Referrals to Neurologists (from p. 5)

iv. Is there a medical reason for this child's frequent blank stares?

v. Could this child's medication regime explain his lethargy and can something be done to improve his energy level as he does little school work?

vi. Does this child have a medical condition that adversely affects his academic progress? How does it affect his progress?l

vii. If this child does have a medical condition, what are the accommodations needed in school to enable him to learn?

e. A list of attachments.

f. For those concerned about their district's financial liability, a statement that the medical referral is not required and only recommended by the schools may be advisable.

g. You might also want to include boilerplate language for the physician to use if you are asking for a POHI eligibility recommendation. A separate POHI eligibility form may be preferable.

2. All available professional reports, psychological, social work, speech & language, etc. Highlight relevant sections that relate to the reason for referral.

3. The teacher's observations and assessments.

4. Recent report cards and test data.

Generally, physicians do not like vague referrals or referrals that prescribe diagnostic procedures or treatments any more than most psychologists. Therefore, do not write that you are referring Charlie because he can't learn so you suspect brain damage or that the referral is for blood tests, an EEG, a CAT scan, or an MRI.

By using a written referral procedure and clarifying your reasons for making a medical referral, you will likely find that school-physician communication will improve. To improve school-physician interaction further and to utilize the expertise of our physician resources best, an appointment to include the physician in MET/IEP's or child study by conference call could be attempted.

Now, when someone says, "let's refer to a neurologist" you will know how to react.

*(reprinted with permission from **The Michigan Psych Report**, Fall 2001)*

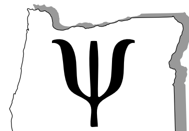
April 12 and 13: Conference

OSPA Spring Conference will be held at the Ashland Springs Hotel (the Marc Anthony, refurbished) Friday consultation workshop: Jonathan Sandoval, Ph.D.

NASP President, Charles Deupree, NCSP, will present a workshop on Saturday.

A general membership meeting will be held so that members can contribute their ideas for directing the future goals of the Association. Additional information available soon at www.ospaonline.com

Oregon School Psychologists Association



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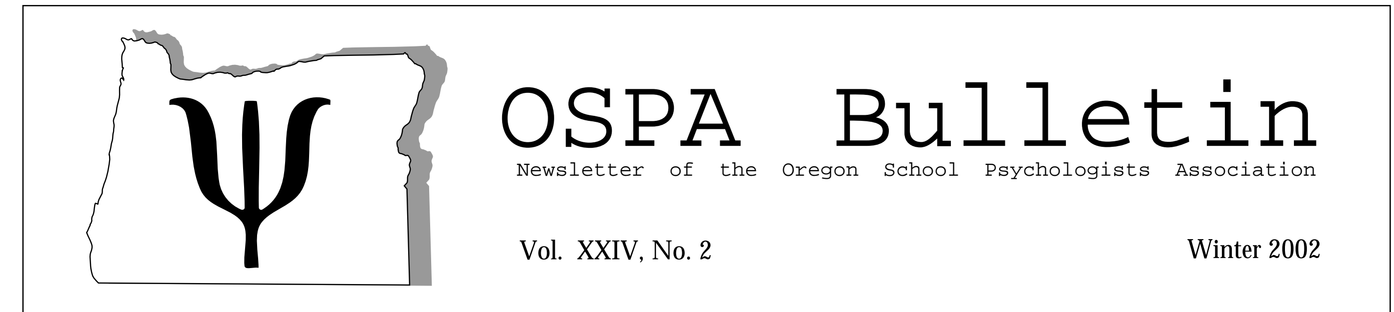
The Oregon School Psychologists Association provides leadership in creating a brighter future for all Oregon children through professional affiliation, collaborative problem-solving, and promotion of practices that are both innovative and based on solid psychological and educational research.



OSPA Bulletin

Newsletter of the Oregon School Psychologists Association

Vol. XXIV, No. 2 Winter 2002

Mark Downing Oregon's "Outstanding School Psychologist"

"Without Mark Downing, we would be 'in the dark,' about many services and agencies that can help our students." That's what Beaumont Middle School principal Lynne Smith has to say about her school's long-term school psychologist. In nominating Downing for "outstanding school psychologist" for the 2001-2002, school year Smith lauded his sharing of expertise with teachers and other staff members, among the many other services he renders at the school. The award was presented to Downing at the OSPA fall conference.

Photo courtesy of Phil Bowser

Mark Downing receives plaque from OSPA President Mike Safko

Fellow school psycholgists Don Liedel and Elizabeth Luthy described a whole range of services in which Downing has engaged during his more than two decades with Portland Public Schools. In addition to a variety of services within the field of school psychology itself—from working with parents to supervising interns—he has served on the PPS Strategic Plan committee, and he has been head of the Portland Association of Teachers Collective Bargaining Team. He is presently an active member of the Alternative Dispute Resolution Committee.

Portland colleague Georgene Inaba remarked how, when Downing served as technical assistant for school psychologists in the district, "he was always positive, well-organized, and creative." "School psychologists' meetings were informational as well as providing opportunities to share ideas," she said.

Mark Downing began his career with Portland Public Schools in 1980. He spent three years as a student management specialist before beginning his work as a school psychologist. Prior to his work in Portland, he worked at St. Mary's Home for Boys.

When not working as a school psychologist, Mark Downing is actively engaged in athletic pursuits; he loves snowskiing, but skiing necessarily takes a backseat to his number one passion: golf. (Golf does, of course, take a back seat to his family; he and his wife, Denise, have a son who is presently at the University of Chicago.) He also has been a member of what must be one of the only—and certainly one of the most longest-lived—all-men book groups in the state.

Downing's colleague Jean Fischer remarked that he "finds ways to assist teach

continues on p. 6

When Should You Refer to a Neurologist?

by Loren Hollander, Ph.D., NCSP and Cheryl Hack, M.D.

Have you ever been to a child study meeting or a MET/IEP and heard the words, "let's refer to a neurologist," and wondered why a neurologist and not some other professional, or maybe why an additional referral is needed at all? Were you the one suggesting the referral? Do you have a clear understanding of when a neurological referral is appropriate? If not then this article is for you. Of course, you may be of the opinion that you should refer almost everyone because as many say "why not, what harm could it do?" A good question. Before going to the reasons to refer to a neurologist, let's review the down side.

The harm of an unnecessary referral may be significant. There is the expenditure of the family's resources in time, money, energy, and worry. Families with children that have significant problems may already have their resources severely stretched. The stretching of society's resources also should not be ignored. Consider this when you find out how long someone has to wait for an appointment with a specialist. Additionally, the examination and tests that the child goes through may be invasive, anxiety provoking, and even painful. There is the chance that interventions the child could be receiving will be delayed. A more appropriate referral may also be delayed or not made at all. Perhaps most importantly, if the referral is unnecessary, the trust of the parents in the school staff is endangered. If you have them suffer with an unnecessary referral how likely will they be to follow through with your suggestions in the future?

While we do not want to make unnecessary referrals, we also do not want to disregard signs and symptoms that should trigger a referral. Untreated neurological problems can retard progress in school or can even be life threatening.

continues on p. 4

presidential perspective

The school psychologist has left the building. That appears to be the aim of some in the American Psychological Association. In the January 2002 issue of Monitor on Psychology, Dr. Seymour Saranson chastised psychologists for being "aloof" from America's schools. He described their view of public education as "inexcusable and self-defeating."

For those who cannot read between the lines he is encouraging psychologists to find a niche in the market-place of public education. For many years, the profession of psychology has taken up the challenge of competing with medical doctors for their place on the professional practice food chain. Psychologists have sought prescrip-tion-writing privileges and hospital admitting privileges. The goal was to stand alongside the MDs in the world of psychiatric medicine. Diagnosis and treatment was the mantra. Professional status and security was the aim. Financial status was the carrot.

The American Medical Association fought long and hard to keep their rung on the ladder. No stone was left unturned when looking for arguments against allowing psychologists to think that they were equal. After all, these people could have been real doctors, had they wanted it badly enough.

Well, the shoe, it appears, is on the other foot. Once again, psychologists are being encouraged to take their place in another professional arena. This time it is in the school system. The reason for this is not very difficult to understand. Managed care has tightened the once bottomless well of psychiatric dollars and psychologists are struggling to make ends meet. Using their education and training in working within systems and with families and children makes them a seemingly logical choice to fill the void. "What void?" you might ask. Apparently, the APA has failed to notice that psychology is being practiced in the schools. You who read this know who you are. The members of the Oregon School Psychologists Association are those practitioners.

While it is true that not all of our members hold doctoral degrees, in clinical psychology or any other "-ology" we can name, it does not deter us from giving 100% of the time and energy we have into the children and families we serve. We meet with teachers, parents and children each day of the week. We write reports at night because that is when the time is available. We score protocols while waiting for the traffic light to turn green. Bringing psychology into the school is not something we think we should try as a form of revenue generation. IT IS WHAT WE DO! Moreover, ALLOW NO ONE TO SAY WE DO IT POORLY!

If psychologists are going to compete for dollars in the schools, then it is up to the members of this association to fight back. But, how is this done? How do we compete? After all, they have more training. They have more schooling. They have more letters behind their name.

We compete by being prepared. We read journals. We attend conferences. We stand up as members of OSPA and communicate to the world that we have done the job, we are doing the job, and we will continue to do the job, as well or better than any person they can put in front of us does. We are the ones who know how hard our teachers work. We are the ones who know how difficult it can be to institute an intervention. We are the ones who know the limited resources with which we must work. Despite these things, or perhaps because of them, we arrive at work daily ready to test, to consult and to counsel.

School Psychologists must take a cue from those who pursue our trade. Just as psychologists took up arms against the AMA, School Psychologists must be prepared to take up arms and defend their jobs, their profession and their students. We do not see the school as a source of extra income. Something we can set aside once managed care goes the way of the dinosaur. Rather, we see it as our professional way of life. We do it right. We do it well. And, most importantly, we do it every day.

Mike Safko

UO Plans Summer Conference on At-Risk Students

The University of Oregon school psychology program is inaugurating a new annual summer conference, beginning this year (June 17-20), The Northwest Conference on At-Risk Students (NCAS). The purpose of this conference is to provide continuing education opportunites to educators and support service professionals in the area of practical interventions for at-risk students. Two graduate credits will be available for this conference, and it will be an outstanding continuing education opportunity for school psychologists, school counselors, and other education professionals focused on at-risk youth. George DuPaul from Lehigh University will be one of our featured workshop presenters this year, with a workshop on practical intervention strategies for students with ADHD. Ken Merrell, Maura Roberts, Roland Good, and Cathy Paine (Springfield School District) will also present workshops.

For more information, including registration information: Phone: Leigh Ann Beierling, (541) 346-2412 Email: leighann@oregon.uoregon.edu

Additional information is available at the NCAS 2002 website: www.darkwing.uoregon.edu/~ncas

Nicole Nakayama

Association News & Issues

Legislative News

School funding, Special Education Task Force, and the School Psychology Action Network provide opportunities and challenges for school psychologists

Now is the time for all good school psychologists....

The debate over state revenues and school funding may or may not be settled by the time you read this. Those of you on the ospaonline list serve have been receiving information from the Coalition for School Funding. Chris Coughlin is leading this effort and seems to be doing a fine job. The coalition activities can be accessed on their website which is www.schoolfunding.org. Please log on to this site and catch up on developments if you have not already.

About half of state revenues are allocated to fund K-12 education. In turn state funds make up about 70% of local district revenues in the form of average daily membership (ADM). So pretty much you work for the state of Oregon. That's the reason you have a personal and professional stake in what gets decided in Salem by your legislators.

The Quality Education Model (QEM) that is the blueprint for improving student performance did receive a modest jump start this session with some dollars for improving reading skills in primary grade students. Maybe your district was like mine and was set to hire reading specialists to supplement instruction. We were using the good work done by the University of Oregon on DIBELS as our framework. We know these early efforts pay off for students and address our concerns for how to enhance instruction to those who need it without going down the path of special education and early identification of learning disabilities. This is a general education responsibility-to teach kids how to read. But now the funds have been taken off the table and we are looking at cutbacks. Not good. Leave no child behind?

Another legislative activity that is just starting up is a Special Education Task Force called for in HB 2598 from the 2001 session. Again, those of you on the list serve have received information about the scope of this effort, who was appointed to do the work, and the outcomes expected.

The plan is to post activities of this group on the ODE website as of mid January. OSPA does not have a representative in this group of 24people. But you may actually work with one of these folks and can find out by going to the ODE website or send me an email (haskell@mind.net) and I can get you the list. OSPA members need to keep track of the issues here and say what they think even though it may not be framed as an official OSPA position. The four areas being looked at are funding, qualified personnel, performance standards, instruction and service delivery.

Members should be receiving your membership directory shortly and with it a survey I put together on the Developmental Delay issue. This survey went out to the list serve people a bit ago and I did receive some responses. So this is the final chance to complete the survey and return to me. If we get enough responses I will report to the Board and determine the next steps. The issue is not dead but close to it as far as I can tell.

Finally, the NASP legislative arm under the SPAN acronym has been producing a monthly newsletter that you can access on the NASP webpage. I've been forwarding this information to list serve members. For example there was an update on the debate around definitions for Learning Disability that you might be interested in. The url is www.nasponline.org.

Get involved in these local, state and national issues as much as you can. Be proactive and let yourself be known. I think it's fair to say that school psychologists in Oregon generally are not heard from very much or viewed as major stakeholders in matters that ultimately effect the health and well being of the kids we serve in schools. And since the level of participation at the OSPA state level in terms of volunteers for board positions and chair positions is currently low it probably falls on each of you to do something yourself to advance the causes of our profession.

Steve Haskell

TSPC Reminder for Recent Licensees

Attention those people who received their Transitional or Initial School Psychologist Licenses after August 2, 1999!

"To be eligible for a Continuing School Psychologist License, an applicant must have completed, beyond the initial graduate program in school psychology, an advanced program in psychologist competencies consisting of at least six semester hours or nine quarter hours of graduate credit or the equivalent" (OAR 584-070-0221)

Did you know that?

Both Lewis and Clark and the University of Oregon offer continuing license programs. Start planning soon!

Tell OSPA Who Runs Your HR Office

Several OSPA members have requested that job openings be posted on the web site. Posting is easy - finding the jobs is a bit tougher.

Here's a request: send the name and e-mail address of your agency's Human Resources Director to the OSPA Web Editor. Once the "master list" is complete, we'll query the directors periodically to find out where are the jobs for school psychologists. Send those names and e-mail addresses to: pbowser@sorcom.com

Email is preferred, since it reduces the chance of typos. But the other option is: Philip Bowser, OSPA Web Editor, 1419 Valley View Drive N.W. Roseburg, OR 97470

OSPA Needs Help

OSPA still needs volunteers for several important jobs:

- Public Relations/ Information chair
- Professional Standards/Certification Chair
- Legislative Chair
- Nominations, Elections, Awards chair
- OSPA Bulletin assistance

Associations like ours depend on our volunteer help. Contact OSPA President Mike Safko to lend a hand, for all of us.

Membership Data, Survey Results

(Editor's note: OSPA Past President Steve Haskell has been working on membership surveys over the period of the last several months. Below are some of the results of his most recent data collection.)

1. There are about 110 NASP members in Oregon who are not members of OSPA. Membrship chair Brian Craig, President Mike Safko, and I have been working on making a personal contact to encourage these individuals to join for the upcoming year. They will get an application in the mail unless they use the web site to join for 2001-2002.

2. The total of 137 of the most recent applications consisted of 23 students, 32 OSPA only members, 8 registrations at the last Spring conference with dues for this year and next, and 74 members of both OSPA and NASP.

3. A total of 44 individuals completed the three question survey. If you take out students and Spring conference people who did not complete an application that I had to look at, that's a 41% response rate to the questions. Pretty good.

4. The results for question #1: How many students do you serve (as in total enrollment) showed an average of 1600 students based on 37 responses to that question (not everyone responded to all three questions). There were 6 under 500, 10 between 501-1000, 4 between 1001-1500, 5 between 1501-2000, 10 between 2001-2500, none between 2501-3000, and 2 over 3001.

5. For the question how many years have you worked ? the average was 11 years. The breakdown was 17 between 1-5 years, 8 between 6 and 10, 5 between 11 and 15 years, 10 between 16 to 20 years, and 2 bewteen 21 and 25 years.

6. The third question was How satisfied are you in your current position, with a rating from 1= dissatisfied to 5=extremely satisfied.

There were 42 response to this question, with an average rating of 3.7. There were six people who gave a 2, six who offered a 3, twenty four who gave a 4 and seven who indicated a 5. There did not appear to be a factor of size of enrollment or years of experience to account for the low scores of 2 and 3. Some of those people were new in the field but some had 10 and 16 years experience. For size, several had large districts of 3500 students while others had districts with 1050, 1250, 2400. One suggestion would be to flag applications where a member gave a low rating and make a personal contact to see if OSPA could assist in any way.

7. There were 12 members who indicated they did not want their names on a mailing list, 8 with questions about NASP (copies of which were forwarded to NASP delegate Karen O'Brien) and 4 or 5 who indicated an interest in committee work.

8. Without an exact count I estimate about one member in three checked any of the categories for specialty areas.

9. What does this all mean? What stands out is that close to half the members who are in the field and not students completed the brief survey and the average member feels pretty good about how his or her job is going. We also have an update on years in the field and size of enrollment served.

Mike, Brian and I plan to meet during the NASP convention and work over membership items such as the data sheet for renewals, new member applications, NASP call list, survey to go out, etc.

new OSPA web address:
www.ospaonline.com

Downing award (from p. 1)

ers in understanding the strengths and weaknesses of students he evaluates," and that he "uses his knowledge of research-based programming and theory to design services to meet the individual needs of students." Fischer added that his service has been helpful in keeping administrators and other professionals informed and supported in implementing IDEA, as well as current theories in service provision.

Downing's current principal, based on her twenty-nine-year tenure in Portland Public Schools asserted that Mark Downing is a "school psychologist of the highest quality" one who works "hard, efficiently, and expertly."

SPECIAL ED Newsletter Now Available On Line

The Office of Special Education announces the Oregon Special EDition! This brief newsletter will be available on the OSE's website every second and fourth Friday of each month. An announcement of each edition will sent to you via the listserv.

The Oregon Special EDition will provide you with a listing of the latest postings to our website located at: http://www.ode.state.or.us/sped/index.htm. The newsletter is a PDF document, accessible by both Macintosh and PC systems, with active links to the referenced sections of our website. Active links are highlighted in blue.

Volume 1 of the Oregon Special EDition is available at: http://www.ode.state.or.us/sped/newsletters/voloneissue1.pdf - a new web section established to maintain each new edition and to provide access to previous postings for interested users of our website. In this edition, you'll find information on the new postings about:

* CIM Assessment Report
* New Statewide Assessment Section
* Standard and Alternate IEP Guidelines
* Application for In-Service Funds
* Updates of due process and complaint orders
* And more!

OSPA Interest

... from the NASP Delegate Perspective

CONVENTION

The NASP Convention, in Chicago this year, is taking place about the time you are receiving this *Bulletin*. If you are not going, think forward to next year, in Montreal. Information on upcoming conventions is always available at <www.nasponline.org/conventions>. There are over 600 presentations scheduled as well as social activities such as the Welcome Reception, Minority Scholarship Reception, Children's Fund Auction and International School Psychology Reception.

NEW NASP BOOKS

Three of NASP's most popular publications will be available, both at the convention in Chicago and through the NASP publications department. *Best Practices IV* (a two volumn set), *Best Practices in Crisis Intervention*, and *Interventions for Academic and Behavior Problems II: Preventive and Effective Approaches* are now available for sale. NASP members receive a discount off the list price of the books.

CHILDREN'S FUND

If you are going to the convention, and haven't left yet, don't forget to bring a teddy bear or other stuffed animal to the Teddy Bear Roundup. The stuffed animals collected last year were given to children in West Virginia after they were affected by devastating floods.

The Children's Fund Board is seeking applications for projects that will directly affect and include children in the project. Awards may be made in any amount up to $5,000.00 for a 12 month period. Applications are due June 1, 2002. Please contact Dr. R.I. Olley, c/o ESI, PO Box 163, Reisterstown, MD 21136 or FAX 410-526-9263 to request an application packet. You do not need to be a NASP member to apply for this money.

MEMBERSHIP RECORD UPDATE

Did you know you can update your NASP membership data at the NASP website? If you have a new address or phone number you can make that change on the web. On the NASP home page, click on Members Only. On the next page enter your NASP member identification number (this number can be found above your name on a current edition of the *Communique* or *School Psychology Review*) and a password (create on if you have not done this already). When you are identified as a NASP member, you will gain access to the Members Only section. Click on Update Membership Record on the right hand side of the page. Make your changes and click the button to update the record.

FREE PUBLICATIONS FROM THE NASP CENTER

You can access the NASP Center from the NASP website. Brochures on retention and *What is a School Psychologist?* can be ordered. Other publications include *Behavioral Interventions*, Baby CQ on Attention Disorders or Crisis and Loss; *Early Warning, Timely Response*, *Safeguarding Our Children;* Tolerance publications; and *School Psychology Blueprint for Training and Practice II.*

NEW RESOURCE FROM NASP/ ASPIRE PROJECT

A new publication entitled Interim Atlernative Educational Settings for Children with Disabilities is now available to NASP members for $10.00 and $12.00 for nonmembers. This resource provides guidance and positive options for students facing severe disciplinary actions, when other interventions have not been successful. It can be ordered on-line or through NASP publications.

GUIDANCE CHANNEL

NASP contributes monthly columns at this website on behavior and mental health issues. Check out the materials and other information at <www.guidancechannel.com>.

MEMBERSHIP

If you want to become a NASP member, please contact me for an application. <kobrien@harborside.com> or at 541-247-2740. PO Box 946, Gold Beach, OR 97444

Karen O'Brien

The *OSPA Bulletin*, the official publication of the Oregon School Psychologists Association, is published four times a year and distributed to members as a membership benefit. OSPA is a nonprofit, nonpartisan, educational association of professional school psychologists. It is dedicated to providing for the educational and mental health needs of all children and to advocating for their achievement of independence, dignity, and purpose of life.

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The contents of this publication and the opinions expressed by its contributors do not necessarily reflect the opinions or policy of OSPA or the National Association of School Psychologists (NASP) or their elected officials. Other newsletters for school psychologists may freely reprint from this bulletin. However, a reciprocal agreement is assumed. If this is not the case, please contact the editor in writing.

The *OSPA Bulletin* invites contributions. Professional issues and news, articles, questions, reviews, letters and graphic works should be sent to David Streight, 7735 SW 87th, Portland OR, 97223, or <streight@rsiss.org>. Changes of address should be sent to Brian Craig, Membership Chairperson, 2727 Old Fort Rd., Klamath Falls OR, 97601, or <bcraig@cvc.net>.

Bulletin deadlines for future issues:

Spring, April 15, 2002
Summer, June 15, 2002

from our State Newsletter colleagues

Referrals to Neurologist *(from p. 1)*

While most psychologists have no trouble making a referral when there are obvious symptoms of seizure activity, such as convulsions, other symptoms indicating a possible neurological condition may not be considered. The following are some guidelines for making referrals to a pediatric neurologist.

You should be aware that some insurance plans require that any referral go through the primary care physician first. If you are afraid that the child may never be referred on to a specialist, a recent study by Marian Freedman was reassuring (Pediatric referrals on the (surprise!) upswing. *Contemporary Pediatrics* 2000, 2, 97). The study found pediatrician referral rates to specialists going up from 12 patients per month in 1988 to 18 patients per month in 1999 even though the number of patients seen each month declined. Neurology was included as one of the five most often referred specialties by 46% of the pediatricians. It is the fifth most popular specialty behind orthopedics, dermatology, allergy, and cardiology. Of those diagnoses related to neurological conditions, among the most often referred by pediatricians were nonfebrile seizure (53% of time) and among the least often were uncomplicated febrile seizure (6%) and suspected attention deficit disorder (30%).

WHEN TO MAKE A REFERRAL

The possible causes of symptoms seen in children are multiple or extensive. A simple cookbook style chart of symptom paired with a specialist would be difficult if not impossible to present. The following broad set of symptoms with only a limited set of possible causes or diagnoses suggests the complexity of the diagnostic process. The chart presented here is to get the reader thinking about not just the type of symptom displayed but the multiple possible causes of the presented symptoms. Information from school and home may be helpful identifying problems, which can lead the physician to a correct diagnosis. For instance, exploring a child's medical and medication history may reveal that a child who seems in a daze is taking medication for allergies that could result in sedative effects. Consulting the allergist or primary care physician to examine this hypothesis may be preferable to a referral to a neurologist.

The diagnoses listed cannot actually be used to diagnose any medical disorder. They are presented to offer some background and allow you to be more helpful in identifying where to get the best help for the children you serve. Consider referring to a neurologist when presented with the symptoms appearing in the graph.

Certainly, suspected disorders such as seizures and tics, neurodegenerative diseases such as Muscular Dystrophy, and Cerebral Palsy should be referred to a neurologist for diagnosis. Motor and vocal tics are sometimes difficult to detect in school. Motor tics can be a simple twitch, which may involve eyelids, eyebrows or other facial muscles, as well as the upper limbs. There may be a sequence of such movements. Vocal tics may involve grunting, throat clearing, coughing or cursing, and along with motor tics can be mistaken for attention seeking behaviors. There is no loss of consciousness. Absence seizures (petit mal) do involve a loss of consciousness but for a very brief period, sometimes too brief for a teacher to notice. There may be fluttering of the eyelids. Chi!dren who have absence seizures may not be aware of these episodes but may be confused about what was said or done due to the interruption of their perception and thought Complex partial seizures result in episodes of stereotypical repetitive behavior that is episodic rather than continuous instances of just suddenly spinning around but otherwise acting normally would be an example.

Sometimes a symptom seems minor and it is unclear whether to refer. What threshold level should be used when deciding if a referral is warranted would be an issue in the schools. A general rule may be that if the symptom or behavior interferes with the student's functioning then a referral should certainly be recommended. Therefore occasional isolated twitches that we all experience or simple behavioral habits that do not interfere with functioning can be watched but usually will not require medical intervention. Certainly, if a child complains about a symptom, then it likely is interfering with functioning. When in doubt as to the most appropriate specialist, it is reasonable to refer to the primary care physician, usually the pediatrician, to make an assessment and to refer on if necessary. If the primary care physician does not address the problem fully then a referral directly to a specialist may be necessary.

Many neurologists have particular interests or expertise. For instance, there are pediatric neurologists who are interested in seeing those children who are suspected of having any of the following: obsessive-compulsive disorder, ADHD, sleep disorder, pervasive developmental disorders (Autism or Aspergers) or chronic headaches. An informal survey of 5 Detroit area pediatric neurologists found all were interested in seeing sleep disorders. When asked about the most common inappropriate referral, behavior problems and learning disabilities were the most common responses. It was not that they would not accept those referrals, it was that other professionals, perhaps a psychiatrist for behavior problems or a psychologist for learning problems, would usually be more appropriate. Therefore, LD and El students probably should not typically be referred to a neurologist solely because of learning or behavioral problems typically seen in the schools.

HOW TO MAKE THE REFERRAL

If you suggested that parents take their child to specialist but then did not get the response from the physician that you expected, that is, you received a phrase or two on a prescription pad if you received any feedback at all, you may not be alone. School-physician communications are often through parents or, at best, during brief conversations with a physician on the

continues on next page

phone. Parents may not have fully understood either the school's intent in making the referral or the physician's diagnosis and recommendation after the examination. Everyone uses his or her own expectations and preconceptions in trying to understand others, and sometimes comprehension suffers. Physicians, just like school psychologists, respond best to appropriate referrals. It is therefore strongly recommended that a referral form be developed to improve school-physician communication. The process should start with the recommendation to the parents for a medical referral. At that time the reasons for the referral should be presented and clarified and a reciprocal release of information to the physician signed by the parent. Rather than suggest a medical diagnosis, which is the physician's responsibility, emphasize the symptoms of concern as the reason for making the referral. A referral packet should be sent to the physician before the appointment. The following should be included:

1. A referral form which has the following information.

a. Demographic information including student's name, address, phone number, school, teacher name, school phone number, grade, special education eligibility if any, and other services that the student receives.

b. A school contact person with address and phone number for the physician either to call with questions or to whom his or her report should be sent.

c. A section for the major concerns which provoked the referral. What did you see that suggested a need for this referral? Be specific; include examples of behavior to illustrate your point.

d. One or more (5 may be too many) specific referral questions for the physician to answer. Examples:

i. Does this child have a medical condition that would explain why he often falls asleep in class?

ii. Should there be any precautions that the school should take regarding this child's medical condition?

iii. Are there medications or other medical treatments that would be appropriate to help this child control his rages and aggressive behaviors?

continues on p. 8

SYMPTOMS	EXAMPLES OF POSSIBLE DIAGNOSES AND ETIOLOGY
LOSS OF CONSCIOUSNESS (Major [long]; Minor [short])	generalized major motor seizure (grand mal or tonic-clonic); absence seizure (petit mal); cardial; hypolgucemia; hyperventilation syndrome; pseudoseizures
IMPAIRED CONSCIOUSNESS (confusion; inattention)	absence seizure (petit mal); ADHD; hearing loss; behavioral (oppositional); sleep deprivation; migraine; medication effects; narcolepsy; hypo- or hyperthyroidism; anxiety; depression
STIFFENING and/or SHAKING	seizure; spasticity secondary to cerebral palsy; drug intoxication; tetanus
REPETITIVE MOVEMENTS	minor morot seizures; complex partial seizures; tremor; tics/tourette's; obsessive compulsive disorder
REPETITIVE VOCALIZATIONS	Tourette's compllex partial seizures; obsessive-compulsive disorder; autism; behavioral (attention getting)
ABNORMAL POSTURE	cerebral palsy; dystonia; visual anomalies; scoliosis; hearing problems; muscle paresis; inner ear problems
ABNORMAL MOVEMENTS ataxia (defective muscle coordination); chorea (involuntary muscle twitching); dystonia	dyspraxia; tumors; trauma; virral diseases; metabolic syndromes; degenerative disorders; systemic lupis erythematosus; cerebral palsy; stroke; CNS
PAIN (chronic, intermittent)	migraine; stress headaches; sinusitis, neuraligia; myalgia; leukemia, bone tumors, fractures
COGNITIVE DECLINE	brain injury; brain tumor; stroke; degenerative disorders; heavy metals and poisons; drug use; PDD (Preschool Decline); psychosocial problems (loss of motivation); medication effects; radiation treatments; genetic syndromes (Retts); depression; paucity of academic experiences; learning disabilities; truancy