and emotional support, and coordinating with everyone on the students' teams (Mukherjee et al., 2000). There are other qualified personnel in many different positions throughout the school environment that may be willing and able to assist the teachers as needed. According to Kaffenberger (2006), school systems' regulations and policies may be a barrier to reintegration in regards to access to homebound instruction and 504 services when appropriate training is not provided. These policies can be difficult to navigate. Training needs related to Section 504 plans and special education services are vital for a range of professionals within the schools (Madaus & Shaw, 2008), as well as additional professional development and

training opportunities for school counselors as they help to improve reintegration programs for chronically ill students (Kaffenberger, 2006).

Related to school counselors specifically, a mixed methods study provided by Hamlet et al. (2011) determined the importance in counselor education and counselor-to-counselor mentoring when preparing to work with chronically ill students. This study also noted the importance in viewing students from a whole child perspective and the need for counselors to being prepared for a leadership role when working with these students. This study noted the possible limitation of the purposive sample, as information gathered from other stakeholders may have provided more varied perspectives.

Classmates may also benefit from training before a student reintegrates back into the classroom after an extended absence. Friendships can be disrupted due to frequent and/or extended absences and classmates may have questions. It has been noted by Canter and Roberts (2012) that children as young as five can be taught facts related to certain health conditions and that peer participation in a school intervention related to reintegration may be helpful. It may be an option for hospital staff to go with a child to their school to help educate staff members and students about the illness (Maslow et al., 2012) and what they can expect when the student returns to school. Other suggestions for interventions provided by Canter and Roberts include age-appropriate stories, games, and Internet tutorials, as these can introduce illness-specific information for students and teachers to access as needed. This author also noted that brainstorming appropriate conversation starters may be beneficial as talking about an illness is different than talking with their ill classmate.

**Unequal resources.** The third obstacle in the way of a successful reintegration process for chronically ill students is the fact of unequal resources. As explained in Chapter One, IDEA guarantees an appropriate education for all people, including students with a chronic illness, but the quality of that care is not well-defined (Anderson, 2009). With advances in technology, there are options available to assist students with their education from a location outside of a school, such as homebound instruction, hospital-based classrooms, and online learning programs. The educational opportunities outside of a typical school classroom vary greatly by location, and many hospitals outside of a major city do not offer an on-site hospital-school program. As explained by Wilkie (2011), children who are no longer staying in a hospital, but are still recuperating at home and are not well enough to get back to their regular school life often have even less options for their educational needs. This author also noted that students who have intermittent absences from their normal classroom due to their illness often receive no interim educational support at all. It is also important to note that there are many differences between schools, hospitals, and communities, and the resources to make equal education possible may vary greatly between a rural and an urban community or between a wealthy and a poor school district.

Technology is becoming more affordable, accessible, and powerful, allowing new and improving resources for students needing additional learning opportunities outside of the typical classroom setting (Wilkie, 2011); however, not all schools have the means, infrastructure, or staffing to make this an option for students. This author also explained that technology may be used to link a student to their teacher or classroom to increase the learning opportunities when a student is out due to illness; however, this technology

requires abilities, confidence, and willingness of the teacher. Technology can help students feel more independent, as they do not need to depend as much on other people when they are able to utilize technology on their own (A'Bear, 2014). While technology may be a great resource for these students, it has been noted that students miss in-person teacher explanations and individual support (Wilkie, 2011) when they are only using forms of technology to facilitate their learning.

Aside from technology, a school system's regulations and policies are there to help students succeed; however, if these policies are not utilized fully or are used inconsistently, they may also be a barrier to the school reintegration process (Kaffenberger, 2006). For example, Section 504 requires that certain modifications are made for students in their learning environment (Kaffenberger, 2006); however, staffing and school resources may make certain modifications difficult. If the school does not have the correct resources, enough resources, or enough staff to make an accommodation possible, this student's needs may not be met in that school environment.

School counselors are in an ideal position to improve reintegration programs for chronically ill students, according to Kaffenberger (2006), due to their counseling skills, consultation training, and knowledge of and experience with community resources. The school counselor, as liaison, could have access to the student, family, other school personnel, classmates, and the medical team involved. However, a lack of school counselors throughout the nation may also be an obstacle for these students. The ASCA's (2016) position statement states that school counselors "encourage and support the academic, career, and social/emotional development of all students" (para. 1); as well as school counselors "help students meet or exceed academic standards with

consideration for strengths and challenges resulting from disabilities and other special needs” (para. 1). Also, as the services required for each student may be different and may change frequently, support plans may need to be reevaluated regularly, Hamlet et al. (2011) noted, which a school counselor is in the position to do. These authors also mentioned that school counselors can help to keep students from falling through the cracks by stepping outside of the box, taking charge, maintaining thorough and clear communication, collaboration, and by advocating for the students. ASCA (2016) also notes the importance of the school counselor advocating for students with special needs in the school and around the community. However, without a school counselor, none of that would be possible.

### **Summary**

As the number of children diagnosed with a chronic illness is increasing, the number of students dealing with a chronic illness while attending school is also rising (Hamlet et al., 2011). A chronic illness is a disorder, disease, or disability involving physical and/or mental impairments which interfere with daily activities for at least three months and may progressively worsen (A’Bear, 2014; Shiu, 2001). Along with the typical struggles of growing up and going to school, these students also have to deal with a medical illness, which often leads to chronic absenteeism, poor academic performance, and social problems (Wodrich & Cunningham, 2008). All students, including those with a chronic illness, share the need for equal access to supportive academic and social/emotional development from their education (Chin & Tsuei, 2014).

A chronic illness may result in several effects on student development within the classroom. Chronic illnesses have been shown to have a direct impact on a student’s



school performance and academic achievement (Kaffenberger, 2006), and these students are more at risk for academic failure (Krenitsky-Korn, 2011) when compared to their healthy peers. Reoccurring absences from school can hinder a student's learning (Havik, et al., 2015), and chronically ill students may have at least 50% more absences than their healthy peers (A'Bear, 2014). When missing valuable classroom time, students may need to catch back up academically and socially. The social/emotional development of a chronically ill student may also be affected. These students are more at risk for anxiety and depression (Maslow et al., 2012), emotional distress, and suicidal ideations (Krenitsky-Korn, 2011). School and extracurricular activities may be interrupted due to health-related issues, which can have an effect on a student's sense of belonging within the school and within their peer groups (Wilkie, 2012). Reintegrating back into the classroom environment after a period of absence can help a student feel like a normal kid, distracted from their illness, have long-term goals, and have more social connections (A'Bear 2014).

Reintegrating back into the typical classroom environment may be a goal for students with a chronic illness; however, there are several obstacles that may get in the way of a successful reintegration. Effective communication has been noted as the greatest barrier to a smooth reintegration for students (Kaffenberger, 2006). The family, school personnel, and medical teams all need to be on the same page and know what is expected of them to support their student (Jackson, 2012). A school counselor, as liaison, would have the ability to initiate the support process between all of the teams, provide responsive services as needed, collaborate, and advocate on behalf of the student as needed (Hamlet et al., 2011).

A second obstacle in the way of reintegration is specialized and effective training for educators. More chronically ill students are in classrooms today, and without training, educators are often not prepared or confident in their own abilities to meet the academic or social/emotional needs of a chronically ill student (Wodrich & Cunningham, 2008).

The third obstacle in the way of a successful reintegration for chronically ill students is the fact of unequal resources. There are many possible options for education outside of a typical classroom, but the available opportunities vary greatly by school, location, and hospital. Technology may be a great resource for students unable to participate in their classroom due to an illness; however, not all schools have the same technologies available (Wilkie, 2011) and not all technologies are created equal. Also, school system regulations and policies are in place to help students succeed, but if the policies are not utilized fully or inconsistently, they may also be a barrier for the school reintegration process (Kaffenberger, 2006).

School counselors are in an ideal position to improve reintegration programs for chronically ill students and their schools (Kaffenberger, 2006); however, a lack of school counselors around the nation may prove problematic for this process. ASCA (2006) notes the importance of the school counselor in advocating for students with special needs in school and around the community, but without the resource of a school counselor, the same level of communication, collaboration, and advocacy may not be possible for these students.

## **Conclusion**

This review of the literature demonstrates that at this time the needs of students with chronic illnesses are not being met consistently (Kaffenberger, 2006); however, school counselors have the potential to improve the reintegration process for these students, providing them with more opportunities for successful learning. Every child should have the opportunity for an equal and appropriate education through IDEA, unfortunately this may not always be the case when a student has a chronic illness. Multiple intermittent or prolonged absences can be difficult for students trying to succeed academically and fit in with their peers. These students are dealing with academic stressors alongside their personal medical concerns. Chronically ill students often need to catch up on missed work and lose out on valuable in-person instruction time with their teachers. These students may also struggle with keeping friendships as their absences continue. However, when these students are able to learn in their local schools, they have an opportunity to participate in their community beyond just their involvement with the medical community (Wideman-Johnston, 2011). They get to be a student and not just a patient.

Currently, families, medical providers, and school personnel struggle with effective communication (Shiu, 2001), educators lack training and clarity about their specific roles, and many school personnel feel unprepared with meeting the needs of all of their students (Kaffenberger, 2006), and resources such as technology and school policies are unavailable or not utilized as they should be (Wilkie, 2011). Oftentimes, the reintegration process for a student happens quickly and without organization. However, school counselors are in a position to greatly improve the reintegration process for these

students today. By utilizing a whole child approach to education, the school counselor, alongside the family, medical professions, and other school personnel, can ensure that the students' academic, social/emotional, and medical needs are being met within the school environment.

If schools are going to meet the needs of all students, including those with a chronic illness, changes need to happen within the reintegration process. A specific reintegration plan needs to be put into place, ensuring adequate communication, training, and resources are available. This plan needs to be thorough and made in advance. Instructions should not be rushed, confusing, or incomplete (A'Bear, 2014). The theory and research discussed in Chapter Two provides the framework for this project. This project and all of its components will be further discussed in Chapter Three. Specifically, this next chapter includes a description of project components, the plan for project evaluation, anticipated project conclusions, plans for implementation, and all of the Appendices described throughout the project components. The plan for this project is based on the research provided throughout Chapter Two, and thus created from a theoretical perspective.

## **Chapter Three: Project Description**

### **Introduction**

Students with a chronic illness often struggle reintegrating back into the classroom after a period of absence due to their illness, particularly when school counselors are not available to facilitate this process. The goal of this project is to provide an outline towards an effective reintegration program in support of chronically ill students. This program includes a recommendation that the program be facilitated by a professional school counselor, so that a whole child approach to education can be utilized, ensuring that each student's academic, social/emotional, and medical needs are addressed. This project provides the framework for a program utilizing effective communication between the student, family, educators, and medical personnel; specialized training for educators; and the understanding and awareness of various resources, including school system policies and procedures that can be used to support the reintegration process for these students. This project description is organized as follows: first, the project components are identified, including details of the initial contacts made by the school counselor towards the school community including affected families, as well as trainings for the educators and families involved. This section also includes information related to community resources, technology, and the option of setting up a pen pal and/or mentor program. Second, the project evaluation is explained, including how data is collected and how the effectiveness of the project is measured. Third, the expected project conclusions are provided, with reference to the previously explained research and subsequent conclusions. Finally, the plans for implementation are explained, with more specific details related to when and how this program guide should

be used, as well as with whom information gained from the evaluation of a reintegration program for chronically ill students should be shared.

### **Project Components**

The history of chronically ill students within a mainstream classroom dates back to before the ESSA, before IDEA, and before ADA. Chronically ill students have struggled through the process of obtaining an education while dealing with their healthcare needs. This process is still evolving today. With advances in knowledge, training, technology, and other resources, more chronically ill students can thrive within the school environment today. This project provides the framework for a reintegration program for school counselors to follow when working with chronically ill students. The objectives of this project include helping chronically ill students succeed academically and socially within the school environment, improving effective communication between the family, educators, and medical personnel, and increasing the confidence and preparation of educators in their abilities to work with chronically ill students. School counselors can use this framework to implement their own, individualized reintegration programs for students around the country. Next, each of the project components are explained, with specific references to the appendices at the end of this project.

Included in the first part of this project, an initial letter (Appendix A) from the school counselor is sent home to all families before the school year begins, explaining and reinforcing the school district's dedication to providing an equal educational opportunity to all students as well as their focus on the whole child approach to education. Parents are encouraged in this initial letter to reach out to the school counselor if their child has a diagnosed chronic illness so that a specific, individualized plan for

school success can be created and monitored. If a student is diagnosed with a chronic illness after the beginning of the school year, the family can reach out to the school counselor at any time to arrange a meeting.

Upon the first face-to-face meeting between the school counselor and the family of a chronically ill student, it is vital that the school counselor explains the importance of the collaborative team including the family, educators, and medical personnel. All of these team members need to work together and communicate effectively for the reintegration process of any chronically ill student to be more successful (Shiu, 2001). During this initial meeting, the educational history of the student should be discussed and goals for the new school year can be made. It is important for the school counselor working in the liaison role to have as much information as possible to be able to assist each of the teams throughout the collaboration process. At the initial meeting, whether at the beginning of the school year, or at any time throughout the year if a student is diagnosed after the start of the school year, the family should be introduced to the release of records form (Appendix B) and provided information on IEPs and 504 plans so that they are able to understand that process and feel confident in advocating for their child's needs, if necessary. A great starting point for parents in the IEP or 504 planning process is the Difference Between IEPs and 504 Plans chart found at [www.understood.org](http://www.understood.org). There are other great resources on this same webpage including information related to the difference between accommodations and modifications, which parents may also find useful.

As effective communication between the collaborative team members has been noted as one of the main barriers to successful reintegration programs (Hamlet et al.,

2011), this first part of the project also includes a document which outlines key points for each team members to address throughout their meetings together (Appendix C). A sample schedule (Appendix D), to document when collaborative communication is made as well as with whom the collaboration took place between, is also provided.

It is important that peers within the school building are not left out of this reintegration plan. If a student is regularly absent from school, they may struggle with building and keeping friendships within the school building (Maslow et al., 2012). In phase one, while discussing plans and goals for the school year, it will be important for the school counselor to talk with the chronically ill student about whether or not they want their friends to be included in their individual plan at that time. As discussed in the literature, some students prefer to keep their illness a secret from their friends (Sanzo, 2008), and other students may want to keep in close contact with their friends even if they are not well enough to attend school for a period of time.

School counselors should talk with the affected student and figure out what the best course of action may be for peer contact within each student's specific plan. This can be re-evaluated and adjusted at any time if the students' needs change. Each student with a chronic illness may have a different opinion on who they want to keep in touch with and how much communication they are willing to participate in. With this in mind, a school counselor should talk with each student to get a better idea of their social and emotional needs and whether or not a specific plan to address these needs is necessary. If the student is interested in keeping in contact with their friends throughout any potential period of absence from school, the school counselor may wish to include the option of a pen pal program with handwritten, email, or video messages (Kaffenberger, 2006). It



may also be beneficial to continue with the social development of a student by including a mentoring option with a non-parental, non-counselor adult (Maslow et al., 2012). Each of these ideas can be addressed with the student during an initial meeting and through the use of a needs assessment (Appendix E) conducted at least once every 12 weeks.

The second component of this project focuses on specialized training for educators within the school environment. The literature has noted that teachers may not feel confident or prepared to deal with challenges met when there is a chronically ill student in their classroom (Nabors et al., 2008). As explained by Shiu (2001), school personnel need regular access to trainings related to supporting the needs of all students. Therefore, this project includes the framework for a three-part educator training (Appendix F) related to serving students with chronic illnesses within the classroom. The initial training, completed at the beginning of the school year for all educators within the school building, would provide the foundation for the whole child approach to education within the classroom. Educators would be made aware of the importance of continued learning opportunities for all students, especially those who may be absent from school due to a chronic illness. During the initial training, educators would also be given scenarios that they may see when working with students with a chronic illness within the classroom and provided the opportunity to discuss possible reactions and resolutions to each scenario. The second educator training in the series would be directed at staff members who are directly involved with students who have been diagnosed with a chronic illness. With the assistance of a guest from the medical community, this training would focus on medical concerns, symptoms, and misconceptions of chronic illnesses. The third educator training would focus on recapping successes and struggles from

throughout the school year and a more specific evaluation of the program being used within the classrooms and throughout the school building. This final educator training of the school year would allow the educators to come together and discuss strengths, weaknesses, and needs of the program including any additional resources that the program may benefit from.

The third part of this project focuses specifically on resources within the school, including any school system policies and procedures in place. Student attendance and performance may be affected by the support they receive within the school system, so it is necessary that school policies and practices are in place to meet the student needs, especially when the needs are related to a chronic illness. School counselors should review any school policies and practices related to IEPs and Section 504 plans, with these student needs in mind. Knowing how to advocate for the student and teaching the student how to advocate for him or herself is an important component of this part of the project. It is important for the school counselor to have an individual meeting with each chronically ill student to maintain confidentiality and to talk with each student about the importance of self-advocacy. The school counselor will work with each student to fill out a self-advocacy worksheet (Appendix G), which can be revisited and completed again as needed.

As available resources vary greatly across the country, between school districts, and from family to family, it may be necessary for the school counselor to have a list of online resources and support options to supplement needed resources throughout this program. Kaffenberger (2006) provided a good example of a sample resource list, with school counselors having the option to include additional, more local resources, as

needed within an individualized resource list created for students and families. Included in this project is a Resource List worksheet (Appendix H) for school counselors to complete and distribute to team members as necessary.

Several Appendices not described above are included in this project specifically for the collection of data. School counselors are encouraged to use data throughout their school counseling programs as a way to track student growth and progress of a program (ASCA, 2012). Pre- and post-tests for educators will assist in this data collection throughout this project (Appendix I), including scaling questions related to the individual confidence ratings of educators working with chronically ill students. The pre- and post-tests will both consist of the same questions, to allow for accurate measurement of growth for data purposes. For students and their families, this project includes a student self-evaluation form (Appendix J) and a parental student-evaluation form (Appendix K). More specific details on the project evaluation will be provided in the following section.

### **Project Evaluation**

Within a comprehensive school counseling program, evaluation is essential (ASCA, 2012). Evaluation helps to measure growth and progress within the program and provides the school counselor with direction for the future. Process, perception, and outcome data will all be utilized to evaluate this project's effectiveness. This project includes a recommendation that process data be obtained by utilizing a schedule of when and with whom the school counselor is meeting in terms of the students with chronic illness reintegration plan. The school counselor will want to know how many students within their school have a diagnosis of a chronic illness and how many of these students are utilizing this program. Process data can also be obtained through the collaboration

meetings, knowing who the communication is with and how often communication attempts are made. Perception data is proposed to be gathered through use of the student needs assessments, educator pre- and post-tests with confidence rating forms, student self-evaluation forms, and parental student-evaluation forms. Outcome data can be obtained through student attendance rates and grades. Attendance rates can be measured by comparing a chronically ill student's attendance during the year this project is implemented with the school year prior to the implementation. Academic grade data can be examined in a similar fashion. If the students' attendance and/or grades are improving over the course of the school year, it could be an indicator of the success of this project.

Indicators of success for this project are expected to be clear and measurable. If this project is successful, the school counselor as liaison will have data measuring the opportunities of collaboration and effectiveness of communication between the family, educators, and medical personnel. Additionally, a successful project will indicate that teachers demonstrate increases in their confidence levels and of their ability to work with chronically ill students within the classroom. Finally, the project will be considered successful if school counselors become more familiar with specific local resources that may be of benefit for students, families, and educators involved with this project.

### **Project Conclusions**

The frequency of students living with a chronic illness has risen over recent years and it has been well-documented throughout the literature that these students may not have the same educational opportunities and experiences as their healthy peers (Boonen & Petry, 2012; Kaffenberger, 2006; Shiu, 2001); specifically, chronically ill students often struggle with chronic absenteeism, academic performance, and social-emotional

difficulties (Wodrich & Cunningham, 2008). Although all students should have equal opportunities to benefit from an education without barriers, regardless of their health status as part of IDEA, students with a chronic illness often struggle reintegrating back into the classroom and feeling like they fit into the school environment, especially when a school counselor is not available to facilitate the reintegration process.

Prior research has shown that there are two main barriers to a successful reintegration for these students, effective communication between the various teams involved (Hamlet et al., 2011) and ineffective or non-existent specialized training for educators working with chronically ill students (Nabors et al., 2008). Some literature also addressed the potential barrier of inconsistent school system policies, procedures, and resources (Wilkie, 2011; A’Bear, 2014). ASCA (2016) noted that a school counselor can “help students meet or exceed academic standards with consideration for strengths and challenges resulting from disabilities and other special needs” and Hamlet et al. (2011) noted that school counselors can keep students from falling through the cracks by taking charge, maintaining clear communication, collaboration, and by advocating for students. Therefore, the school counselor as liaison is an essential piece to this project. For these reasons, with the school counselor’s involvement, it is anticipated that the previously mentioned indicators of success will be met in each instance.

This project fills a need within schools today. Many schools have chronically ill students within classrooms today; however, not many schools have specific plans in place with what these students may need and how to help them. Oftentimes, reintegration plans are created in a rushed and unorganized fashion. This project provides the framework for school counselors to use to help plan an individualized reintegration program for every

chronically ill student within their school. As every student is different and with different specific needs, each reintegration plan needs to be individualized. This project is flexible in that every specific plan can look different, depending on student age, illness, resources, and needs. This project allows school counselors to fill in the blanks as necessary. The research has been done and the framework has been created, saving school counselors valuable time and providing the opportunity for more important communication and collaboration. If conducted thoroughly and to the guidelines as explained, this project could lead to increased academic and social/emotional success with these students. Students may have more hope, as more academic and social gains are possible. When chronically ill students are not struggling to keep up within the school environment, they can look ahead to their future. If schools want to better support all of their students, specific, individualized reintegration plans need to be in place so that chronically ill students do not get left behind.

There are still questions pertaining to this project that remain unanswered. This project does not answer the question of whether or not families will consent for a release of records between the school counselor and medical professionals. However, it has been documented that mothers specifically often feel responsible for communication between the medical and educational teams, and that this communication is not often effective (Anderson, 2009). It is assumed that parents would like to focus on helping their child feel better and doing well in school, and not always having to worry about being in the middle of communication difficulties.

This project also does not answer the question of which outside resources are best for these students. Unfortunately, it would be difficult for any project to predict the exact

resources available to every student in every school across the country. Some schools have access to different technology resources such as webcams and tablets that a student could use to stay connected with a classroom. Some schools have access to online learning and credit recovery programs. Some schools have staff members available for home visits and tutoring sessions. Some communities have hospital schools available to chronically ill students. Some families need to travel several states away for medical treatment. Some families do not have funds available for expensive medical medications and procedures. With every student and situation different, all of the questions cannot be answered by any one project. However, with this project guiding a school counselor, each students' situation can be evaluated individually through a whole child approach. Within a comprehensive school counseling program, a school counselor will get to know each affected student, each students' individual needs, and all of the available local resources as necessary.

### **Plans for Implementation**

This project is intended to be used by school counselors to lay the groundwork, create, facilitate, and assess reintegration plans for chronically ill students within their school. This program will begin even before the school year starts, with an initial letter home explaining the school's dedication to helping all students succeed and encouraging families to reach out to the school counselor in the event of a chronic illness diagnosis so that a specific, individualized plan for their student can be made. Before any reintegration plans begin, communication and collaboration are started. A release of records form needs to be completed by families before any collaboration with medical professionals can happen. Training for educators needs to be completed. Throughout the

year, the reintegration programs continue to evolve. Some students may be meeting with the school counselor regularly as part of their plan and other students may get a new diagnosis and schedule an initial meeting. It is important that each reintegration plan is individualized for each student and their family. At the end of the school year, the school counselor can meet with each student again to talk about next-steps, any questions, or any concerns that need to be addressed. All post-tests and evaluation forms will be completed, as explained above.

After collecting, sorting through, and evaluating all of the process, perception, and outcome data, the school counselor can present the intervention's results to administrators, school staff, the school board, stakeholders, and parents. This summary of information can highlight the effectiveness of the intervention and of the school counseling program as a whole. This information can provide the school counselor with information, ideas, and goals for continued support of these students. They can use this data to improve on their own program for the following school year. The school counselors can also contribute this information to professional journals, to continue adding to the literature related to the needs of chronically ill students. This may also allow other school counselors to implement and conduct similar interventions within their own schools.



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**Appendix A**

**Initial Letter Home**

(Name of School)

Date:

Dear parents/guardians,

My name is \_\_\_\_\_ and I am the school counselor at (name of school). This is my \_\_\_\_\_ year in (district) and my \_\_\_\_\_ year at (name of school). It is with great excitement that I would like to welcome you to \_\_\_\_\_ school for the start of what I hope will be a great year for all students, families, and staff members. We are glad that you are a part of our school community and I look forward to working with you and your student/s this year. If you are new to our community this year, I look forward to meeting your student very soon.

Before the year begins, I wanted to take the opportunity to express the dedication of myself and (name of school) in working with all students here to help them succeed both in and out of school for as long as they are with us. We are dedicated to our mission of helping all students grow in their academic, career, and social/emotional development. We understand that every student has different and unique strengths, weaknesses, and needs. Here at (name of school), we want to know who all of our students are and what each of their specific needs are within our school building so we can help each student learn and grow.

With that in mind, it has come to my attention recently that more students are being diagnosed with chronic illnesses today than ever before. We understand that balancing academic requirements and health concerns can be challenging both for students and their family. Every student here at (name of school) is important to us and we want to be able to help each student learn and grow. So, if you feel that your child's health may impact their opportunities and abilities within our school, please reach out to me ASAP so that we can talk more about this.

I hope that this letter helps to clarify any questions you may have regarding how we plan to support your child throughout the next school year, and may even spark some additional dialogue between us. The importance of your support to your child and their education is immeasurable. I look forward to working with you over this next school year.

Sincerely,

(name)



**Appendix B**

**Release of Information Form**

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH  
INFORMATION**

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(name of patient/guardian) (name of physician or facility)

release the following health information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_  
(name of school counselor/liaison you wish to have this information)

At: \_\_\_\_\_  
(name of school/facility to receive health information)

\_\_\_\_\_ (street address, city, state, ZIP code) \_\_\_\_\_ (phone number) \_\_\_\_\_ (fax number)

For the following purposes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This authorization is in effect from \_\_\_\_\_ until \_\_\_\_\_, but can be  
cancelled in writing at any time. (start date) (end date)

Student signature: \_\_\_\_\_ (date)

Parent/guardian signature: \_\_\_\_\_ (date)

School counselor signature: \_\_\_\_\_ (date)

**Appendix C**

**Effective Communication Team-Member Outline**

### Communication Team Outline

**Student:**

**Date:**

**Team members involved in this communication:**

_____	_____
(name/title)	(team-family, medical, education, other)
_____	_____
(name/title)	(team-family, medical, education, other)
_____	_____
(name/title)	(team-family, medical, education, other)
_____	_____
(name/title)	(team-family, medical, education, other)
_____	_____
(name/title)	(team-family, medical, education, other)

**Reason for meeting/communication:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Concerns:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Positives:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Changes suggested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Communication Team Outline (pg 2)**

**Student:**

**Date:**

**Student needs:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Team needs:** \_\_\_\_\_  
\_\_\_\_\_

**Plan until next meeting/communication:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed date of next meeting/communication:** \_\_\_\_\_

**Appendix D**

**Sample Effective Communication Schedule**

### Communication Team Schedule

**Student:** \_\_\_\_\_

**Month:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Type:** \_\_\_\_\_  
(phone call) (one-on-one) (team meeting) (other-explain)

**Who was involved:** \_\_\_\_\_

**Brief overview/changes made:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Type:** \_\_\_\_\_  
(phone call) (one-on-one) (team meeting) (other-explain)

**Who was involved:** \_\_\_\_\_

**Brief overview/changes made:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Type:** \_\_\_\_\_  
(phone call) (one-on-one) (team meeting) (other-explain)

**Who was involved:** \_\_\_\_\_

**Brief overview/changes made:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Type:** \_\_\_\_\_  
(phone call) (one-on-one) (team meeting) (other-explain)

**Who was involved:** \_\_\_\_\_

**Brief overview/changes made:** \_\_\_\_\_

**Total communications related to** \_\_\_\_\_ **over the month of** \_\_\_\_\_ **:**  
(student name) (month)

**Appendix E**  
**Student Needs Assessment**



## Student Needs Assessment

We want to know your strengths, weaknesses, and needs within our school building so that we can better support you and your learning here. Please answer openly and honestly, and ask your school counselor if you have any questions/concerns.

### Student name

Your answer \_\_\_\_\_

### Have you been diagnosed with a chronic illness?

- Yes  
 No

If diagnosed, can you share a little about what your diagnosis is, how long you have had this diagnosis, what you know about it?

Your answer \_\_\_\_\_

### My grades are important to me.

	1	2	3	4	5	
Not at all important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely important

### My health affects how successful I am at school.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

### Missing school due to my illness affects my grades.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

### I ask for help when I need it.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

### Having friends is important to me.

	1	2	3	4	5	
Not really important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely important

I can be successful in school while also taking care of my health concerns.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

### My school supports me and my needs.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

I am interested in a peer pan pal program to help keep in touch with friends if I am absent from school for an extended period of time.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

I am interested in an adult mentor for more support.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

Is there anything else your school counselor should know or you need right now?

Your answer \_\_\_\_\_

**SUBMIT**

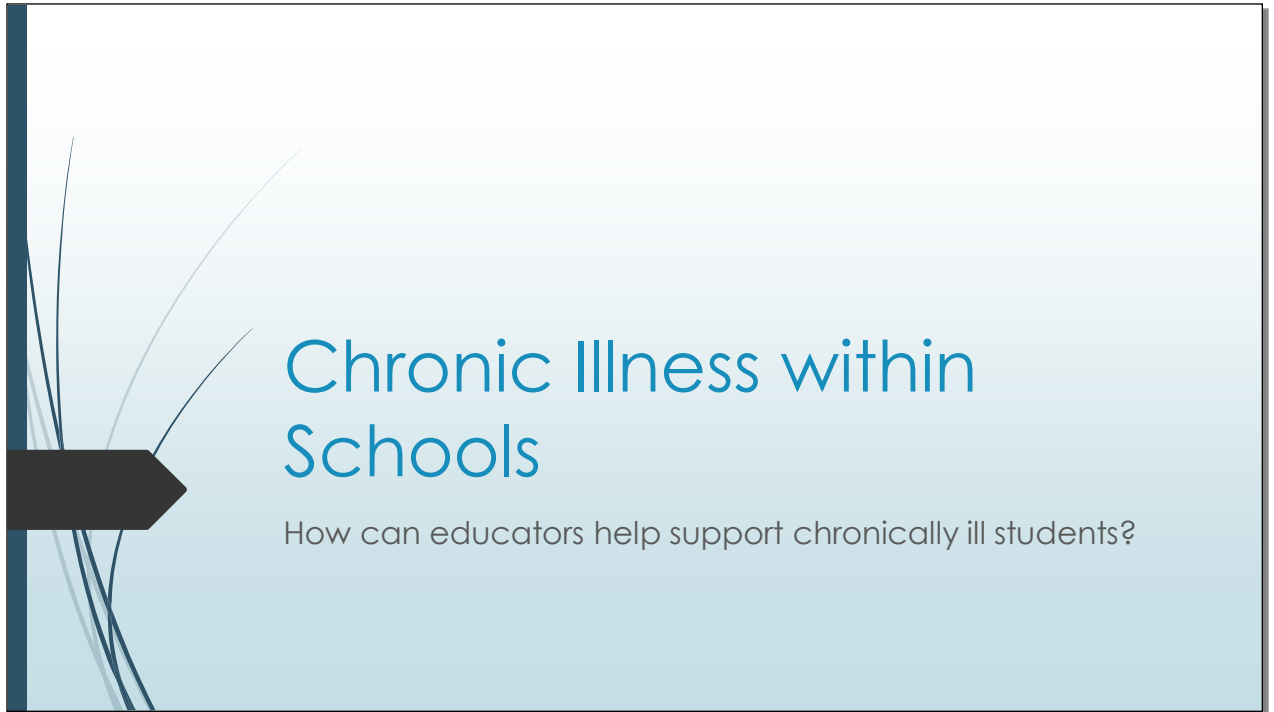
Never submit passwords through Google Forms.

**Appendix F**  
**Three-Part Educator Training**

## Training 1

**This training is provided to all educators within the building as part of the professional development and training materials presented before the start of the school year.**

Slide 1



Chronic Illness within  
Schools

How can educators help support chronically ill students?

The slide features a light blue gradient background. On the left side, there is a dark blue vertical bar. A black arrow points from this bar towards the center. Several thin, light blue lines curve from the top left towards the center. The title 'Chronic Illness within Schools' is written in a large, blue, sans-serif font. Below the title, the subtitle 'How can educators help support chronically ill students?' is written in a smaller, grey, sans-serif font.

## Slide 2



## What is a chronic illness?

- A disease or illness that affects a person's activities of daily life, lasts for longer than three months, and may worsen over time.
- A chronic illness is not contagious!
- Examples: Diabetes, arthritis, lupus, cancer, kidney disease, asthma, and HIV.

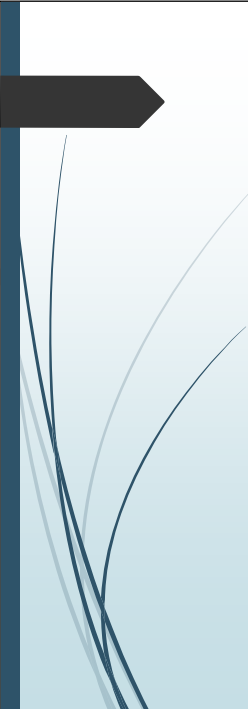
## Slide 3



## What do educators need to know?

- The number of students with chronic illness is rising.
- Approximately 20% of students are diagnosed with a chronic illness today.
- Chronically ill students often miss more school than their healthy peers due their illness or doctor visits.
- Chronic illness may impact a students' academic and social/emotional development.
- School is often one of the only places these students feel like a normal kid and not just a patient.

## Slide 4




## IEP vs 504?

- A blueprint or plan for special education experiences at school.
- Provides individualized special education and services to meet the needs of a child.
- To qualify for services, a child must have at least one of the specific disabilities listed in IDEA, and the disability must affect the child's educational performance and/or ability to learn from general education curriculum.

- A blueprint or plan for access to learning at school.
- Provides services and changes to the learning environment to meet the needs of a child.
- To qualify for services, a child must have any disability (can include learning or attention issues), and the disability must interfere with the child's ability to learn in a general education classroom.
- [www.understood.com](http://www.understood.com)

**A child who DOES NOT qualify for an IEP may still qualify for a 504 plan!**

## Slide 5




## What is our school doing to help?

- We have created an individualized intervention/reintegration program for supporting out chronically ill students.
- We are creating teams for each student, consisting of family, educators, and medical personnel.
- Effective communication between team members, specialized training for educators, and supportive resources are a focus.
- Data will be collected and our program will be evaluated.
- We will be able to better support all of the students within our school, without leaving behind those with a chronic illness.

## Slide 6

Were you aware that chronic illness existed within our school? What have you been doing within the classroom to support these students?




## Slide 7

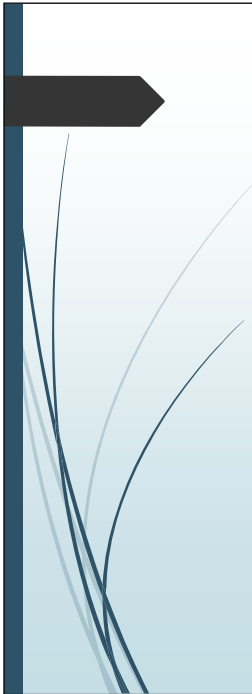
Every student is different. They all have unique strengths, weaknesses, and needs.

*"If you are lucky enough to be different,  
don't ever change."*

Taylor Swift

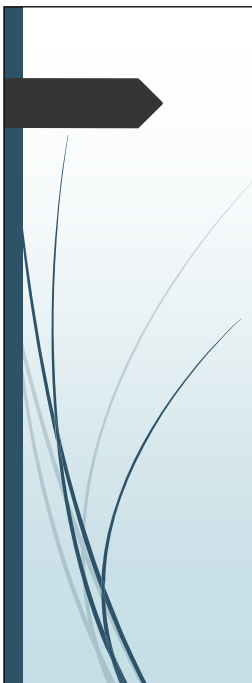


## Slide 8



# What does it mean to educate the “whole child” ?

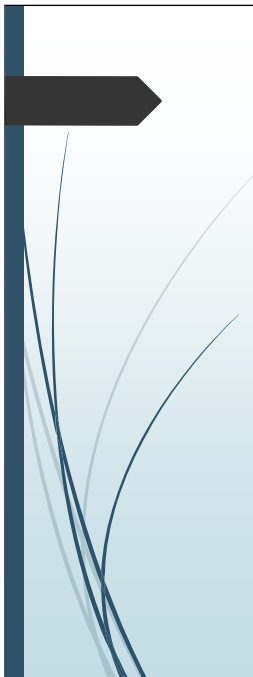
## Slide 9



We need to figure out who every student is (not just their test scores, or who their older sibling is, or what team they are on)...

- ▶ Each **child**, in each school, in each of our communities deserves to be healthy, safe, engaged, supported, and challenged.
- ▶ Who is this student in class?
- ▶ Who is this student at home?
- ▶ Who is this student at the doctor's office?
- ▶ How do each of these pieces work together to create the strengths, weaknesses, and needs of each individual student?

## Slide 10

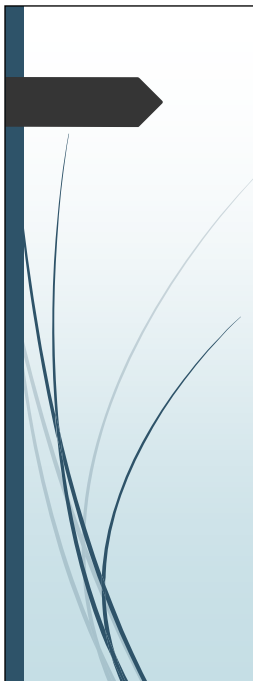


## What would you do?

\*Please discuss in groups

- ▶ You know that a student is newly diagnosed with a chronic illness, but they do not want to talk about it.
- ▶ A chronically ill student always falls asleep during your class.

## Slide 11

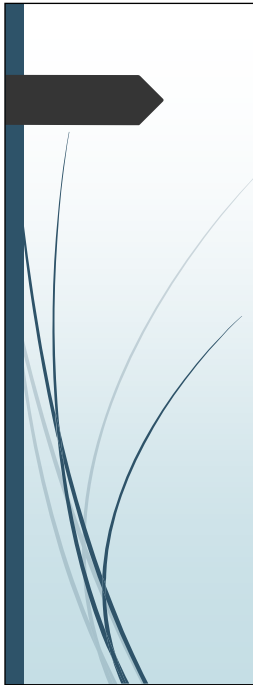


## What would you do?

- ▶ A student knows ahead of time that they will be gone from school for at least three weeks, following a surgery.
- ▶ A student misses school every Friday due to dialysis treatment, and your class has a big project due on Friday.



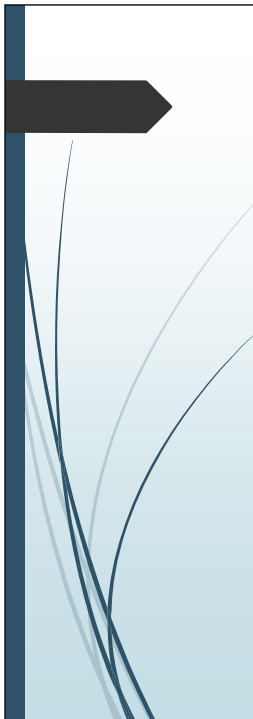
## Slide 12



## What would you do?

- ▶ A chronically ill student no longer shows any interest in playing with their friends or in participating in activities they used to enjoy.
- ▶ A student is expected to return to school after a period of absence due to their illness. You overhear a conversation between other students, where it is discussed that they do not want to play with this student any more because they do not want to get cancer too.

## Slide 13



## In conclusion:

- ▶ About 1 in 5 students has a chronic illness.
- ▶ These students ARE NOT contagious.
- ▶ These students can still learn and thrive within our school/classrooms.
- ▶ Chronic illness may affect a student's academic and social/emotional development.
- ▶ They may have supports through an IEP and/or 504 plan.
- ▶ We are implementing a reintegration program for these students!
- ▶ Educators, alongside family and medical personnel will be included.
- ▶ Effective communication, specialized trainings, and supportive resources will be key.
- ▶ All students are different, with unique strengths, weaknesses, and needs.
- ▶ By educating the "whole child" we can help support our chronically ill students better!

## Training 2

**Specialized training for front-line educators working with** \_\_\_\_\_.  
(student name)

**Guest Presenter:** \_\_\_\_\_ **from** \_\_\_\_\_.  
(medical personnel) (medical facility)

Confidentiality is of the utmost importance during this discussion/training.

I, \_\_\_\_\_ give permission for the following medical information to be  
(parent/guardian)  
shared for training purposes only, to members of my student's education team. This  
information is to be used for training purposes only, to allow my student's educators to be  
more prepared in supporting my child while in school.

Medical diagnosis/es: \_\_\_\_\_  
\_\_\_\_\_

Common symptoms of diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Common misconceptions of diagnosis: \_\_\_\_\_  
\_\_\_\_\_

How symptoms may present in class: \_\_\_\_\_  
\_\_\_\_\_

What may make class time more effective: \_\_\_\_\_  
\_\_\_\_\_

Signs of concern/when to seek medical help: \_\_\_\_\_  
\_\_\_\_\_

Any upcoming procedures/treatments that may affect school: \_\_\_\_\_  
\_\_\_\_\_

### Training 3

**Introduction:** It has been a busy year! We would like to take some time to recap the reintegration program for students with a chronic illness. (Summarize some of the successes that have taken place over the school year)

**Data:** (Any up-to-date data could be shared at this time, specifically related to student successes with grades and attendance. How many students were supported through a reintegration program? How many mentoring partnerships took place? Any pen pal programs?)

**Discussions:** Effective communication is a huge part of this project. We need to be able to communicate effectively as educators and educators, family, and medical personnel need to communicate effectively together to support our students. To allow more communication between our educator team, we want to spend this time talking with each other and hearing about/possibly learning from each other's experiences. As a group, lets discuss this past year.

1. What are some of the successes that you encountered this year, as part of this reintegration program?
2. What are some of the struggles that you had to deal with?
3. What do you feel could be done differently/better for next year?
4. Anything I am forgetting? What else do we need to discuss?

**Plan:** Any plans for the summer related to this program? Any plans/changes for next year that are known now?

**Questions:** This training is not specifically geared towards new information for educators. We are getting ready for summer and evaluating our programs strengths and weaknesses. We are getting as much information out on the table as possible so that all of the data can be calculated and our program can be fully evaluated so that we can change and improve as needed for next year. However, there is always room for questions. Does anyone have any more questions related to our reintegration program for chronically ill students?

**Closing:** Thank you to everyone for your hard work and participation over this school year. It has been a very busy, but hopefully rewarding year for everyone here. If you have any follow-up questions/concerns, please feel free to reach out to \_\_\_\_\_.  
(school counselor)

**Appendix G**  
**Student Self-Advocacy Worksheet**

## Self-Advocacy Worksheet

Self-advocacy means speaking up for yourself or for something you believe in. Self-advocates can communicate how they are feeling, what they are thinking, and can ask for help if they need it, independently. Use this worksheet with a school counselor or another adult you trust, to work through some questions which will help you prepare and practice being a self-advocate.

---

### Be proud of who you are!

**Everyone is different, with unique strengths and weaknesses. Know who YOU are and what makes you unique.**

What do you like to do?

What are you good at?

What activities can you do by yourself?

Everyone is different. What makes YOU different?

## **I can ask for help!**

Everyone needs help sometimes. **YOU** can help others and others can help you!

---

What activities do you need help with?

In school, who can you go to for help? How do you ask them?

At home or in the community, who can you go to for help?

Who can you help? With what?

How do you know when someone needs help?

**Appendix H**  
**Resource List**

### Resources for Families and School Communities Dealing with Chronic Illness

<b>RECOMMENDED READING</b>	<b>ONLINE RESOURCES</b>	<b>LOCAL RESOURCES</b>
Young, sick, and invisible. By: Ania Bula	PBS: Who Cares <a href="http://www.pbs.org/inthebalance/archives/whocares/resources.html">http://www.pbs.org/inthebalance/archives/whocares/resources.html</a>	
Young people and chronic illness: True stories, help, and hope. By: Kelly Huegel	<a href="http://www.understood.org">www.understood.org</a>	
Coping with your child's chronic illness. By: Alesia T. B. Singer	<a href="http://www.bravekids.org">www.bravekids.org</a>	
Kathy's hats: A story of hope. By: Trudy Krisher	Band-Aids and Blackboards <a href="http://www.lehman.cuny.edu/faculty/jfleitas/bandaides/">www.lehman.cuny.edu/faculty/jfleitas/bandaides/</a>	
Little tree: A story for children with serious medical problems. By: Joyce Mills		
View from our shoes: Growing up with a brother or sister with special needs. By: Donald Meyer		



## **Appendix I**

### **Educator Pre- and Post-Tests**

## Educator Pre/Post Test

What is a chronic illness?

- Any form of cancer
- A terminal disease
- Any medical condition that interferes with daily life activities for more than three months
- A medical illness that can be passed from person to person over time

Are there any students with a chronic illness within your school building?

- Yes
- No
- Maybe

Are there any students in your classroom with a chronic illness diagnosis?

- Yes
- No
- Maybe

Students with a chronic illness may be eligible for 504 accommodations, even if they do not have an IEP.

- True
- False
- I don't know

How might a chronic illness affect a student in your classroom?

- Academic development
- Social/emotional development
- All of the above

Chronically ill students should be focusing on their health care needs and do not need or want to be in school

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

I know how to help a student with a chronic illness in my classroom.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

I am concerned about my ability to help a student with a medical emergency within my class.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

I am confident in my abilities with helping all students within my classroom, regardless of health concerns.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

I am concerned about being able to meet the needs of all of my students equally.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

I know who I can contact if I have any questions/concerns regarding a student with chronic illness.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

SUBMIT

**Appendix J**

**Student Self-Evaluation Form**

## Student Self-Evaluation Form

It has been a busy year! Please fill out this survey to help us know how you feel this year went for you. What went well? What did not go so well? What would you like to do differently next year?

**Name?**

Your answer \_\_\_\_\_

**Grade?**

Your answer \_\_\_\_\_

**Overall, how do you feel your school year went this year?**

	1	2	3	4	5	
Horrible!	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent!

**Compared to last year, how did this year go?**

- Better than last year.
- Worse than last year.
- About the same.

**How much school did you miss this year due to health issues/doctor appointments?**

- None
- Less than 5 days
- Less than 10 days
- More than 10 days

**How often were you able to stay on task in the classroom?**

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

**How often were you able to complete homework and tests as assigned?**

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

**How often were you able to participate in class discussions and activities?**

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

Overall, do you feel that your health impacted your grades this year?

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A lot

Overall, do you feel that your health impacted your friendships this year?

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A lot

Did you feel adequately supported throughout this school year?

- Yes  
 No

What are you proud of from this school year?

Your answer \_\_\_\_\_

What could you have done differently to make this year better?

Your answer \_\_\_\_\_

What could your team have done differently to make this year better?

Your answer \_\_\_\_\_

What do you need to be successful in school next year?

Your answer \_\_\_\_\_

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**Appendix K**

**Parent/Guardian Student Evaluation**

## Parent/Guardian Evaluation Form

It has been a busy year! Please fill out this survey to help us know how you feel this year went for you and your student. What went well? What did not go so well? What would you like to do differently next year?

**Student's name and grade?**

Your answer \_\_\_\_\_

**Your relation to the student?**

Your answer \_\_\_\_\_

**Overall, how do you feel the school year went this year?**

	1	2	3	4	5	
Horrible!	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent!

**Compared to last year, how did this year go?**

- Better than last year.
- Worse than last year.
- About the same.

**How much school did your student miss this year due to health issues/doctor appointments?**

- None
- Less than 5 days
- Less than 10 days
- More than 10 days

**How often was your student able to complete homework and tests as assigned?**

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

**Overall, do you feel that your student's health impacted their grades this year?**

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A lot

**Overall, do you feel that your student's health impacted their friendships this year?**

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A lot



Did you feel that your student was adequately supported throughout this school year?

Yes

No

What are you proud of from this school year?

Your answer \_\_\_\_\_

What could your student have done differently to make this year better?

Your answer \_\_\_\_\_

What could you have done differently to make this year better?

Your answer \_\_\_\_\_

What could the team have done differently to make this year better?

Your answer \_\_\_\_\_

What does your student need to be successful in school next year?

Your answer \_\_\_\_\_

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**GRAND VALLEY STATE UNIVERSITY**  
**ED 693 Data Form**

**NAME:** Jessica Tibbitts

**MAJOR:** (Choose only 1)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adult & Higher Education            | <input type="checkbox"/> Educational Differentiation | <input type="checkbox"/> Library Media                    |
| <input type="checkbox"/> Advanced Content Specialization     | <input type="checkbox"/> Education Leadership        | <input type="checkbox"/> Middle Level Education           |
| <input type="checkbox"/> Cognitive Impairment                | <input type="checkbox"/> Educational Technology      | <input type="checkbox"/> Reading                          |
| <input type="checkbox"/> College Student Affairs Leadership  | <input type="checkbox"/> Elementary Education        | <input checked="" type="checkbox"/> School Counseling     |
| <input type="checkbox"/> Early Childhood Education           | <input type="checkbox"/> Emotional Impairment        | <input type="checkbox"/> Secondary Level Education        |
| <input type="checkbox"/> Early Childhood Developmental Delay | <input type="checkbox"/> Learning Disabilities       | <input type="checkbox"/> Special Education Administration |
| <input type="checkbox"/> TESOL                               |  |   |

**TITLE:** Classroom Reintegration for the Chronically Ill Child

**PAPER TYPE:** (Choose only 1)

**SEM/YR COMPLETED:** Winter/2018

Project

Thesis

**SUPERVISOR'S SIGNATURE OF APPROVAL** Shawn A. Britzma

Using key words or phrases, choose several ERIC descriptors (5 - 7 minimum) to describe the contents of your project.

- |   |                                |
|---|--------------------------------|
| 1. School Counseling                      | 6. Academic Achievement        |
| 2. School Counselors                      | 7. Emotional Development       |
| 3. Students                               | 8. Social Development          |
| 4. Chronic Illness                        | 9. Interpersonal Communication |
| 5. Academic Accommodations (Disabilities) | 10. Teacher Collaboration      |