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EDUCATION FOR ALL HANDICAPPED CHILDREN ACT

PUBLIC LAW 94-142 What Optometrists Need to Know

ABSTRACT

Optometrists working with students experiencing academic difficulties should be familiar with Public Law 94-142 which mandates a variety of special education services for all handicapped children. Knowing the rights of parents and the process for obtaining services will enhance in-office and at-home therapy. The optometrist can then become an ally of school personnel in facilitating learning.

KEY WORDS

Public Law 94-142, Education For All Handicapped Children's Act, related services, Individualized Education Plan (IEP), due process, occupational therapy, optometry, specific learning disability (SLD), visual impairment

In 1975, the United States Congress passed Public Law 94-142, known as the Education for all Handicapped Children's Act (EHA). This landmark action mandates that public school systems provide a free, appropriate education for all handicapped children, age 3 to 21, in the least restrictive environment. In 1986, this law was amended to allow services to handicapped children from birth.¹

Each state interprets this law differently, although, as a minimum, federal guidelines must be met. The optometrist should obtain a copy of the law itself and its local interpretation. The latter can be ordered from the particular State Department of Education.

The law requires that the handicapped child receive appropriate school placement. There are also several procedural safeguards with which a school system must comply. These assure that a child's program be monitored annually, amended with additional services which facilitate learning, and be totally re-evaluated triennially. Parents and their professional advisors, which can include their optometrist, participate in all phases of evaluation and placement.

Although the optometrist is usually not involved in all aspects of this process, it is essential that he has a general under-

standing of it. Only then can he assist his patients with visual impairments and visual-perceptual deficits as they work their way through the procedural maze.

ELIGIBILITY

Prior to 1975, Federal legislation existed that provided a variety of services to handicapped children. PL 94-142, however, mandates a free, public special education, as well as additional services, to children who are mentally retarded, hard of hearing, deaf, visually impaired, seriously emotionally disturbed, orthopedically impaired and other health impaired.

A visual impairment is defined as one "which, even with correction, adversely affects a child's educational performance. The term includes both partially-sighted and blind children."²

The child with this type of visual impairment (low vision) has historically been provided services, either through his school system or another designated agency, to address his eyesight deficiencies. However, even more important to the behavioral optometrist is the fact that Public Law 94-142 identifies Specific Learning Disabilities (SLD) as a new and additional handicapping condition. There are close

to two million children with this handicap. They constitute about 40% of all those receiving special education services.³

A specific learning disability (SLD) is defined as a "disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include conditions such as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include those children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage."⁴

While it might appear from this definition that a child who is not learning because of a primary visual problem is ineligible to receive optometric services under the law, optometric care may be provided and be the fiscal responsibility of the school district in any of the following circumstances:

1. A school system suspects a child has a specific learning disability. As part of the assessment process which is described below, the optometrist is brought in as a member of the multi-disciplinary team to evaluate visual functioning. By definition, learning-disabled students might have accompanying perceptual handicaps. If visual perceptual problems are confirmed by the optometrist, then this could make a questionable child eligible.
2. A school system has already classified a child as SLD, and the child is consequently eligible for special education services. The diagnostic team could then refer the child to the optometrist for a perceptual evaluation because a dysfunction in this area is suspected. If the optometric diagnosis confirms a perceptual handicap, the learning-disabled child may then receive appropriate services.
3. A parent or private professional, such as a psychologist, occupational therapist, or educational diagnos-

tician suspects that a child has a learning disability, with accompanying perceptual handicaps. Again the optometrist is invited to become a part of the diagnostic team. A battery of tests, including optometric findings is completed privately, and presented to the school system for review.

Since students attending private and parochial schools are also eligible for special education services from the jurisdiction in which they reside, this frequently occurs in localities where families are disinclined to use public education. Sometimes parents have placed their children in private schools, seeking smaller classes and closer monitoring, which address attentional deficits often seen in SLD children. At this point, they may not even be aware of visual inefficiencies. It is important to note that even if a child attends a non-public school, he still has the option of being evaluated for special education by the local public school system. The principal at the local school can usually put parents in touch with a liaison person, who can start the eligibility process, even though the child is not in attendance in that particular public school district.

4. Once qualified for special education, all handicapped students, learning disabled or otherwise, are entitled to receive "related services." These are supportive services, which are required to assist a handicapped child in order for him to benefit from special education. Consequently, patients with oculomotor, binocular, and accommodative dysfunctions, which impede the acquisition of academic skills, can thus receive optometric services under the law. "Related services" are discussed more fully on page 152.

ASSESSMENT

In order to determine a child's eligibility, the law states that there must be an assessment of the child's abilities and achievement by a multi-disciplinary team. As a minimum this must include individually administered measures of cognitive abilities and levels of achievement in reading, mathematics, and written lan-

guage.

Unfortunately, it is frequently the case that only minimal testing is done. Even though the law allows services for students with perceptual handicaps, often it is this very area that is omitted from the assessment battery. In this instance, the optometrist can perform a valuable service by advising the need to evaluate the individual's visual perceptual status, along with his ability to provide this part of the evaluation. Included in the evaluation could be such instruments, as *The Test of Visual Perceptual Skills (TVPS)*⁵ and the *Developmental Test of Visual-Motor Integration (VMI)*⁶ along with other optometric visual perceptual testing.

The optometrist should also familiarize himself with some of the instruments administered by other team members. Some frequently used measures include the revised *Wechsler Intelligence Scale for Children (WISC-R)*,⁷ *Wechsler Preschool and Primary Scale of Intelligence (WPPSI-R)*,⁸ *Woodcock-Johnson Psycho-educational Battery*,⁹ and the *Kaufman Test of Educational Achievement (K-TEA)*.¹⁰ Low scores on certain subtests, and certain patterns of low scores, can be helpful in determining the choice of optometric tests. They also often provide confirming evidence for the presence of visual problems. In addition, patterns can be noted as to the relationship between types of visual dysfunction and achievement deficiencies.

THE INDIVIDUALIZED EDUCATION PLAN (IEP)

Once a child qualifies for special education services, an IEP is developed. IEPs are reviewed on an annual basis, or more frequently, if requested by either school personnel or parents. Both participate in its conception. Parents are invited to bring anyone they would like to an IEP meeting; this could very well include the optometrist.

An IEP includes long-term goals, short-term objectives, the frequency and duration of remediation, the title of the person delivering the service, methods and measures for evaluating progress, and the amount of time a child is to spend in regular education. All of these provide possibilities for input by the optometrist.

A long-term goal is a reasonable conjecture as to how much progress a child

will make in a given school year in a given area. A short-term objective is a subset of that particular area. Frequency and duration of services means the number of times a week and the number of minutes per session a child is seen. The reevaluation process can be formal, and involve the readministration of standardized instruments, or informal, and involve a certain percent of accuracy in the targeted tasks during a specified number of trials. The service deliverer will usually be a special education teacher, or occupational therapist, but can include other professionals such as a psychologist, or an optometrist.

A concrete example for 6-year-old John would be:

- Goal—Show one year's growth in visual sequential memory.
- Objective—Student will look at a sequence of four colored beads for five seconds, and reproduce it.
- Service provided by—Special education teacher; resource room three times a week for 30 minutes in small group; consultation with John's optometrist, Dr. Jones, once a month, for further suggestions to coordinate school remediation with present in-office vision therapy.
- Evaluative Criterion—TVPS-Visual Sequential Memory Subtest by Dr. Jones.

RELATED SERVICES

Related services, as was stated above, are supportive services which are required to assist a handicapped child in order for him to benefit from special education. These include speech and language therapy, occupational therapy, physical therapy, psychological services, adaptive physical education and transportation.

According to a communication from the U.S. Department of Health, Education, and Welfare, Office of Education to the American Optometric Association,¹¹ this list is not exhaustive. Other services may be included if they are required to assist a handicapped child to benefit from special education.

Vision therapy is a legally mandated related service only in the states of California and Massachusetts. That does not mean that students in those states necessarily receive vision therapy, nor that students in other states do not. In other

states, such as New York, vision therapy is sometimes contracted out for the SLD child, at the expense of the school system. Vision services can occur for two purposes: corrective services for refractive problems, and therapy for perceptual, accommodative, ocular-motor, and binocular dysfunction.

DUE PROCESS

At any step of the way, there may be a disagreement between parents and the school system. This can occur as early in the process as determination of eligibility, or as late as placement. If, for instance, a system determines that a child is not handicapped, and is thus ineligible for services, or places a child in a more or less restrictive environment than parents believe is necessary, there is recourse.

At parents' request, a due process hearing can be held to resolve differences of opinion related to identification, evaluation, or placement. A request for this must be made in writing. A written notification of a date, time, and place must be sent to parents within a given time limit, usually 30 days. When a placement is being disputed, the child remains in the last setting for which consensus was reached. The hearing itself is held before an impartial hearing officer, often an attorney, who listens to the facts of both sides of the case. A decision, which can be appealed by either side, is rendered within 10 days.

Going to due process can be draining both psychologically and financially. Parents may want to avoid this, especially at the eligibility level. This can be done by requesting services on a non-handicapped basis. Sometimes school systems are willing to provide resource assistance or a related service for a short time for diagnostic purposes, if human and/or fiscal resources are available. Although this gets a "foot in the door" for questionable cases, there are two disadvantages to this solution. When resources become limited, the non-handicapped child becomes low priority, and consequently could lose services. Further, the accountability that an IEP provides is absent.

TIMELINES

It is essential for parents and all involved professionals to know that the law

provides timelines to protect the child's rights at each step of the process. These differ from state to state, but the whole process from the initial request for determination of eligibility to placement should not take more than 90 days. The clock ticks 12 months a year. Once a child is found eligible, placement must be made expeditiously. There is no such thing as a waiting list for a special education. School systems which inform parents that evaluations are not available over the summer, or that they will place a child when space becomes available, are violating a child's rights. If an appropriate placement is unavailable in a public school, the local jurisdiction is obligated to fund an appropriate placement in an available, appropriate private facility. This is done regardless of a family's ability to pay for the private school. The law says that all children are entitled to a free, appropriate education at the school system's expense, wherever that exists.

CONCLUSION

The behavioral optometrist working with children who are experiencing academic difficulties should be knowledgeable about PL 94-142 and its interpretation by the public schools. He can then provide a valuable service to the family by informing them of the provisions and procedures of the law.

Children with handicapping conditions that have accompanying visual components can often receive various optometric services under PL 94-142. School personnel then become aware of the child's visual problems and the optometrist's remedial efforts in terms of corrective lenses and/or vision therapy by virtue of the IEP. Further, the school can then effectively become an extension of in-office vision therapy by acting as a liaison in cooperative efforts between, for example, the special education teacher, the occupational therapist, and the optometrist.

The optometrist needs to be aware that, at times, the process of implementing P.L. 94-142 can be very complex. There is no uniformity in how individual states or localities interpret the law. Consequently it is sometimes helpful to bring in additional professionals, such as child advocates or attorneys who specialize in this area, for expert advice. There are also a

number of books on the subject that provide further information about PL 94-142.^{12, 13}

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