

QUICK GUIDE

Revised April 2018

1:1 AIDE/PARAPROFESSIONAL AFTER EPILEPSY SURGERY



OVERVIEW

After some epilepsy surgeries- especially hemispherectomy, corpus callosotomy, or multiple-lobe resections-, a child may require 1:1 paraprofessional or aide support across all school settings for several years until the educational team is confident that the child can safely navigate their environment and access the educational curriculum. In general, the aide or paraprofessional should be available to help the child participate as fully as possible in school programs and activities.

Paraprofessionals and aides have different, although sometimes overlapping, roles:

| PARAPROFESSIONAL | AIDE |
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| <p>Specific legal definition under U.S. law. Must be an individual who has completed at least two years of study at an institute of higher education, has obtained at least an associate's degree, has met a rigorous standard of quality, and can demonstrate, through formal state or local academic testing, that they have knowledge of and the ability to assist in instructing, reading readiness, writing, and mathematics.</p> | <p>No legal definition of requirements, but can be required to have specific training depending on the needs of a child. For example, an aide who will implement an applied behavioral analysis (ABA) program can be required to have specific training and ongoing supervision (e.g. behaviorist.) An aide assigned to assist with nursing care, such as monitoring a feeding tube, can be required to be a licensed vocational nurse.</p> |
| <p>Can be assigned to assist the teacher or 1:1 as a <i>dedicated</i> paraprofessional for the child. Sometimes known as: Para, para-educator, instructional assistant, special circumstances instructional assistant.</p> | <p>Can be assigned to assist the teacher or 1:1 as a <i>dedicated</i> aide to the child. Sometimes known as: shadow, para.</p> |

EXAMPLES OF WHEN A 1:1 AIDE IS APPROPRIATE:

Vision:

- Alert child of obstacles or grade changes (stairs, etc.) in their missing visual field;
- Redirect their visual attention to the teacher and instructional materials;
- Assist the child with visual tracking, scanning, vestibular or tactile issues;
- Help with first letter/last letter cancellation therapy;
- Place slant board;;
- Place child in preferential seating location

Bilateral functional abilities:

- Help the child with cutting, gluing, organizing schoolwork, binders;
- Provide verbal cues to incorporate both sides of the body, use both hands;
- Provide prompts for handwriting (spacing & sizing);
- Help the child organize their school environment (including work space/desk);
- Help child with management of backpack and clothing;
- Help child with toileting, hygiene, etc.

Safety/mobility:

- Provide ongoing supervision for safety, especially on stairs, playground equipment, and in crowded areas;
- Monitor changes in elevation which child may not see due to depth perception issues;
- Open doors which open out or which may slam shut easily/are too heavy;
- Monitor playground, hallways for fast-moving peers;
- Extra support on field trips, unknown crowded areas;
- Provide child with additional time to ambulate to the next class;
- Provide support during transitions between classrooms, on field trips;
- Provide support during art, physical education, or any class where the child might need extra assistance;
- Assist with adaptive physical education modifications to help child participate in age-appropriate PE programs with peers;
- Help the child achieve their gross motor goals;
- Help the child maintain good upright posture throughout the day either with verbal or tactile cues, proper positioning and props;
- Help the child use appropriate assistive devices: (walkers, wheelchairs, prosthetic and orthotic devices).

Social/emotional/behavioral:

- Help facilitate appropriate social interactions with peers, navigating friendships;
- Support child with strategies for conversation, such as give and take, beginnings and endings of a conversation, how and when to change the subject, formal versus informal speech, and tone of voice;
- Verbally teach strategies for assessing body language (facial expressions, correct social distance);
- Help the child with self-monitoring, verbalizing each step;
- Help the child with appropriate behaviors;
- Implement a sensory diet;
- Provide behavior management;
- Implement an applied behavioral analysis (ABA) program;
- Implement a behavioral plan as a result of a functional behavior assessment.

Health/medical:

- Monitor for seizures;
 - Monitor for signs of hydrocephalus/shunt failure;
 - Monitor feeding tubes, provide tube feeds.
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EXAMPLES OF WHEN A 1:1 PARAPROFESSIONAL IS APPROPRIATE:

Instructional support:

- Check for understanding, especially for complex tasks;
- Clarify concepts, alert the teacher;
- Help modify instructional materials (color coding, highlighting, boundary marking);
- Help the child with note taking, or take dictation for the child;
- Help the child manage their instructional materials, planner;
- Help the child with their props, such as slant board, assistive technology devices;
- Provide/supplement instruction in reading and mathematics.

Auditory processing/attention:

- Redirect the child's auditory attention to the teacher and instructional materials;
- Repeat (rather than rephrase) the teacher's instructions to ensure the child understands the lesson. (The child with central auditory processing disorder will have more difficulty if they have to process a new set of instructions. Avoid multi-step instructions.);
- Check frequently for comprehension;
- Remove the child from a loud environment if causing distress;
- Provide listening/attention breaks;
- Mark transitions between activities;
- Allow the child to verbally expand upon their ideas, which helps to process information;
- Take dictation so that the child can do verbal reporting for assignments;
- Highlight important passages in instructional materials ; and,
- Help organize large projects.



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