

## Helping Your Child Succeed at School

**Introduction:** The purpose of this letter is to inform the parents and teachers of how this office may be of help in educational or behavioral matters and the mechanics of how we would proceed to begin to help your child.

**Goal:** As a physician, I share the same goal as parents and teachers—to help each child achieve their full academic and social potential.

School problems vary from child to child—both in type and severity. It is also important to remember that many children have more than a single problem. This means that our joint approach must be careful to look for all factors causing a child to have difficulty (physical handicap, attention problems, learning disabilities, adequate home support, good teacher-parent communication, behavioral problems, emotional difficulties and especially self-esteem).

What do I have to offer in the way of help? A physician should insure that no physical handicap interferes with the child's success. Additionally, in some cases, medication can help with performance when combined with an overall plan for teaching and support at home. Helping the family and school evaluate, begin an improved approach to a child's situation and continued involvement to help coordinate services or evaluate the success of an approach are ways we can help.

What do I need in order to be of help?

- 1) A complete physical examination and review of the child's medical and developmental history
- 2) Information from school personnel about their observations
- 3) The results of any testing done by the assistance team or school psychologist
- 4) Consultation with the family regarding their observations---after this data is complete, a decision regarding the need for medication, further testing or other assistance can often be made.

What I demand of patient's and families?

- a) If placed on medication, a minimum of a yearly physical and a re-check visit 4-5 months later
- b) I need direct feedback from the child's teacher regarding the effectiveness of our approach.
- c) Compliance—I expect any medication to be given as prescribed. Neither parents nor teacher are to make changes without contacting my office for advice.
- d) In some cases, counseling may be indicated. If there is a strong need for counseling, medication will be continued only with appropriate counseling.

### **The process:**

Prior to giving advice or prescribing medication, I prefer to have a brief consultation with the family about what they see as the problem they wish addressed. If other data is available, this is a good time to review this.

A complete physical is scheduled. Any necessary old records are requested.

Between the first visit and the physical, I ask that the child's teacher or teachers most familiar with his difficulty call me at their convenience for a brief consultation. At this time, the teacher can inform me of any ongoing evaluation process (the teacher's, assistance team, psychologist, etc) and can update me on the child's education plan. Suggestions from the teacher for intervention are welcome.

The physical examination is completed. Any further testing is arranged. If all necessary data is available, a decision may be made to try medication at this time.

If medication is tried, only a short trial is begun. After five to ten school days, it is necessary to have feedback from the teacher about observed improvement (or lack thereof) and any side effects.

Adjustments in the medication or its dose or timing may be necessary. Since this medication cannot be called in over the phone to the pharmacy, the parents will need to come by for a refill prescription. Whether or not charges are made on a patient account for such visits depends upon the amount of time taken in phone consultation with the teacher in counseling the family at such times.

Prior to the prescribing of medication for any child, and afterwards as well, parents have opportunity to ask questions about any proposed treatment.

**Communication with Teachers:** My practice is very busy but I realize that a teacher's time may be less under their control. Because we value their help and input greatly, my office gives priority to teacher's calls and very often interrupts me from the care of patients in the office to take their calls promptly.

**Medication:** Although many parents come seeking a medication to control their child's problem, it is often not so simple a matter nor in the child's best interest to do anything less than a combined, careful, teach (family, child, teacher, special resources, physician) approach. It is not a surprise to find that complex problems often can not be cured with a pill.

**Medication refills:** We try to be efficient in our help with this. However, emergencies and acute problems may interfere with prompt attempts to carry out this task. We ask that you inform us of your need for a refill prescription well in advance if we may need additional feedback from the teacher. We will try to warn you if we can foresee this to be the case. For even routine, well established refill situations, we ask that you give us at least 48 hours notice of your need. The physician personally reviews each refill situation and writes your prescription.

\*\*also remember that prescriptions are dated and this class of prescription is good only for 72 hours after being written.

I thank you for the opportunity to help your child succeed.

Sincerely,

W. Stanley Rule, M.D.