

# Ineffective Homeschooling in a Child with a Learning Disability

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**CASE:** Charles is a 10-year-old African-American male who presents to the Developmental Behavioral Pediatrics Clinic for evaluation of his learning. His primary care provider (PCP) was concerned that his developmental delays were negatively affecting his ability to engage in his homeschooling curriculum and also that his mother seemed unaware of the severity of his delays. Neuropsychological evaluation had been recommended by the PCP several times in the past, but the family declined. At one point, the PCP had considered potential child protective services (CPS) referral for medical neglect because of missed appointments and lack of follow-through on recommendations, which motivated the parent to bring him to this appointment.

Medical history was significant for failure to thrive and hypotonia in infancy. Charles received physical therapy through early childhood for hypotonia and motor coordination deficits. His mother removed him from public school and initiated homeschooling in kindergarten after he suffered a dental injury at recess of which she was not notified. The current homeschooling (fourth grade) approach was described as “off and on” activities for 3 hours daily. His mother acknowledged that she struggled to get him to participate as he preferred using the computer and tablet rather than doing school work, and they also argued regularly about his impulsive eating. The patient’s mother also described her own medical conditions that contributed to a high degree of stress and fatigue, which she felt made homeschooling more difficult.

On examination, the patient was obese and had widely set, almond-shaped eyes; a wide-based gait; an immature pencil grasp; and a mild truncal and appendicular hypotonia. Performance on the Kaufman Brief Intelligence Test, second edition, was below average for the verbal scale (78) and low average for the nonverbal scale (89). On the Wechsler Individualized Achievement Test, third edition, he was unable to perform any multiplication, could not write his own last name (was practicing tracing at home per maternal report), and read at a below first-grade reading level (standardized scores could not be calculated). His conversations with the examiner were mainly limited to the topic of video games. He spoke in short sentences with approximately 85% intelligibility but with coordinated gaze. He appeared mentally exhausted as testing progressed.

Feedback to the parent included concern for a learning disability possibly associated with a genetic condition such as Prader-Willi syndrome (because of the history of hypotonia and impulsive eating), and genetic testing was recommended. Because of Charles’ difficulty accessing the homeschool curriculum, a special education evaluation through the local public school district was also recommended, but his mother resisted, stating that she felt public special education “keeps children like him down” by focusing primarily on African-American children and stigmatizing their differences.

The mother does not return phone calls made 1 month later to follow-up on considering a special education evaluation, and team members raise concern about medical neglect. What would you do next?

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## Debra Chopp, JD

Regulations around homeschooling are often state dependent. Although schooling is compulsory for all children in the United States, the age range for which school attendance is required varies from state to state, and parents in many states have considerable autonomy when it comes to homeschooling their children. For example, parents decide what to teach their children (al-

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though the instruction is supposed to cover specific subjects), they administer any tests, they keep whatever records they want or no records at all, and they give out grades if they choose. These homeschools can fly beneath the radar of the state department of education (DOE).<sup>1</sup>

If a parent would like his/her child to receive special education services, however, the parent must register the homeschool with the DOE in most states. Registering with the DOE triggers certain requirements: perhaps most importantly, the parent must hold a bachelor’s degree. Here, Charles’ parents could be in a bind should they continue to homeschool Charles but request special education services because their homeschool would come under greater scrutiny.

In this case, Charles’ parents are resistant to special education despite the medical team’s recommendation

that Charles be evaluated for services. Under current law, Charles' parents have the right to refuse to consent to a special education evaluation/special education services.<sup>2</sup>

As for a referral to CPS for educational neglect, that too is unlikely to achieve the desired outcome. Educational neglect is a phenomenon of nonoccurrence, a lack of appropriate education. Documenting that an activity is not occurring is very difficult.<sup>3</sup>

Another option is for the team to get permission from Charles' parents to make a referral to a lawyer affiliated with the hospital, for example, a medical-legal partnership (MLP).<sup>4</sup> The MLP attorneys could work with Charles' parents to explain special education laws and the array of possible services that could be available for Charles and could possibly persuade the family to consent to a special education evaluation.

## REFERENCES

1. Michigan Compiled Laws 380.1561. Available at: <https://hslda.org/content/laws/>. Accessed November 26, 2018.
2. *Michigan Ass'n of Intermediate special Educ. Administrators v. Dep't of Soc. Servs.*, 207 Mich. App. Vol 491; 1994:497-498.
3. Kelly P. Where are the children? Educational neglect across the fifty states. *Researcher*. 2010;23:41-58.
4. Available at: <https://medical-legalpartnership.org/>. Accessed November 20, 2018

## Camille M. Wilson, PhD

Encouraging Charles' parents to consent to a medical-legal partnership (MLP) referral would be advantageous because the MLP could help approach the dilemma of Charles' lapsed medical care in a holistic and collaborative way. Contrarily, accusing Charles' mother of medical neglect would likely intensify her distrust of health, social, and education systems. Although Charles' circumstances call for medical and educational interventions, research shows that his mother's concerns about him experiencing racialized stigma in schools are not unwarranted.<sup>1</sup>

African-American students continue to be disproportionately referred for, and placed in, special education services, being twice as likely as white students to be assessed as cognitively impaired.<sup>2</sup> Many referrals result in valid medical evaluations and special accommodations, but it is not unusual for teachers to erroneously conflate some students' behavioral challenges with disabilities.<sup>2</sup>

Moreover, though credible assessments do exist, there is a long history of biased intelligence and achievement tests being leveraged to assign African-American students to special education programs and nonrigorous curricular tracks linked to limited educational opportunities. Educators can also misconstrue academic achievement barriers stemming from insufficient instructional practices or persistent unmet socioemotional needs linked to poverty or trauma as disabilities when they lack awareness of, and training about, such socioemotional issues.<sup>1,3,4</sup>

Charles' mother should be approached by supportively recognizing her concerns and caregiving efforts to

date. She lacks adequate information about his medical condition and the skills to appropriately school him; yet, her homeschooling attempts, and related stress, likely reflect her care, sacrifice, frustration, and protective instincts, rather than neglectful intentions. All staff should explain Charles' situation to his mother in detailed, layperson terms while stressing the resources available to him, the services that can lighten her load, and the likelihood of connecting Charles with qualified and sympathetic educators.

## REFERENCES

1. Voulgarides CK, Fergus E, Thorus KAK. Pursuing equity: disproportionality in special education and the reframing of technical solutions to address systemic inequities. *Rev Res Education*. 2017;41:61-87.
2. Gregory A, Skiba RJ, Noguera PA. The achievement gap and the discipline gap: two sides of the same coin? *Education Res*. 2010;39:59-68.
3. Ariles A. Toward an interdisciplinary understanding of educational equity and difference: the case of the racialization of ability. *Education Res*. 2011;40:431-445.
4. Ruffin-Adams A, Wilson CM. Advocacy-based partnerships, special education, & African American families: resisting the politics of containment. In Auerbach S., ed. *School Leadership for Authentic Family and Community Partnerships: Research Perspectives for Transforming Practice*. New York, NY: Routledge; 2011:78-97.

## Megan Quist, MD and Jenny Radesky, MD

This case highlights several difficult issues when encouraging resistant parents to request special education services for their child. Potential approaches to support the family include

1. contacting the school district ahead of time and getting the name and contact information for the parent to call and breaking down all logistics for the family
2. engaging in motivational interviewing to discuss how enrolling in public school might help the mother's own stress and medical conditions
3. reassuring the family that if they felt there were biases contributing to their son's treatment in special education in the school district, the team would address those through advocacy
4. continuing to partner closely with the primary care team in case Charles saw them for a well-child examination or sick visit.

This case reinforces the core principles of shared decision making, particularly in cross-cultural situations. Sometimes the most important piece is acknowledging our own beliefs and where they may differ from the families and then working together to find the common connections.<sup>1</sup>

## REFERENCE

1. Derrington SF, Paquette E, Johnson KA. Cross-cultural interactions and shared decision-making. *Pediatrics*. 2018;142(suppl 3):S187-S192.