



Education Kit

The School Intervention Program at Cincinnati Children's Hospital Medical Center created an education kit because caring for a child with cancer or other blood disorders sometimes goes beyond the hospital and beyond what care family and friends can provide. It is crucial that a child receives the necessary support he or she needs in the classroom from teachers and classmates.

The information in this kit is aimed to help teachers create a safe environment for a student returning to school during and after treatment. The education kit also provides information and resources for the teacher regarding specific diagnosis and treatment plans.

Advice to Educators

The School Intervention Program at Cincinnati Children's Hospital Medical Center assists teachers to be helpful when a sick child re-enters school. A survey was conducted of parents of children who had cancer, a blood disease, immunodeficiencies and other chronic illnesses. Highlights of the survey answers appear below.

The Best Teachers (A Parent's View)

1. Call or visit my child during times of absence.
2. Know that parents need a little tender loving care too; phone calls and visits are appreciated.
3. Listen to my concerns and fears.
4. Take time to become familiar with treatments given to my child and the effect on school performance.
5. Visit my child before re-entry to talk about any fears he or she might have. \
6. Adjust regular lesson plans to account for changes in my child's ability to complete lengthy tasks or assignments.



7. Gently encourage my child to reach his or her current potential.
8. Follow my and the doctor's instructions regarding bathroom visits, snacks, wearing a hat, etc.
9. Accept the sometimes hard-to-accept side effects of cancer or its treatment (slurring words, falling asleep in class, diminished temper control, or ability to accept discipline, etc.).
10. Support us during setbacks in the illness.
11. Encourage classmates to call or write my child during periods of extended absence.
12. Prepare the class for physical and emotional changes in my child as a consequence of treatment; suggest ways to be helpful.
13. Treat my child as normally as possible, given the restrictions imposed by the disease and its treatment.
14. Are supportive and encouraging, but not phony in their praise.
15. Know when a situation is over their head and call me, the doctor or administration for help.
16. Include my child in as many class functions as possible. He or she may not have the stamina for a full day of school, but may be able to come to the holiday party or class outing.

The Worst Teachers (A Parent's View)

1. Show fear about having my child in their class.
2. Allow pity for him or her within the classroom.
3. Fail to share information about my child's appearance, special needs, etc., with colleagues, substitutes and aides.
4. Convey an attitude that assumes my child won't be able to do things.
5. Fail to educate themselves about the disease, its treatment and possible changes in a child's appearance, mannerisms, etc.



6. Make an issue of my child's differences in front of the whole class.
7. Ignore problems classmates have in adjusting to their friend's disease, which may manifest as teasing, mimicking, etc.
8. Do not give my child an opportunity to at least try whatever the others are doing.
9. Do not give my child the benefit of the doubt whenever possible on assignments and homework.

Comments From Parents

"Do whatever you have to do inside to become genuinely welcoming and comfortable that first day back. This will set the tone for the whole class."

"Explain the child's disease and what he or she is going through, but don't be a downer and dwell on the possibility of death."

"My son had no hair for five months. One day at recess, an older student came up and knocked off his hat. He was humiliated by the laughter, but his classmates, who have been prepared by the teacher, stood up for him."

"My son wanted to wear a hooded sweatshirt on his first day back at school because he had lost his hair. When he arrived, five other students had on hooded sweatshirts too. The teacher had enlisted them to make him part of the crowd. **It worked!**"

"The entire staff was helpful to us. When we went to the airport to leave for Justin's bone marrow transplant, the principal came to see us off and gave us his home telephone number."

"Our kids need *empathy*, not *sympathy*."

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Assistance for Teachers

Teaching a student undergoing cancer or blood disease treatment presents circumstances that some teachers might not be familiar with. It is the goal of the School Intervention Program (SIP) at Cincinnati Children's Hospital Medical Center to provide teachers with information so that they can be supportive of their students. Teachers in the TriState area have noticed some common side effects of cancer and blood disease treatments. Listed below are some of these side effects and suggested strategies for handling them.

Frequent Absences

- Communicate with parent(s) if you believe your student is absent too much, or call the School Intervention Program (SIP).
- Provide follow-up with parents and school personnel to confirm tutoring paperwork is complete (so as not to delay the process if tutoring is needed).
- Assign core work that the student must learn in order to master the concepts. For example, instead of assigning 30 math problems to complete, assign a certain number of easy, moderate and difficult problems to do.
- If the student is absent for several days or more, send a "Homework Packet," which includes assignments and due dates. During the child's treatment, his white blood cell count may be low, which would cause him to be susceptible to infection. If this were the case, he or she would be medically unable to attend school, but may feel up to doing schoolwork at home.

Hair Loss

- Allow the student to wear a cap, hat or scarf in the classroom.
- Be aware of other students attempting to pull off the hat or teasing the student and intervene when necessary.
- Have a "hat day" at school for all students.

Fatigue



- Allow the student to remain inside to rest during recess.
- Allow the student to have a rest break in the clinic or office.
- Permit the student to lay his / her head on the desk for a few minutes if he or she is feeling tired.
- Modify the student's schedule to allow him / her to attend half days while he or she regains strength.

Nausea and Vomiting

- Allow the student to eat a few crackers to settle his or her upset stomach.
- Permit the student to sip a Coke in the office or cafeteria.
- Provide support and privacy if the student does have a vomiting accident. (Most students only experience these side effects immediately after receiving chemotherapy.)

Difficulty Keeping Up With Homework

- Develop with the student an assignment book and calendar, which includes assignments and due dates.
- Assign a "Study Buddy" to call the student when he or she is absent to review work he / she missed.
- Please refer to Homework Guidelines in the Education Kit for specific suggestions.
- Email outlines and notes to the student.

Using Cancer As An Excuse

If you believe the student is doing this, call the SIP. We will help you determine if there is a medical reason for the change in behavior. We can help you explore solutions.

Low Motivation

- Together with the student, parent and yourself, construct a contract.



- If the student is hospitalized for a period of time, he / she may begin to feel isolated and "not a member of the class." Cards, letters, emails and artwork from the classmates are appreciated and usually serve as a bridge between the hospitalized student and his / her peers. The classmates also feel that they are doing their part in helping the child recover. Let your creative juices flow.

Discipline Expectations

Some Practical Considerations

Educators and parents face a difficult question when disciplining a child with cancer, a blood disease, immunodeficiency or other chronic illness. Often we feel guilty when disciplining a child with a chronic illness because the child has already faced many challenges since diagnosis. However, effective discipline normalizes the child's life by setting rules and having expectations.

It is important for educators and parents to work together to determine appropriate discipline obstacles and strategies for educators to consider when working with a child with cancer. The School Intervention Program at Cincinnati Children's Hospital Medical Center has developed the following guidelines to consider when disciplining a student with a disease like cancer.

Open Communication:

- Initiate communication with the child's parents
- Become aware of the medical issues regarding the child (diagnosis, treatment, possible side effects of medicine, prognosis, anticipated hospitalizations, etc.)
- Discuss and decide on expectations with the parents and the child
- Remember that expectations may need to be adjusted, depending upon the treatment

Center of Attention:

After diagnosis, the child may become the center of attention of parents, relatives, friends and medical caregivers. Once life returns to "normal," the child may still expect to be the center of attention. It is helpful to discuss this phenomenon with the child to determine what his or her current needs are and your expectations of how to address these needs.



Appropriate Limits:

Set clear, consistent age-appropriate limits. Let your student know what you expect of him or her and stick to it. If you set limits typically used with three-year-olds, you are likely to end up with a student who behaves like a three-year-old.

Expectations / Current Condition:

Adjust your expectations to your student's condition. For example, if twelve-year-old John has received chemotherapy for five days and returned to school, it may not be reasonable to expect him to pay close attention for a straight hour. He might need to take several breaks where he puts his head on the desk for a few minutes to gain back his strength. If you believe your student "is taking advantage" of his illness and the special accommodations you are permitting, call the School Intervention Program to discuss the problem.

Praise / Rewards:

Let your student know how pleased you are by his or her behavior as soon as you can. Use praise and attention to reward a desired behavior.

Homework Guidelines

Students with cancer, a blood disease or immunodeficiency receiving treatment may have frequent or prolonged periods of absences from the classroom. The teachers, the parent and the School Intervention Program at Cincinnati Children's Hospital Medical Center will need to communicate consistently to determine the amount of homework appropriate for the student during different stages of treatment. Each student is unique and his / her particular response to treatment varies.

Assigning Work to Students with Cancer:

- Prioritize assignments. Students with limited energy may not be able to make up all the work missed.
- Shortened assignments may be necessary. Limit the number of skill practice problems, especially in math practice.



- Provide video or audio tapes of lectures for students to listen to while at home or in the hospital.
- Allow students to substitute audio recorded work for written assignments.
- Email assignments, outlines and class notes for the student to study.
- Secondary teachers may suggest pass / fail when appropriate rather than a letter grade.
- Allow the student to adapt writing assignments to his or her environment. Writing about his or her hospital life experience can be an interesting assignment.
- At teacher discretion, describe to the student what is the absolute minimum that the student must complete in order to receive credit for your class.
- Develop a contract with the student that includes assignments, due dates, rewards and consequences.
- Assign a "Study Buddy" to work with the student in problem subject areas during study hall or after school.
- Develop a study packet for the student to complete while at home that covers core concepts.
- Involve parent(s) in expectations and goals of the students.