Do You Have FASD in Your Classroom?

Common Classroom Symptoms

- Often described as not paying attention, daydreaming, poorly motivated, lazy, defiant, or distractible.
- May be overly sensitive to noise, light, texture, or pain. May focus on little things, seem picky, or avoid eye contact.
- Need more re-teaching or seem to be starting from scratch—memory deficits. They tend to hide this not wanting to look different.
- Changes may disorient them and increase disorganization, anxiety, irritability, stubbornness or repetitive behavior.
- Difficulty seeing patterns, cause and effect, needs prompts and cues despite trying to be self-sufficient.

An estimated 1,900 Macomb County Youth have FASD.

Fetal Alcohol Spectrum Disorder is a Hidden Disability.

MCFARES' Parent Liaison can help your student receive a correct diagnosis and services.
**MCFARES**

**Parent Liaison**

**Melissa Sienkiewicz**

Macomb County's Point of Contact for FASD

Please contact Melissa at 586-541-0033, ext.236 or mmsienkiewicz@careofmacomb.com for more information or help with the following:

- Prescreening children for a diagnosis
- Linking families to diagnostic centers and county services
- Helping families navigate through systems of care
- Assist families in preparing for IEP meetings
- Case management and advocacy for the FASD child
- Monthly support group—Families Supporting Families
- Quarterly newsletter available with great info, tips, and resources about living with FASD

**Early diagnosis is the key to help these children be the best they can be!**

Professional staff in-service available through Shelly Bania,
FASD Prevention Specialist, CARE

Please contact Shelly at 586-541-0033, ext 222 or sbania@careofmacomb.com
The Visible Kid with the Invisible Disability

Hey, look at me! Do you think I'm cute? On the outside, I look just like any other kid - friendly, playful, and full of energy. But there's something about me on the inside that you can't see - how my brain was messed up before birth by alcohol. You can't see - how my brain was plastered all over my face. You probably think I'm over-protective. But she knows how easy it is for others to take advantage of me. Sometimes I think my mom is too strict, because she doesn't let me go to the park by myself or spend the night at my cousin's. I guess she knows that I can't behave properly unless she's right by my side, and she doesn't want me to get into big trouble. Like last year when I got too "friendly" with the little girl next door. I didn't know that was "inappropriate." (I hate that word.) Mom said I could get arrested for doing something like that, which really scared me. But my conscience doesn't seem to work right. I don't want to make people mad. I don't want to be "inappropriate." I don't want to be bad.

I just want to be accepted, and understood. Not blamed and shamed. I want to be appreciated for the good things. Do you notice those?

I want you to care, even when I act like I don't. I want to be respected. And I need you to be a good role model for me so I can learn to be respectful too.

And most of all I don't want you to say bad things about my birth mom because she drank when she was pregnant. Maybe she couldn't stop drinking. Maybe her doctor told her it was okay to drink when she was pregnant. Maybe she just did what everybody else was doing. I'm not making excuses for her behavior, or for mine. Maybe she didn't think about what she was doing. Maybe she had Static Encephalopathy too, just like me. But nobody could see.

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Fetal Alcohol Syndrome
Community Resource Center
www.fasstar.com
Symptoms and Behavior

Effect on Learning:
FASD describes a "pattern of abnormalities observed in children born to alcoholic mothers." FAS may result in various birth defects: prenataal and/or postnatal growth retardation (weight and/or length below the 10th percentile); central nervous system involvement, including neurological abnormalities, developmental delays, behavioral dysfunction, intellectual impairment, and skull or brain malformations; and a characteristic face with short palpebral fissures (eye openings), a thin upper lip, and an elongated, flattened midface and philtrum (the groove in the middle of the upper lip). Mental handicaps and hyperactivity are probably the most debilitating aspects of FAS, and prenatal alcohol exposure is one of the leading known causes of mental retardation in the Western World. Problems with learning, attention, memory, and problem solving are common, along with in coordination, impulsiveness, and speech and hearing impairment. Deficits in learning skills persist even into adolescence and adulthood. Prenatal alcohol exposure may also cause a subtler pattern of physical and cognitive deficits, making diagnosis more difficult. Deficits in learning skills persist into adolescence and adulthood. (Source: excerpt from Fetal Alcohol Syndrome: NWHIC)

Children born with alcohol-related birth defects can have lifelong learning and behavior problems. Those born with FAS have physical abnormalities, mental impairment, and behavior problems. (Source: excerpt from Alcohol What You Don't Know Can Harm You: NIAAA)

Children with Fetal Alcohol Syndrome May:
- Be born small
- Have problems eating and sleeping
- Have problems seeing and hearing
- Have trouble following directions and learning how to do simple things
- Have trouble paying attention and learning in school
- Have trouble getting along with others and controlling their behavior
- Need medical care all their lives
- Need special teachers and schools (Source: excerpt from Drinking and Your Pregnancy: NIAAA)

List of symptoms of Fetal alcohol syndrome:
The list of signs and symptoms mentioned in various sources for Fetal alcohol syndrome includes those listed below. Note that Fetal alcohol syndrome symptoms usually refers to various symptoms known to a patient, but the phrase Fetal alcohol syndrome signs may refer to those signs only noticeable by a doctor:

- Low birth weight
- Delayed growth
- Characteristic facial features
- Thin upper lip
- Short palpebral fissures (eye openings)
- Flattened midface
- Flattened philtrum (upper lip groove)
- Cleft lip
- Cleft palate
- Skull malformations
- Brain malformations
- Intellectual impairment
- Mental retardation
- Hyperactivity
- Developmental delay
- Learning difficulty
- Memory difficulty
- Problem solving difficulty
- Impaired coordination
- Speech impairment
- Hearing impairment
- Behavioral problems
- Hyperactivity
- Inattention
- Impulsivity

http://www.wrongdiagnosis.com/f/fetal_alcohol_syndrome/symptoms.htm retrieved 12-4-06

TALKING WITH PARENTS ABOUT FETAL ALCOHOL SYNDROME:
For Teachers and Pupil Personnel Service Providers

Identify your own feelings related to use of alcohol during pregnancy.
Establish a supportive non-threatening relationship with the family.

Ask parent what child is like at home.
  What times of day are difficult?
  What approach works best at home?
  What times of day are more fun?
  Are weekends easier or harder?
  What type of discipline works?

Share what times are easier and what times are difficult at school.
  Share approaches that are more successful at school.
  Share times or events that seem difficult for the child
  Compare notes - try to establish consistency between home and school, building
  on areas of agreement.
  Suggest a travel card or communication notebook to assist with understanding of
  homework assignments, classroom rules, and notes of success.

Ask about this child’s prenatal history.
  Tell me about your pregnancy with ____________.
  Was this a planned pregnancy?
  What kind of stresses did you experience?
  How did you cope with stress?
  Were there any complications related to your pregnancy?
  Were you in any danger during your pregnancy?
  Was this pregnancy different from your other pregnancies?
  Does ________ seem different from your other children?

Ask about others in the family.
  Did you or his father have similar experiences in school; aunts, uncles, or
  brothers or sisters?

Some of the things you are experiencing at home and we are experiencing at school are
similar to what is often seen in children who were exposed to alcohol before they were born. Is
it at all possible that you drank alcohol before you knew you were pregnant? We’ve learned
some specific ways to help children if we know for sure that their brain has developed a little
differently than usual. The sooner we know the better it is for your child. Then we can help
him/her in the best way possible.

Barbara Wybrecht R.N. B.S.N., P.H.N.
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Sample Questions and Skills Checklists

The Government of British Columbia's, Ministry of Education has developed a Resource Guide for Teachers. This copyrighted guide contains helpful questions and checklists for the classroom teacher who, is about to teach a student with Fetal Alcohol Syndrome or Fetal Alcohol Effect (FAS/E).

Many of the strategies are general and may be appropriate for use with students who are not diagnosed with FAS/E, but who do share some of the learning needs of students with FAS/E. This resource guide is organized around areas of concern identified by experienced classroom and integration support teachers. Its goal is to provide teachers with a clear understanding of the needs of students with FAS/E.

Appendices Checklists from British Columbia Education

Appendix 1: Sample Questions to Discuss During a Meeting with Parents or Guardians
Appendix 2: Notes from First Meeting with Parents or Guardians
Appendix 3: Common Misinterpretations of Normal Responses in Students with FAS/E
Appendix 4: Adaptive Skills Checklist
Appendix 5: Memory Skills Checklist
Appendix 6: Language Development Checklist
Appendix 7: Motor Skills Checklist
Appendix 8: Mathematics Skills Checklist
Appendix 9: Science Skills Checklist
Appendix 10: Fine Arts Skills Checklist

All checklists can be obtained by visiting http://www.bced.gov.bc.ca/specialed/fas/
Each school district has its own set of protocols and policies in place to help identify service needs for children. These protocols are based on State and federal laws, so please follow your district's procedures. The information contained in this document is a tool to help school personnel provide appropriate education, find resources and build awareness around the issues associated with Fetal Alcohol Spectrum disorder (FASD.)

Key to Success is
Early Identification

Special Education Certification

A medical diagnosis of FASD may qualify a child for special education services if it impacts their performance in general education. Currently, there is no separate disability category for FASD. However, students may be certified LD, speech and language impaired, OHI, or EI, depending on the learning issues the child manifests. In the future, it is hoped to classify FASD as its own disability or possibly include it in the TBI definition as an injury prior to birth.

This information is based on knowledge as of February 2, 2007

Michigan Department of Community Health
Fetal Alcohol Spectrum Disorders Program
**FETAL ALCOHOL SYNDROME (FAS) PRE-SCREEN**

FAS is a birth defect caused by alcohol use during pregnancy. FAS is a medical diagnosis. This form is not intended to take the place of a diagnostic evaluation.

### FACIAL FEATURES

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<th>First Name:</th>
<th>Sex:</th>
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<th>Female</th>
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<tr>
<td>□ Bio</td>
<td>□ Foster</td>
<td>□ Adopted</td>
<td>□ Other</td>
<td>Work Phone/Cell:</td>
</tr>
</tbody>
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*If 2 or more of the identifiers listed below are noted, the individual should be referred for a full FAS Diagnostic Evaluation.*

#### IDENTIFIERS

1. Height and weight seem small for age
2. Facial features (See diagram above)
3. Size of head seems small for age
4. Behavioral concerns: (any one of these qualifies as an identifier)
   - Sleeping/eating problem
   - Mental retardation or IQ below familial expectations
   - Attention problem/impulsive/restless
   - Learning disability
   - Speech and/or language delays
   - Problem with reasoning and judgment
   - Acts younger than children the same age
5. Maternal alcohol use during pregnancy

Any previous diagnosis: ___________________________________________________________

Screener ___________________________________________ Agency _______________________

Contact the nearest center to schedule a complete FAS diagnostic evaluation.

**FAS DIAGNOSTIC CENTERS IN MICHIGAN**

- Ann Arbor: 734-936-9777
- Grand Rapids: 616-391-2319
- Marquette: 906-225-4777
- Detroit: 313-993-3891
- Kalamazoo: 269-387-7073
- Traverse City: 231-947-8110