

## Returning to School

A Guide for Educators and School Personnel\*

\*NOTE: This includes teachers, counselors, psychologists, nurses, principals, coaches, group leaders, and other school personnel

## Returning to School

- Consider school re-entry as an ongoing process that begins when a student is injured or has a prolonged school absence
- Each stage may require different skills, tasks, and information sharing
- Ongoing open communication between the school, child, and parent is key to a child receiving adequate support
- School re-entry can begin, stop, and resume at any point throughout recovery

## Returning to School

- It is common for children who have been injured or who have visible differences to need help with school at certain times, such as when:
  - Starting school (daycare, pre-school, or kindergarten)
  - Returning to school after an injury or hospital stay
  - Moving from one grade to another
  - Changing schools\*

*\*Refer to the "School Changes" module for more information*

## Returning to School

- The return to school process can be affected by:
  - Special needs of the student
  - Age of the student
  - Severity and location of injury
  - Presence of visible differences
  - Length of time away from school
  - Ongoing medical, rehabilitation, or recovery issues
  - New or long-term disability factors
  - Other individual factors, such as: family resources, social support, coping behaviors, previous experiences in school, prior academic performance, etc.

## What You Can Do

There are things you can do throughout a student's recovery. It is helpful to think of the process in stages:

1. Post-Injury: Initial communication
2. Absence from school
3. Return to school
  - Initial preparations
  - Ongoing considerations
4. Completion of school year and plans for next year

## #1 Post Injury: Initial Communication

- Identify a family spokesperson to give and receive information
- Obtain information about the child's injury and anticipated period of absence from school
- Prepare yourself and other students in the class by:
  - Staying informed on the child's recovery progress
  - Anticipating potential classroom accommodation needs

## #1 Post Injury: Initial Communication

- Clarify circumstances of the injury event impacting the family: loss of home, other injuries or deaths, uninjured siblings within the school district, etc.
- Ask about family preferences regarding:
  - Information to be shared with other students
  - Hospital or home visits by students or teachers
  - Plan for sharing ongoing information with the school about the child's recovery



## #1 Post Injury: Initial Communication

- Once you have spoken to the family, plan to familiarize yourself with:
  - Burn injuries
  - Medical treatment and recovery
  - Physical and emotional needs
  - Injury prevention education



## #1 Post Injury: Initial Communication

- Talk with your students about their classmate's injury:
  - Provide accurate information
  - Prevent or correct rumors
  - Discuss their reactions and answer questions
  - Discuss ways in which they can support the student



## #2 Absence from School

- The length of treatment or hospitalization can vary. The longer it is, the more important it is for the student to maintain contact with the school.
- Ask the family if they are using [Care Pages](#) or other free patient blogs to keep family, friends, and school peers updated and involved in the child's recovery
- If approved by the family, have students draw pictures, write letters, or make cards for their injured classmate



## #2 Absence from School

- Offer to send classroom assignments to the student
- If the student is hospitalized, coordinate school lessons with the hospital's child life or school program
- Example of the University of Michigan Hospital School: [www.mottchildren.org/mott-support-services/schooling](http://www.mottchildren.org/mott-support-services/schooling)



## #2 Absence from School

- The medical team helps determine when a child is medically ready to return to school
- Ongoing communication with the parents will help identify a student's potential return to school date
- Consider asking the parents to send you a medical information form when the student is ready to return to school



### #3 Return to School: Initial Preparations

- Anticipate that children may need additional school re-entry planning and help if they have:
  - Extended hospitalization or absence from school
  - Visible changes in appearance
  - Altered physical or functional abilities
  - Ongoing medical or rehabilitation treatment
  - Expressed fears or concerns about returning to school
  - New or pre-existing behavioral or cognitive issues (ADD/ADHD, learning disability, developmental delay, anger management, etc.)



### #3 Return to School: Initial Preparations

- Refer to the list of available resources that you can use to help prepare for the student's return
- Identify a plan of action that will facilitate the child's re-entry back into the classroom
- Consider requesting a meeting with the parents and student to identify the child's needs and level of function before the student's return to school



### #3 Return to School: Initial Preparations

- Discuss if a school re-entry educational intervention will occur, and answer specific questions such as:
  - When should it be held (prior to return, during a school visit, or the day of the child's return)?
  - Who will be presenting (child, parents, teacher, etc.)?
  - What content or information will be covered?
  - Will it be held in the classroom or as a school assembly?
  - Will siblings or their classmates be included?
  - Does the student or parent have other requests?



### #3 Return to School: Initial Preparations

- A short classroom visit 1 – 2 days before returning to school can help the student get reacquainted
- This short visit may provide a more gradual and relaxed return than an immediate full-day of classes
- Include classmates in the process by having them share what has happened in school during the student's absence



### #3 Return to School: Initial Preparations

- Frequent medical and therapy appointments may need to be accommodated as a part of the school re-entry plan
- A student may be able to complete their physical therapy activities at school to minimize absences from the classroom
- Ask about any special care or treatment routines that need to be incorporated at school



### #3 Return to School: Ongoing Considerations

- The first few days and weeks of returning to school are a period of adjustment
- Watch a brief video of one educator's experience in helping an injured student enter kindergarten
- Symptoms of Post Traumatic Stress Disorder (PTSD), depression, or anxiety may surface at any time during school re-entry, and may need to be treated



### #3 Return to School: Ongoing Considerations

- Parents, school personnel, and the child need to speak frequently and assess the success of the transition back to school
- It is important to share this assessment with each other to focus on what is working and to identify any issues that still need to be addressed
- Set up parent-teacher or parent-counselor conferences as necessary



### #3 Return to School: Ongoing Considerations

- Encourage other school personnel (e.g. bus drivers, coaches, cafeteria monitors, etc.) to review the REACH program materials
- Keep substitute teachers and other school personnel updated on the school re-entry plan, including any unique accommodations needed
- Evaluate if any special needs or medical accommodations that were initially put into place are still working effectively



### #3 Return to School: Ongoing Considerations

- Monitor the reactions of school personnel and other students in the classroom, school, and bus
- Seek additional help and advice if students or staff have difficulty dealing with the child's return
- Be mindful of your own thoughts and feelings
- Seek assistance when problems seem beyond your skills or comfort level



### #3 Return to School: Ongoing Considerations

- If the returning student has a sibling in your school, consider:
  - The sibling can be at risk for issues with guilt, teasing, bullying, acting out, or other behavior problems
  - Discussing the potential need for school-wide education on visible differences, injuries, teasing, or bullying
  - Sharing ideas and collaborating with other school personnel on ways to handle the school return
  - Coordinating the school return and educational intervention plan with the sibling's teachers



### #4 Completion of School Year & Future Plans

- To facilitate a smooth transition to the next teacher and school year, review and report:
  - How the child and peers adapted
  - Special needs or accommodations required
  - Difficult situations that caused problems for the child or peers
  - Interventions that helped
  - Educational materials used to assist the child and classmates
  - Attendance issues
  - Planned reconstructive surgery or medical procedures that might impact the next school year



### Age Considerations: Children 2-6 Years Old

- Injuries or prolonged hospitalization at a young age may contribute to developmental delays in: behavior, motor skills, speech, emotional reactions, hearing, etc.
- These delays may first be recognized in the school setting
- Incorporate discussions on visible differences into social skills training with students: Refer to the "Social Skills Training for Visible Differences" module



### Age Considerations: Children 2-6 Years Old

- Young children can misinterpret or misunderstand what they see and ask blunt questions like:
  - “Is he old?” (Burn scars can look like the wrinkles they have seen in older people)
  - “Does it hurt?” (Newly healed skin appears red)
  - “Why are you wearing a costume?” (Some burn wounds require wearing special pressure garments or face masks)



### Age Considerations: Children 2-6 Years Old

- Children at this age often use simple or special words to describe their injury and appearance. Ask parents to share these words with you.
- Open curiosity and staring is common for younger children
- Refer to the “Managing Questions and Stares” module for additional tips



### Age Considerations: Children 7-11 Years Old

- Appearance becomes more important to children in this age group
- They can be less accepting of others who are different
- Children must learn to deal with larger groups of peers with diverse backgrounds and experiences
- As a result, students who have previously adjusted well at school may need extra support or help at this age



### Age Considerations: Children 7-11 Years Old

- It is important that the student not be defined by their injury or appearance
- General discussions on differences in appearance or function can be incorporated in your regular teaching activities so the student isn’t singled out
- Focus on the things the child is able to do vs. things they are limited by



### Age Considerations: Children 7-11 Years Old

- Encourage involvement in extra-curricular activities that will build confidence and skills
- Include coaches and group leaders throughout the school re-entry process; encourage them to review the REACH program materials





### Age Considerations: Children 7-11 Years Old

- Notify the family of upcoming special school events or activities, so they can be considered during planning for elective medical treatment or therapies
- Children with chronic illness or injury are known to benefit from additional social skills and problem-solving training
- Identify local social skills training programs, and refer students for additional support and help as needed



**Age Considerations: Children 12-17 Years Old**



- It is important to engage the student in their school re-entry process, and ask them what their wishes are
- The student may have strong opinions about how much help they wish or need
- Since students of this age often have several teachers and interact with multiple classrooms of peers throughout the day, the school re-entry process must be well-coordinated among all school staff involved



Returning to Education and Continued Healing

**Age Considerations: Children 12-17 Years Old**

- The student may need help in understanding or clarifying mistaken beliefs about how an injury or chronic illness will impact:
  - Social activities and relationships
  - Current educational program participation
  - Plans for a career or advanced education
  - Employment



Returning to Education and Continued Healing