

**Returning to School**

The student may initially return to school on a part-time basis. This transition takes place slowly and depends on the rate of recovery and the ability of the school to provide appropriate support.

Educators must work closely with parents and medical staff to plan the transition. Important decisions should be made about what to tell other children and how much the child can be expected to achieve when they first start back. With older children it is important that their view be respected when their return to school is discussed.

**Practical Strategies**

* Make the necessary preparations to deal with students who are reluctant to return to school.
* Look out for potential learning disabilities.
* Observe any [physical problems](http://www.childhoodcancer.ca/educators-guide/side-effects) the student may be having at school and respond appropriately.
* Recognize emotional and behavioural changes, follow up with parents, and access professional assistance, if necessary.
* Be cognizant of the variety of resources available locally and nationally to students and their families.
* Support childhood cancer survivors at the secondary level in attaining educational and vocational success by accessing resources, from organizations who provide specialized educational and vocational counselling.

Home Instruction and Attendance

Home instruction is most useful in the period after diagnosis. Children go in and out of hospital so much that attending school regularly is impossible. Attendance varies with each individual case; however, it is possible for them to miss as much as three to twelve months or more of school after diagnosis.

Each province and school district differs in the resources they have available for home instruction. Some are able to offer limited support as soon as it is needed, while others do so only when children miss a specified amount of time.

Principals should be familiar with the policies and procedures in place for home schooling and records of attendance within their schools and boards.

**Practical Strategies**

* Recognize the student's ability, e.g., short concentration span, and program accordingly.
* Collaborate with the home tutor who can be a bridge between home and school.

At Risk and Special Needs

Children with cancer are faced with potential learning problems as a result of the cancer and treatments. Some cancers, such as brain tumours and tumours located in the eye, head or facial area put students at higher risk of experiencing educational difficulties.

**As a result of treatment, they may have:**

* reduced attention span and energy;
* reduced vision and hearing;
* memory problems;
* physical disabilities.

**Practical Strategies**

* With parental consent, initiate an evaluation of the student to identify their special needs.
* Determine an appropriate Individual Education Plan (IEP) which includes accommodations that address special needs
* Review and revise the IEP on a regular basis, as the student's needs change over time.

Ways to Address Special Needs

* Modify learning goals and work expectations.
* Give extra help with processing and organizational skills.
* Allow extra time for work completion, assignments, and testing.
* Adjust work load.
* Work with special educational services such as: psychological counselling, physical therapy, speech therapy, occupational therapy, and transportation.
* Reduce the amount of written work required.
* Arrange oral rather than written exams.
* Provide copies of notes from lessons and activities.
* Consider applicable assistive devices e.g., use of computer instead of handwriting.
* Modify physical education activities.
* Assign a buddy for in-school support.
* Provide second set of textbooks for use at home.
* Ensure easy access to school facilities, e.g., washrooms, elevator.
* Allow extra time for transitions from class to class.

Guidelines for Presenting to Students

**The teacher:**

* speaks to the parents of the ill child before speaking to the child or their classmates (to find out who should or should not attend, what should or should not be talked about, what words should be used) and gets permission from the parents of students who will attend the presentation;
* keeps in mind the ages of the children in the classroom. Classroom presentations that are age appropriate are most effective;
* provides straightforward, reassuring answers to children's questions to help turn anxious classmates into supportive friends; address myths and reduce fear and confusion:

o Is cancer contagious?

o How did he/she get cancer?

o What are my chances of getting cancer?

o Will the cancer go away?

o Will it ever come back?

o Does he/she have to do schoolwork or homework?

o Is it fair?

* provides scientific basis for the disease, makes explanations that are geared to the developmental level of the students;
* explains treatment and side effects, stressing that even though their friend may look or act differently, they are still the same person inside and need their friendship;
* encourages the class to speak about their feelings;
* considers the fact that there will be students who have prior experience with cancer that ended in death; others will know people who have survived. Also takes the opportunity to reiterate the survival rate of childhood cancer
* reassures classmates and friends that nothing has changed in their friendship with the sick child and motivates them to continue to be good friends and to keep in touch, even if they can't visit regularly;
* helps students to understand the need to treat the student with cancer the same as others;
* realizes that taking the time to do an informative presentation is beneficial, e.g., educating students about cancer may help them to grow up to be compassionate adults who will reach out to others in times of need (character education).

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