



# CdLS Foundation

Cornelia de Lange Syndrome Foundation, Inc.  
*Reaching Out, Providing Help, Giving Hope*

## Considerations for Using One-To-One Support in School

The IEP season is upon many of us – families and school staff alike. Many families across the country are agonizing over what to include in their child’s IEP, negotiating with schools over a variety of issues and worried that something may be forgotten or left out. The use of one-to-one support services on behalf of individual children is one of those issues of great concern to many families. For schools, frequently the need to reduce one-to-one supports is highly tied to the school district’s budget and/or available people to fill these positions. It also is tied to the philosophy of the current times.

Dr. Mary Morse, the special educator on the Clinical Advisory Board of the CdLS Foundation U.S.A. and the CdLS Federation’s Scientific Advisory Council (SAC), has had a number of enquiries from concerned parents around the world on the issue of one-to-one support for children with CdLS. Dr. Morse indicates that much of the research suggests more careful consideration in determining the use of such support people and favors reducing the dependency on 1:1 teaching assistants. According to Dr. Morse, the primary exceptions seem to be for those children who are medically at risk, those having severe multiple disabilities and those with severe behavior problems. In these cases, the thinking would seem to be that it is less expensive to have a teaching assistant than to send the children to private schools.

### Considerations When One-to-One Supports Are to be Reduced

Dr. Morse suggests the reduction of such services is not a bad move for some children. For other children, it may be a very unwise decision. In both situations, she is advising schools and parents faced with the reduction in support to consider the following:

1. Gradually, and over time, change the nature of the support from full time to part time, but with the teaching assistant remaining in the classroom.
2. Gradually, and over time, have the teaching assistant work with the child who has CdLS and another child together. Gradually, and over time, have her work with the child within a small group of children.
3. The teaching assistant models for the children how they may help each other. She plays a role in facilitating positive interactions between the child with CdLS and the other children and helps them learn how to communicate effectively, take turns, reach group consensus and so forth.
4. She remains available to adapt materials, projects and assignments as necessary and under the guidance of the teacher, so that the child with CdLS may be as successful as possible.



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5. She monitors potential trouble spots in order to be proactive in preventing them from growing into major problems.

Dr. Morse urges parents and teachers to work together to monitor the potential problems. “I suggest it might be good for parents and educators to do an inventory of potential trouble areas (subjects, time of day, environments, activities, etc.) and then work on having 1:1 assistance available, AT A MINIMUM, during those times.”

Dr. Morse stresses that there are clear circumstances where 1:1 support should be maintained. “For example, the presence of self-injurious behaviors (SIB), running away, swallowing small objects, students who are deaf, blind and non-mobile, etc., would all be sound arguments for making sure that 1:1 support in the classroom continues.” In all situations, it is important to have teaching assistants who are trained, understand their role and are supervised.

She also urges parents to remember that no IEP is “cast in stone”. It is a document that can be amended at any time.

*The above comments are a compilation of ideas from a variety of research and journal articles.*