

Withdrawal/Redaction Sheet

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001. address label	Newsweek subscription (partial) (1 page)	10/27/1997	P6/b(6)
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COLLECTION:

Clinton Presidential Records
First Lady's Office
Domestic Policy Council (Nicole Rabner)
OA/Box Number: 15631

FOLDER TITLE:

[Rush Neurobehavioral Center] (Youth Development/AfterSchool/Violence)

2012-1035-S

kc1033

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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Ms. Abby O'Neil
401 N. Michigan Avenue
Suite 1200
Chicago, IL 60611

YOUTH DEVELOPMENT/
AFTERSCHOOL/VIOLENCE

First Lady Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

**PHOTOCOPY
PRESERVATION**

CLINTON LIBRARY PHOTOCOPY

Hand Delivered

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October 28, 1997

First Lady Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear First Lady:

As a board member of the Rush Neurobehavioral Center (RNBC) in Skokie, IL, it is a pleasure to present you with the enclosed brochure that describes the work of this research, treatment and outreach facility serving children with a variety of brain-based neurological disorders.

I welcome the opportunity to discuss the center's work and the profound impact it has on the lives of so many at-risk children. Twenty years ago we knew little about many children's inability to read (now we understand this as a verbal learning disability, commonly referred to as dyslexia). Recently we have determined that there is another group of children who cannot read, but theirs is the inability to read and interpret facial and body language, i.e., affect and emotion. The RNBC not only brings pacesetting care for these children, their families, and the professionals who care for them in their schools, but is doing pioneering research and treatment on this particular cluster of children who have brain based non-verbal learning disabilities. Whether it be verbal or non-verbal, learning disabilities redound with devastatingly destructive consequences. Undiagnosed and untreated, learning disabilities can and do wreak havoc with a child's ability to interact socially, emotionally and academically. Sadly, the ramifications can last a lifetime.

The fact is that 10 to 15 out of every 100 children have some sort of learning or attention deficit disorder. Through the continued efforts of the handful of institutions across the country, like RNBC, and bolstered by articles, like the one enclosed from the October 27, 1997 issue of Newsweek, we are beginning to see evidence that the public is gaining a heightened awareness and understanding of the insidious and enduring effects of brain based neurological disorders. As always, early detection is the best intervention.

Too many children, from across the social and economic spectrum suffer because there is inadequate research and inadequate dissemination of information. The insufficient number of centers that, like RNBC, research, diagnose and treat children with brain based neurological disorders is a major factor in the archaic way that children with disabilities are treated. Since outreach is central to the center's mission, Dr. Lipton is talking to educators in the Chicago Public School system, and is looking for elementary and middle schools that are receptive to learning more about the different ways in which children learn. Also, Dr. Lipton is currently preparing a series of lectures to be presented to educators and the lay public alike.

Given the proper tools, coupled with educated teachers, and supportive families and communities, every child can have the opportunity to reach his or her full potential. While the research and implementation taking place at RNBC is a local phenomenon, its implications extend across the country.

I would very much like to arrange for you to visit the center and meet Dr. Meryl Lipton and her staff. Perhaps you know of elementary or middle schools in the Chicago Public School system that would welcome the opportunity to hook up with RNBC and its multiple resources for children.

Thank you for the opportunity to present this information to you. I am grateful we have a First Lady of your stature who is genuinely concerned in changing the way we educate our children.

Yours truly,

A handwritten signature in cursive script, appearing to read "Abby O'Neil".

Abby O'Neil

cc:

Meryl E. Lipton, MD, PhD
Director, Rush Neurobehavioral Center
Rush-Presbyterian-St. Luke's Medical Center

Samuel P. Gotoff, MD
Chairman, Dept of Pediatrics
Rush-Presbyterian-St. Luke's Medical Center

Roger Plummer
Chairman, Advisory Board
Rush Neurobehavioral Center
Rush-Presbyterian-St. Luke's Medical Center

Enclosure

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[001]

DAN QUAYLE ON GORE AND 'ELLEN' • BABY JESSICA GROWS UP

Newsweek

October 27, 1997 \$2.95

KIDS WHO CAN'T LEARN

What Causes
Learning
Disabilities

How to Help
Your Child



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SOCIETY

Millions of kids have been labeled learning disabled. Critics smell a scam here, but researchers say they've begun to unlock the puzzle of bright kids who can't learn.

WHY ANDY COULDN'T READ

By Pat Wingert and Barbara Kantrowitz

ANDREW MERTZ WAS A very unhappy little boy in 1995. Third grade was a disaster, the culmination of a crisis that had been building since he entered kindergarten in suburban Maryland. He couldn't learn to read, and he hated school. "He would throw temper tantrums in the morning because he didn't want to go," recalls his mother, Suzanne. The year before, with much prodding from Suzanne, the school had

authorized diagnostic tests for Andrew. The results revealed a host of brain processing problems that explained why he kept mixing up letters and sounds. Andrew's problem now had a label—he was officially classified as learning disabled—and he was legally entitled to help. But school officials, claiming bureaucratic delays, didn't provide any extra services.

In desperation, Suzanne, a trained reading specialist, pulled Andrew out of school and taught him at home for 10

Reading was especially hard for me because
the teachers did not teach me what I needed
to know about reading. by: Andrew Mertz





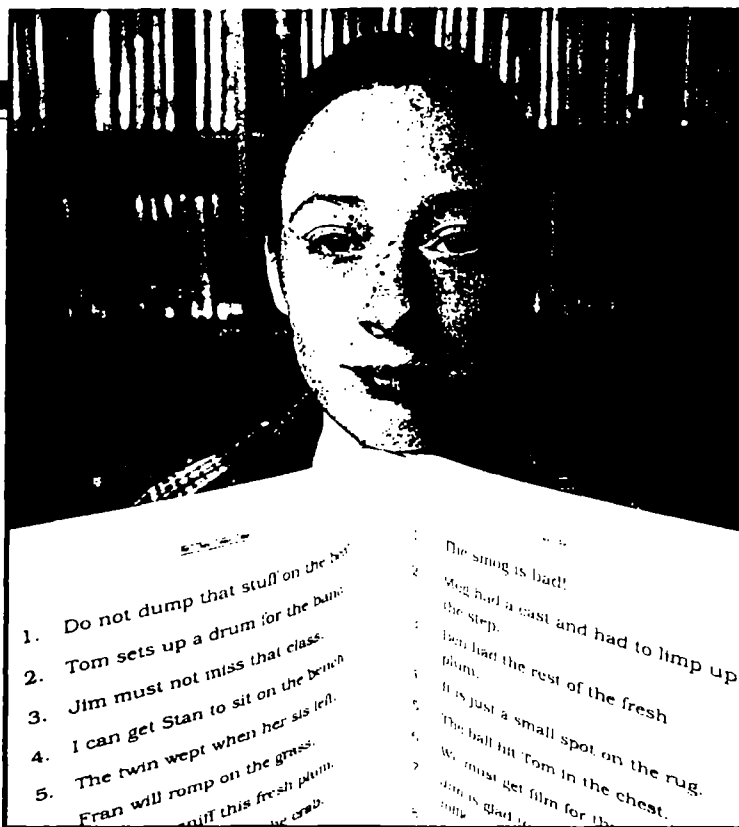
Letters in the Sand

...at home
for 10 months while
waiting for an
opening at the
right school

JAMES WASSEMAN

months. It was an awesome task. To Andrew, lowercase p, q, b and d all looked like sticks with circles attached. Suzanne taught through touch and sound. She spent hours helping him make letters out of Play-Doh, shaving cream, sand and rice while exaggerating the sounds that went with them. The next year the district agreed to place him in a high-quality program for "gifted" children with learning disabilities. Teachers there continued many of the same practices. Now, at 10, Andrew is still struggling, but at least he can finally read.

Just about every teacher knows students like Andrew Mertz, bright kids who can't learn—no matter how hard they try. They are a painful puzzle to their parents and the subject of an intense educational controversy. In the last few years, researchers have made great strides in identifying and treating learning problems. But the explosion in knowledge has also led to what some say is an epidemic of diagnoses. According to 1996 figures, 2.6 million kids (4.36 percent of the nation's students) were in publicly funded learning-disabilities programs. In 1977, about 800,000 (1.8 percent of the student body) had been diagnosed. And this may only be the beginning. In an astonishing estimate, some researchers now say that as many as 20 percent of schoolchildren may have a neurological deficit, ranging from mild to severe, that makes it hard for them to read and write.



1. Do not dump that stuff on the boy.
2. Tom sets up a drum for the band.
3. Jim must not miss that class.
4. I can get Stan to sit on the bench.
5. The twin wept when her sis left.
6. Fran will romp on the grass.
7. I will stuff this fresh plum.
8. The smog is bad!
9. Meg had a cast and had to limp up the step.
10. Ben had the rest of the fresh plum.
11. It is just a small spot on the rug.
12. The ball hit Tom in the chest.
13. We must get film for the camera.
14. Jim is glad to see you.

Making Progress

With her tutor's help, Jennie Harvey, 15, changed schools and moved ahead in reading

That's a lot of kids—and trying to help them is expensive. Largely as a result of lobbying by parents, federal law now mandates a "free and appropriate education" for the learning disabled; districts even have to pay tuition at private schools if they can't provide appropriate services. Teachers and clinicians have devised a wide range of techniques—from having kids write letters in sandboxes to using tape recorders, computers and other special equipment—to combat specific dis-

abilities. The price tag: \$8.12 billion last year, according to the Center for Special Education Finance.

This revolution has bred a new wave of critics who sneer at the learning-disabilities "epidemic." Some say many students labeled learning disabled are just lazy and looking for an easy way out. Other critics blame bad teaching for kids' reading problems and claim that school officials are inflating the number of disabled kids in order to wrest more money from the government. Still others contend that overly pushy parents—stereotypical hyperambitious Yuppie strivers—are behind the dramatic increase in the numbers of learning-disabled students. These parents, the critics

say, need a scientific excuse to explain why Jason or Jennifer isn't Harvard med-school material. The skeptics include prominent educators, like Boston University president Jon Westling, who was sued by students after he clamped down on accommodations for learning-disabled students.

But to parents whose children are struggling in school, the "epidemic" is real and heartbreaking. Learning disorders are often hard to accept because they afflict kids who appear perfectly healthy. It's easy to grasp the problems encountered by a child with a physical incapacity, such as blindness or paralysis. Yale University pediatrician and neuroscientist Sally Shaywitz, who studies the complex of reading prob-

The Language of Learning Disability

The parents of a child with a learning disability may be bombarded with Greek-rooted words that may confuse rather than clarify. Disabilities don't fit into neat categories; they are more likely to be a cocktail of disability types and associated problems.

Types of learning disabilities

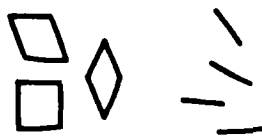
Dyslexia Unusual difficulty sounding out letters and confusing words that sound similar. The most common form of disability.

Treatment: The latest techniques help students distinguish the different sounds that make up language and teach through touch (e.g., writing letters in sand). Word processors with spell-checking and speech-recognition software can help.

Dysgraphia Difficulty expressing thoughts on paper and with the act of writing itself. Characterized by problems gripping a pencil and unreadable penmanship.

Treatment: Students learn to describe thoughts orally as a precursor to writing. Paper with raised lines helps keep the hand aligned, and special pencil grips can ease hand strain. Children can benefit from learning the six or seven pencil strokes that combine to form roman letters.

Dyscalculia Incomprehension of simple mathematical functions. Often a child won't perceive shapes and will confuse arithmetic symbols.



Shapes made up of four lines are seen just as four lines

Treatment: Having available in the classroom objects that a child can manipulate in order to add or subtract physically rather than on paper. Older students can perform calculations more easily by counting along a number line.

Associated problems

Dyspraxia (apraxia) Difficulty performing complex movements, including muscle motions needed for talking.

Treatment: For speech, facial exercises such as chewing gum or sucking and blowing through a straw. For other problems, kids can learn movement control through routine tasks like baking cookies.

lems called dyslexia, says a learning problem is a "hidden disability." In fact, learning-disabled kids often display talent in other areas—perhaps art or science—while failing in one or more of the three R's.

Tammy Hollingsworth of suburban Dallas was optimistic when Joey, the oldest of her four children, entered kindergarten 15 years ago. Teachers had told her the boy was a genius. "His IQ was over 150 and he had a photographic memory," she recalls. But as he grew older and schoolwork became harder, he ran into serious problems. "Any assignment that required a transfer from the brain to paper, forget it. He couldn't do it." Over the years, teachers told Hollingsworth that Joey was just lazy and a discipline problem. He was 15 years old before he was tested for learning disabilities. Although the results showed he had real problems expressing his thoughts in writing (a disorder technically known as dysgraphia), it was too late to save his school career. Years of frustration and failure had taken their toll, and he dropped out at 17. Joey eventually earned a high-school-equivalency diploma; he is now enrolled in a local police academy.

If Joey were entering kindergarten today, he might have a better chance. The term "learning disabilities" is relatively new. It was introduced in 1963, when parents and educators from around the country organized the nonprofit group



Early Intervention

At Evanston Hospital in Illinois, a 4-year-old is checked for developmental delays

now known as the Learning Disabilities Association. Until then, children with learning problems were generally classified as "perceptually handicapped," "brain injured" or "neurologically impaired." Many were turned away from public schools as uneducable, and if they couldn't afford private-school tuition, they just stayed home: some were even labeled mentally retarded. One advantage of combining the old diagnoses under a single new term was that it enabled educators to

distinguish between children with below-average IQs (who were then put into classes for the mentally retarded) and kids of average or above-average intelligence who had trouble learning in specific areas but otherwise functioned normally.

More than three decades later, there is still no universal agreement about how to classify the constellation of problems that fall under this umbrella diagnosis. Medical doctors tend to accentuate differences in genetics, as well as brain organization and function. Psychologists focus on dysfunctions in areas like perception, processing, memory and attention. Teachers zero in on the specific areas of academic difficulty.

But researchers are getting closer to some concrete answers. The most tantalizing clues are coming from brain research that is still in the early stages, which is very promising. Using state-of-the-art functional magnetic resonance imaging (fMRI)—machines that take pictures of the brain in action—scientists are investigating disruptions in specific neurosystems. And they're learning even more from examining children and adults with brain injuries, says Martha Bridge Denckla, a neuropsychologist with the Kennedy Krieger Institute in Baltimore. "Some of these traumatic brain cases simulate the exact picture we see all the time in learning-disabled cases where we don't know the cause," Denckla says.

"These experiences make me very confident that what is causing LD affects the brain." But there's a long way to go. It was only four years ago that Shaywitz's team took one of the first fMRI pictures of a brain caught in the act of reading.

This is the most critical area of research because the most common learning disabilities relate to language—reading, writing and spelling. Some children have trouble comprehending words or letters in sequence. Others read words but don't understand the content. Still others are dyslexics, children and adults who have trouble naming letters and sounding out words, despite the fact that they often have large vocabularies and reason well.

Because dyslexia seems to

FELT LEFT

Sounds cannot be distinguished, changing the meaning of words

Auditory discrimination Trouble distinguishing similar sounds ("pig" and "big") or confusing the sequence of heard or spoken sounds ("aphelant").

Treatment: Speech therapists and computer programs often use strategies like repetition and exaggerating the pronunciation of each letter so that children will be better able to distinguish the sounds.

Attention deficit disorder Extreme hyperactivity and distractibility. Many children with learning disabilities suffer from ADD as well.

Treatment: Mild stimulants like Ritalin, but some kids respond poorly to medication. Behavior-modification techniques, such as motivating students to stay seated during a story reading, have been shown to help.

Dysnomia The inability to recall the names or words for common objects.

Treatment: Direct instruction by a speech or language therapist, who engages the child in word games and assigns large amounts of verbal practice.

Visual perception The inability to differentiate between foreground and background, as well as similar-looking numbers, letters, shapes, objects and symbols. Problems may include habitually skipping over lines of text.

pdqb | o

Each of the letters at left is perceived as a stick and a circle

Treatment: Direct, one-on-one instruction pointing out the child's mistakes and the visual cues they have overlooked.

SOURCE: "LEARNING DISABILITIES" BY JANE FLETCHER

run in families, scientists think that it is often inherited. For years, researchers suspected it was caused by vision problems, and a stereotype developed that dyslexics commonly reverse letters (reading d's as b's, for example). Today, researchers like Yale's Shaywitz say dyslexics are no more likely to reverse letters than anyone else. Instead, Shaywitz and other researchers theorize that dyslexia is linked to a glitch in the brain's wiring that interferes with the ability to translate a written word into units of sound, or phonemes. Scientists have found that dyslexics often cannot recognize and break down spoken words into their phonetic segments or slice off one phoneme from a word—for example, they cannot figure out that "bat" without the b is "at." Technically, this problem is known as a "phonological awareness" deficit.

Researchers have identified four distinct steps in learning to read: breakdowns anywhere in this process can explain severe reading problems. G. Reid Lyon, acting chief of the child-development and behavior branch of the National Institutes of Child and Human Development, says that



Active Mind

Using an MRI, scientists record brain activity as a 7-year-old dyslexic tries to read

reading for all children begins with phonological awareness. Combinations of just 44 phonemes produce every English word. "Children who will be good readers," Lyon says, "just have a knack for understanding that words are made up of different sounds before they learn anything about the alphabet." The next step is linking these sounds with specific letters. This can be confusing

because most letters—in English and many other languages—can have more than one sound. The reading-instruction methods known as linguistics (sound to letters) and phonics (letters to sound) focus on this part of the process by having kids sound out words. The third step, Lyon says, is for a child to become a fast reader—to make the association between symbol and sound virtually automatic so that the child can move on to the final step, concentrating on the meaning of the words. (Researchers around the country are testing ways to put these findings into reading programs for all kids, not just learning-disabled children.)

Some children also have spoken-language problems, which are often ignored because parents are told kids will "grow out of it." Kids with this disorder might mispronounce words because they're not processing sounds correctly. For example, they might call animals "aminals." They may also confuse specific sounds (thumb could become "fum") well after their peers are speaking clearly. School is a frustrating experience because they can't demonstrate what they know. They may, for example,

A Parents' Guide to Learning Disabilities

Delays in normal development may be an early warning that your child has a learning disability—or a sign of a late bloomer. Here, a thumbnail guide to some common symptoms and the process of getting help:

1 Identification

The signs of learning disability vary with age. A parent or teacher of a child who consistently lags behind his or her peers and exhibits several of the following signs may consider an evaluation:

Preschool

- Starts talking later than other kids
- Has pronunciation problems
- Has slow vocabulary growth, is often unable to find the right word
- Has trouble learning numbers, the alphabet, days of the week

- Has difficulty rhyming words
- Is extremely restless and distractible
- Has trouble interacting with peers
- Displays a poor ability to follow directions or routines
- Avoids puzzles, drawing and cutting

Kindergarten through fourth grade

- Has a slow recall of facts
- Makes consistent reading and spelling errors, including letter reversals (b/d), inversions (m/w), transpositions (felt/left) and substitutions (house/home)

- Is slow to learn the connection between letters and sounds
- Transposes number sequences and confuses arithmetic signs (+, -, ×, ÷, =)
- Is slow to learn new skills, relies heavily on memorization
- Is impulsive and lacks basic planning skills
- Has difficulty following directions or routines
- Has an unstable pencil grip
- Has trouble learning about time

2 Assessment

The parent or teacher takes the child to a school counselor or a pediatrician:

Physiological problems—like poor eyesight and hearing, as well as certain muscular diseases—can make normal children seem learning disabled. Psychological contributors, such as home life and emotional stability, should also be considered.

3 Testing

A referral is made to have the child evaluated by specialists:

Parents have the right to have their child evaluated after the age of 3, and public schools are obligated to arrange it. A psychologist, a social worker, a teacher, and a physician evaluate the student. Reading-comprehension, memory and spatial-relation tests help form a diagnosis.

4 Classification

The child is determined to be "learning disabled":

Some states require a discrepancy between a student's IQ and academic performance. Others need proof of dysfunction in things like perception and memory. Within 30 days of classification, children who qualify receive an individualized learning schedule.

5 Options/alternatives

By law, the child is entitled to an appropriate education:

A child's instruction must be continually monitored by his or her parents. If they are unsatisfied, they can lobby to change the curriculum or demand a transfer to another school—even a private one, paid at public expense.

RESEARCH BY BILL VOORHOULAS. SOURCE: NAT'L CENTER FOR LEARNING DISABILITIES

One School's Solution

The Lab School of Washington, a private school, uses the arts—especially drama, music, painting and filmmaking—to teach a variety of academic and social skills. The goal is to encourage kids by building on their strengths.



Living History

1 her Kelly McVearry leads appropriately costumed kids in the Renaissance Club, above. The hands-on activities bring the past to life. In a video

class, top right, budding filmmakers capture the action outside school. Like just about everyone in showbiz, what they really want to do is direct.

recognize colors but not be able to name them. And their school troubles don't stop there. Studies indicate that preschoolers with oral-language problems often have difficulty later learning to read and write.

ANOTHER GROUP OF LEARNING disorders revolves around difficulties in learning to compute or reason mathematically. In severe cases, these problems are called dyscalculia. Sometimes math difficulties appear without any other learning problems. At other times, these are the same children who have difficulty learning to speak and read. Janet Lerner, professor of education at Northeastern Illinois University and the author of the classic textbook for teachers of learning-disabled children, says some kids with math disabilities may suffer from "visual motor" problems that may make it difficult for them to count objects without physically touching them. They also have trouble adding one group of objects to another without counting them out, one by one. Others may have "visual perception" problems that, for example, render them unable to see a triangle as anything but three unrelated lines. They

find it very arduous to copy letters and numbers and align numbers properly for computation.

Complicating the picture is the fact that many learning-disabled children also have a variety of motor, social, memory, organizational and attention problems that affect their schoolwork, such as attention deficit disorder (ADD). Researchers estimate that up to 30 percent of children with learning disabilities may have ADD, which makes it even harder for them to focus. Children humiliated by their inability to overcome their learning problems also tend to develop behavioral and emotional disorders. Kids with learning problems are twice as likely to drop out of school; a disturbingly high number end up with criminal records.

Even after they learn to read, write and add, many learning-disabled people don't find these basic skills easy. That's why educators believe early intervention is critical. "If we do not identify children early, by the end of second grade, the majority of them will have difficulty reading for the rest of their lives," says Lyon. "What we're finding is that there are sensitive periods when children can learn to read more easily, just like there are windows when children learn foreign language easier."

In many clinics and hospitals around the country, such as Evanston Northwestern Healthcare's Evanston Hospital north of Chicago, babies and toddlers who had a traumatic birth are regularly checked for signs of developmental delays—significant lags in reaching the milestones of smiling, sitting, walking and talking. "We know problems at birth, including prematurity, increase the chances of developing learning

problems later in childhood," says Joanne Bregman, director of Evanston's child-development clinic. "All the research says that the first three years of life are critical. The sooner a problem is identified, the sooner it can be treated and the better the outcome is likely to be." Early intervention usually consists of speech, occupational or physical therapy. Every state has outreach programs that funnel children exhibiting significant delays in development into specialized public preschools.

A few nursery schools formally screen all children for early signs of learning problems. In Washington, D.C., Lynn A. Balzer-Martin, a pediatric occupational therapist, begins her multipart screening with a thorough questionnaire to parents and teachers about a child's health history, behavior and activities. Then she observes the child's movements, taking note of balance, positioning and coordination. Brain research has shown that the way a child moves or follows instruction can be an indicator of how well he processes information.

Someday, intervention may begin even earlier. Geneticists are working on procedures to identify inherited learning disorders. John DeFries, director of the Institute of Behavioral Genetics at the University of Colorado, says that researchers now believe that although as many as 20 genes may be involved in the reading process, just two or three "may account for most of the variation in reading difficulty that we see." If scientists can identify these genes, they could someday screen kids to determine which are at risk, and start working with them before they start to flounder.

At the moment, early intervention and

THE LAB SCHOOL OF WASHINGTON



Rock Elementary School in suburban Los Angeles. Joyce Jerome and two aides preside over a class of 14 learning-disabled students in grades four to six. This year's theme is the ocean, and Jerome has decorated a wall with fishing nets, colorful seashells and pictures of whales and other sea life.

One recent morning, five students—all of whom read well below their grade level—were gathered around a half-moon desk trying to read the word "enormous." Finally, one child blurted out "eee nor moose" and smiled. He won a "ticket," which can be redeemed for prizes like colored pencils and carnival-type toys in the classroom "store."

Another student, an 11-year-old girl, gets the word "nothing." She is told to break it into syllables and does so after some obvious stress. Finally, she says

two words: "no thing." Jerome prompts her. "What is like no thing? What sounds like no thing?" The girl rubs her forehead with her palm. "I don't know," she says, exasperated. "Why are these words so complicated?"

Some critics of the idea of learning disabilities claim that better instruction could eliminate the problem altogether. In the last few years, much of the controversy over these problems has become entwined with the often ferocious dispute over two alternate methods of teaching reading: phonics and "whole language," which is based on children's grasping the meaning of a word from its context in a story. While a pure whole-language approach works well for some kids, others—especially those with learning disabilities—struggle to read without help in phonics.

A few researchers have even suggested that whole language is the main reason for the huge increase in the number of kids diagnosed as disabled—fueling the idea that learning disabilities is a phony diagnosis, perhaps contrived to compensate for what are really teaching disabilities. In her new book, "Why Our Children Can't Read," Diane McGuinness, a Florida psychologist, maintains that all children need direct instruction in decoding words and that the proportion of children labeled learning disabled would drop if whole-language programs were replaced with those that emphasize phonological awareness and linguistics.

Learning disabilities are hard to understand, and so is the law that attempts to help struggling kids. If a family can't work through the bureaucratic maze, a child can languish. Such was the case with Jennie



Words and Motion

In dance class, above, students develop motor skills and coordination. Perfecting complicated moves also boosts self-esteem, says teacher Steve

Johnson. At left, Danny Wolk, 10, uses computer graphics to tell a story in a writing workshop. He begins with the creation of a diorama, foreground.

kids have to be more severely disabled to be called LD," says Esther Minskoff of James Madison University. "White kids are picked up earlier."

PUBLIC AND PRIVATE SCHOOLS around the country have developed programs for learning-disabled kids; the quality varies widely. At the Lab School of Washington, a private school with 255 students in kindergarten through 12th grade, founder and director Sally Smith uses the arts—especially music, dance, painting, drama and filmmaking—to teach academic skills. She has also created clubs based on different time periods to help develop social skills as well as provide a lively history curriculum. Kids start out as cavemen and move through Egypt, the Middle Ages and the Renaissance up to modern times. "It's very experiential, very hands-on," Smith says. "We want to build on their strengths." (One of the authors of this article, Washington correspondent Pat Wingert, sends a child to the Lab School.)

Public-school programs generally have fewer resources, but teachers still try to emphasize individual attention. At Eagle

diagnosis is the exception rather than the rule. Most children with learning disabilities don't get help until they're well along in school—usually between the ages of 9 and 14. That's because, under the law, funding follows failure. Children who are officially labeled learning disabled are eligible for special aid. But to win that, all 50 states and the federal government require proof of school problems.

Of course, that doesn't mean every child who is having trouble in school is learning disabled. Most states require a discrepancy between a child's actual achievement levels and his intellectual potential, usually determined by some type of IQ test. And that's another reason learning disabilities have become so controversial. Many critics of IQ tests believe they are culturally biased and underestimate the intellectual potential of poor and minority children. "Black

Harvey. At 15, she's finally learning to read at the Cove School in suburban Chicago. Because she had severe speech problems, Jennie was enrolled in special-ed classes at the age of 3. Although she was promoted annually, by the seventh grade she still wasn't reading at a first-grade level. Her parents accepted Jennie's teachers' assessment that they were doing all they could. But three years ago they hired Rose Pech, a retired special-education teacher turned tutor, who diagnosed a series of problems that required much more specialized in-

struction than Jennie had been receiving. With Pech's help, Jennie was admitted to Cove, a private school for severely learning-disabled children (the state pays the \$16,000 annual tuition because the district cannot provide the same services). Jennie's story is an extreme example of lost potential: because she's learning to read so late, her teachers doubt that she can ever really catch up.

Scientists want to spare other children a similar fate. And parents like Suzanne Mertz are learning how to make the sys-

tem work for their kids. When her husband was recently transferred to Pennsylvania, she went school-shopping for Andrew before deciding which town to live in. She finally settled on Great Valley, which has an excellent learning-disabilities program. Her advice to other parents? "You can advocate for your child better than anyone," she says. "You know them best." Raising a child with learning disabilities will always be a long, hard road—but now, at least, there's reason to hope.

With TARA WEINGARTEN in Los Angeles

Although it was unheard of 20 years ago, many learning-disabled students now go to college. But how much special help can they expect on campus?

A STRUGGLE BY DEGREES

FOR MORE THAN A CENTURY, CERTAIN GRADUATION requirements at Boston University's College of Arts and Sciences have remained unchanged: no math and foreign-language credits, no diploma. So two years ago, when Jon Westling, BU provost at the time and now president, discovered that about a dozen learning-disabled students each year were substituting classes like "Anthropology of Money" for algebra and "Arts of Japan" for Spanish, he says he was "astonished." While course substitutions are granted to learning-disabled students at many colleges, they're not required by law. And Westling was adamant that BU abolish them. "We have a responsibility to ensure that our degrees mean what they say," he says.

Twenty years ago, learning-disabled students were largely unheard of at the college level. But with greater support in earlier school years, many now consider higher education a reasonable goal. Since 1988, the number of college freshmen reporting a learning disability has more than doubled nationwide to about 45,000. For years, many enrolled at BU, drawn to the university's Learning Disabilities Support Services (LDSS), long considered one of the nation's best. By 1995, about 500 LD students were enrolled at the 30,000-student campus.

But Westling, a historian and former Rhodes scholar, had his doubts. He was the protégé of John Silber, BU's colorful and cantankerous president who buffed the school's image while never hesitating to speak his mind. Once he was named Silber's successor, Westling went on the attack himself. Despite having no training in learning disabilities, Westling reined in the LDSS. He halted course substitutions and reviewed the files of all students seeking such ex-

tra support as note takers, tape recorders and extended time on exams. And he declared BU would no longer accept LD diagnoses that were more than three years old, requiring students to be retested.

The reaction was swift and chaotic. Two LDSS officials resigned. And BU's learning-disabled students were incensed. "I was born dyslexic. I still have dyslexia and I will have it till the day I die," says Elizabeth Guckenberger, a BU law student. "Retesting at the college level is absurd." Last year, Gucken-

berger and nine other students sued Westling and BU, charging that the new policies discriminated against students with disabilities. Federal laws require that educational institutions provide "reasonable accommodations" to LD students. Aggravating matters was the personal nature of the conflict. The students claimed that Westling had humiliated them with speeches decrying "the plague of learning disabilities." In one address, Westling described an LD freshman he called "Somnolent Samantha," whose requirements included a recap from the professor when she dozed off in class. There was a problem with the anecdote. When the case went to trial last spring, Westling testified that "the figure of Samantha is a fiction."

Two months ago, in a landmark decision, U.S. district Judge Patti Saris ruled that, despite revisions in BU procedures since the lawsuit was filed, Westling's 1995 policies violated federal law. BU had failed to give proper notice of its policy changes, and had thus delayed or denied reasonable accommodations. Saris ordered BU to pay nearly \$30,000 in damages to six of the plaintiffs. And she criticized Westling for actions motivated by "uninformed stereotypes."

But Westling won several points, too. The judge dismissed complaints about the mathematics requirement and gave

the university till January to explain why its foreign-language requirement was reasonable. In a complex decision, Saris said BU was not required to permit course substitutions that it felt diluted its academic standards. Westling insists that he recognizes that "genuine" disabilities exist. But he still worries that extremists seek to "turn every intellectual deficit into a disability." The truce at BU remains tense.

CLAUDIA KALIN in Boston



Guckenberger chose BU because of its sympathetic reputation. 'I was worried about discrimination.'

Rush Neurobehavioral Center's
PARTNERSHIP WITH THE SCHOOLS PROGRAM

The Rush Neurobehavioral Center is located on the campus of Rush North Shore Medical Center and is a division of the Department of Pediatrics at Rush Children's Hospital. The Center provides multidisciplinary services to children with a variety of neurobehavioral disorders. The mission of the Center is to develop innovative approaches to the diagnosis and treatment of children with neurobehavioral problems, to conduct research on pediatric neurological and neuropsychological disorders, and to share the knowledge acquired through the Center's diverse activities with the lay and professional communities through an extensive outreach program.

BACKGROUND:

Learning Disabilities, defined as significant difficulty learning despite an apparently normal capacity for learning, affect 10-15% of the population. Studies have shown that 35% of students identified with learning disabilities drop out of high school, 50% of learning disabled females become mothers within three to five years after leaving school, and 50% of juvenile delinquents have learning disabilities. While the population is numerous and the stakes high, current Illinois State Board of Education teacher certification requirements mandate only one class (3 semester hours) in special education covering a gamut of disabilities. Thus, teachers often feel inadequately informed to teach to the diverse needs of learning disabled students, three of whom every teacher will encounter in every class every year.

Learning disabilities are treatable. Appropriate identification, instruction and intervention are the keys to making a successful learner from a struggling learner. Rush Neurobehavioral Center (RNBC) is comprised of experts on learning disabilities, who have years of experience in partnering with schools to provide students appropriate diagnoses and effective interventions. While RNBC serves children with all types of learning disabilities, our focus is children with a set of learning disabilities currently labeled Nonverbal Learning Disabilities. This disorder is poorly understood and underdiagnosed. The Center staff has experience diagnosing and caring for these children. We have developed a set of diagnostic criteria and are conducting a multidisciplinary research program which will provide further understanding of the social/emotional, psychiatric, neurological, and neuropsychological aspects of children with Nonverbal Learning Disabilities.

An important part of RNBC's mission is to provide services to underserved children. RNBC plans to build a Partnership with the Schools that will help learning disabled students experience academic success through diagnostic testing that will highlight areas of learning strengths and through teacher education that will improve understanding of learning disabilities and enhance ability to intervene through classroom instruction.

PROGRAM:

Children of Peace Schools (CPS) is an umbrella organization governing three elementary schools: Holy Family, Holy Trinity, and St. Callistus. There are approximately 600 children served by CPS. Phyllis Winters, CPS principal, confirmed that at least 10-15% of their students have learning disabilities; thirty of these children are served in a program called the Academically Challenged Child Project, focusing on children with reading problems. Unlike public schools, support staff with specialization in learning disabilities is not available for consultation at CPS, leaving current students in the Academically Challenged Child Project underserved and more than 30 other students not served at all.

The proposed program will provide selected students direct intervention through diagnostic process, treatment planning and plan implementation. A significant teacher education component will improve the educational opportunities for all students, particularly those with learning disabilities. The evaluation component will begin with selection of five students by CPS personnel in accordance with previously agreed upon criteria. After parents consent, RNBC will conduct a screening process. Two students will be provided with recommendations based on screening results and three students in need of full diagnostic/treatment planning will be selected. A thorough diagnostic process will be conducted and results shared with family and CPS. Classroom interventions based on the evaluation and classroom performance will be planned with teachers and benchmarks of progress defined. Case management will be provided by RNBC in conjunction with the school in order to monitor the progress of each student, coordinate the services the child receives and communicate with family. The screening, diagnostic and collaborative aspect of the program will directly serve twenty-five students with learning problems over the course of five years and be a model for servicing other students within the school.

In addition, RNBC proposes to offer staff education and on-going support to school personnel. RNBC will conduct quarterly seminars on learning disabilities, with topics ranging from an introduction to learning disabilities to specific information on RNBC's area of research, Nonverbal Learning Disabilities. Staff training in identifying the symptoms of learning disabilities and designing interventions will be given. Monthly meetings and phone consultations with teaching staff are scheduled to provide ongoing support, insure the efficacy of proposed interventions and provide a forum for consultation with RNBC staff about other students with learning problems. Staff training and collaboration with RNBC staff will continue over the course of the five year program to insure long-term results, account for staff turnover and address the changing needs of staff and students.

An evaluation component, designed by an outside specialist, will be implemented to insure success of the project's goals of providing direct screening, diagnostic and/or intervention planning and monitoring to twenty-five students, creating a model for further collaboration through those students, and supporting the school personnel of CPS through education and consultation.

BUDGET

INITIAL SCREENING COSTS

<u>Service</u>	<u>No. of Children</u>	<u>Cost/Child</u>	<u>Total</u>	
<i>Initial Screening</i>				
Social History	5 per year/25 total	\$250.00	\$6,250.00	
Testing	5 per year/25 total	\$250.00	\$6250.00	
<i>Diagnostic per Student</i>				
Testing: Educational &/or Neuropsychological	3 per year/ 15 total	\$2,500.00	\$37,500.00	
Neurological &/or Psychiatric Exams	3 per year/ 15 total	\$400.00	\$6,000.00	
Internal Staffing	3 per year/ 15 total	\$750.00	\$11,250.00	
MDC/IEP Conference	3 per year/ 15 total	\$500.00	\$7,500.00	
Total				\$74,750.00

ON-GOING COSTS

<u>Service</u>	<u>Unit</u>	<u>Cost/Year</u>	<u>Total/Year</u>	
<i>Quarterly Seminars</i>	4	\$350.00	\$1,400.00	
<i>Bi-Monthly Meetings</i>	18	\$350.00	\$6,300.00	
<i>Weekly Phone Contacts</i>	30	\$150.00	\$4,500.00	
<i>Emergency Consultations</i>	3	\$200.00	\$600.00	
<i>Follow-up Testing, neurological or other services</i>	3	\$1000.00	\$3000.00	
<i>Management and Overhead</i>		\$5000.00	\$5,000.00	
Total			\$20,800.00	
FIVE YEAR TOTAL				\$104,000.00

PROJECT EVALUATION

<u>Service</u>	<u>Cost</u>	
<i>Evaluation Design</i>	\$2500.00	
<i>Data Collection per Year</i>	\$1000.00	
<i>Analysis and Reports</i>	\$7500.00	
Total		\$15,000.00

Total: \$193,750.00

CONCLUSION

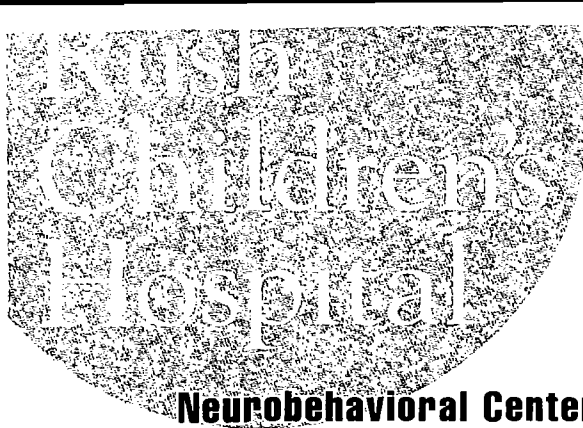
Rush Neurobehavioral Center is committed to sharing its knowledge to improve the lives of children with learning disabilities in underprivileged areas where limited or no services are currently available. The immediate outcome of this program is maximizing the learning capability of twenty-five learning disabled students and providing a model of collaboration for other learning disabled students. In addition, the teacher education and consultation component provides a cost-effective way of helping approximately 30 current students with learning disabilities who receive no services and, in the future, helping hundreds more students by providing them with teachers who have expertise in reaching all students in their classrooms. Further, addressing the needs of the learning disabled improves education for all students as teachers better understand the process of teaching children how to learn rather than what to learn.

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Neurobehavioral Center

The Rush System for Health is a comprehensive healthcare network that links community hospitals and other healthcare organizations to the specialized services of Rush-Presbyterian-St. Luke's Medical Center. The Rush System for Health includes:

Rush-Presbyterian-St. Luke's Medical Center

Rush Children's Hospital

The Rush Institutes

Holy Family Medical Center

Illinois Masonic Medical Center

Lake Forest Hospital

Oak Park Hospital

Riverside HealthCare

Rush-Copley Medical Center

Rush North Shore Medical Center

Westlake Community Hospital

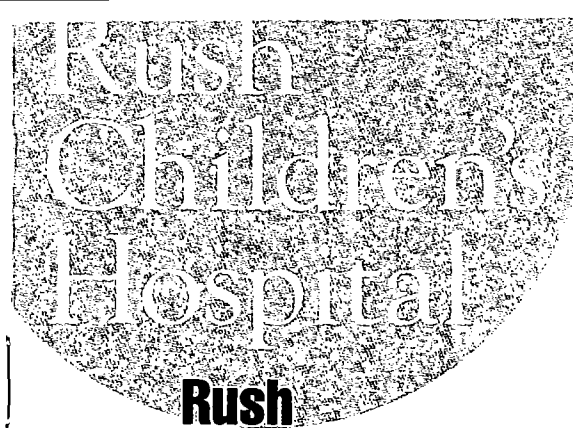
Johnston R. Bowman Health Center
for the Elderly

Rush University

Rush Hospice Partners

Rush Home Care Network

Rush Occupational Health



Rush Neurobehavioral Center

*Multidisciplinary care for children
with neurobehavioral problems*



Avis Mundel

Solving the puzzle...empowering the child