

58th Conference on Exceptional Children
NC PT Institute
CHARLOTTE-MECKLENBURG SCHOOLS
PROGRAMS FOR EXCEPTIONAL CHILDREN
980-343-6960

TO: XXX, Principal – XXX Middle School
FROM: XXXX, Exceptional Children Program Specialist
DATE: July 23, 2008
RE: Xxxxx - Rising 6th Grade Student 2008-2009 School Year (EC Resource)

The following is specific information about Xxxxxx to assist you with planning for her educational program:

MEDICAL DIAGNOSIS: Xxxxxx has a medical diagnosis of spastic quadriplegic cerebral palsy. Cerebral palsy is caused by damage to the developing brain – before, during or after birth. Due to this damage to the brain, the messages from the brain to the muscles are not coordinated thereby causing difficulty with movement. Xxxxxx exhibits increased muscle tone with excessive and uncontrolled movements of her arms, legs, trunk, and neck muscles secondary to cerebral palsy. She is unable to move or change positions without adult assistance. Xxxxxx cannot communicate verbally; however, she can indicate yes/no and use eye gaze to make choices.

FUNCTIONAL MOBILITY: Xxxxxx uses a manual wheelchair and is dependent upon an adult to push her throughout the school campus.

RESTROOM: Xxxxxx will need access to an accessible restroom with a restroom table. She is dependent on adults for transfers, clothes management, and personal hygiene. The school-assigned physical therapist will assist with training school staff on transfers, positioning, and clothes management. The adaptive commode seat will be delivered during the summer prior to the start of school.

CLASSROOMS: Xxxxxx uses her manual wheelchair at adjustable height desks with a front cut-out for positioning. The adjustable height desks will be delivered prior to the start of school.

ASSISTIVE TECHNOLOGY: Xxxxxx uses a variety of alternate methods and assistive technologies for writing and to participate in classroom activities. Xxxxxx is not able to use her hands to write or to manipulate materials. The school-assigned occupational therapist will assist with training the classroom staff on various technologies used by Xxxxxx.

EDUCATIONAL PROGRAM RECOMMENDATIONS & ACCOMMODATIONS:

- Assign classes in accessible locations as close together as possible within each day.
- Assign classroom seating near the door for ease in entering and exiting the classroom.
- Provide a second set of books, one set of books to be used at home; other set to be left in the classrooms.
- Allow Xxxxxx to leave 3-5 minutes early or late, if indicated, to avoid congested hallways.

CAFETERIA: Xxxxxx remains seated in her wheelchair for lunch and will need adult assistance to obtain her food and to eat. Her food is pureed by the cafeteria staff. The school-assigned occupational therapist will train EC classroom staff in proper techniques to assist Xxxxxx with eating.

TRANSPORTATION: Xxxxxx remains in her wheelchair during transport. She rides a CMS bus with a wheelchair lift. An adult will need to assist Xxxxxx on/off the bus lift for safety. The school-assigned physical therapist will instruct the school staff during the August workdays on proper techniques for wheelchair loading/unloading on the bus lift.

FIELD TRIPS: A school administrator will need to reserve a bus with a wheelchair lift 3 weeks prior to the trip.

ADAPTED PHYSICAL EDUCATION: XXX, Adapted PE Consultant, will be available for consultation regarding modifications and adaptations. She can be reached at xxxx@cms.k12.nc.us.

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PLANNING FOR BEGINNING OF SCHOOL: Your school-assigned occupational and physical therapists will be available to meet with the school staff, Xxxxxx, and family members during the August workdays to assist with training and specific modifications.