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The Effectiveness of Hospital School Re-Entry Programs for Children with Life-Altering Illness or Injury

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The Effectiveness of Hospital School Re-Entry Programs for Children
with Life-Altering Illness or Injury

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Submitted in Partial Fulfillment of the Requirements for the Degree

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Abstract

When otherwise healthy students suffer from a life-altering injury such as traumatic brain injury (TBI), many of them will return to their schools and classrooms, but with dramatically different abilities and needs. Within UCSF Benioff Children's Hospitals resides an interdisciplinary team of specialists who collaborate to determine what these children will need in order to prepare not only the student, but also those who will play a part in the success of their return to school. The goal of the team is to create a pre-entry framework that will provide the tools necessary to put into place those services; and facilitate those actions necessary to help the child re-enter the school system. This study will look at the framework they have created and its effectiveness in assisting the children and their larger community, as they prepare for the transition from patient back to student. Students with life-altering illness or injury, benefit from receiving professional services that help them successfully re-enter school.

Chapter 1 Introduction

As a teacher in a hospital I often meet students with a variety of illnesses and conditions, but those who suffer traumatic brain injuries are some of the most unpredictable cases. A student with a brain injury may one day have the same abilities they had before the injury, but more often than not, their condition transforms life for them and their families.

Student A was a good student who excelled in school. He was friendly and easy to engage in conversation. Recently Student A suffered a fall and hit his head. Not long after, his parents started noticing that he often lost his balance and seemed to forget words. He was brought to the hospital where it was discovered that he had a mass on his brain, which turned out to be a brain tumor. The only viable option presented to the family was to have the tumor removed, but there were risks. When he arrived at the hospital, on first appearance he seemed fine and attended the hospital school daily. He was a good student and incredibly diligent about staying on track at school. One of his assignments was to create his own magazine. He meticulously worked on this project, and loved sharing his writing with teachers. After his surgery the changes were dramatic. He could no longer walk, had lost the use of one hand, and his speech was painfully slow and often incoherent. After a lengthy stay in the hospital working with a team of specialists, Student A went home and back to school a completely different child than the one who had left.

Statement of Problem

Every year more than 400,000 school-aged students are treated for traumatic brain injuries. Many of these students will return to the classroom once they leave the hospital, but their experiences when they return vary widely and often have differing results. How well was he

received by those who had been his friends before the injury? Did the school have facilities and systems in place to assess his needs and provide him with an education? What were the emotions he felt knowing that he would never kick a ball, or be able to remember what he read or write his name legibly? What Student a faces is not unique to children who suffering illness or injury and have endured lengthy hospital stays. There are many others who suffer a variety of debilitating illnesses and injuries, who upon leaving the hospital will need re-entry services and these same questions will need to be answered. How well the process of re-integration goes depends largely on the collaboration between hospital and school, but the first step begins with services these students receive while in the hospital, where a group of re-entry specialists can help pave the way for students to re-enter the classroom.

Purpose Statement

The purpose of this study is to document the framework created by a hospital school re-entry interdisciplinary team and its effectiveness in assisting both the student and their school with preparations for the return to the classroom after a hospitalization has occurred.

Research Questions

What are the perceptions of families and receiving teachers regarding the quality of preparation of students who transition from the hospital school program to the general classroom? How effective are the services provided by hospital re-entry specialists in helping to equip students, their peers, families and teachers with the framework necessary for successful return to a school setting, after suffering a life-altering injury or illness?

Theoretical Rationale

In order for a student to successfully re-enter a school setting after suffering a life-altering illness or injury, there is a host of emotional and physical components that must be in place to support

the student and their family. Without proper services, these students may not receive an appropriate education.

Bandura's Social Cognitive Theory

"Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action."

-Albert Bandura, **Social Learning Theory**, 1977

For the child who is re-entering the classroom, many people and systems play a part in the success of this effort. All of the people involved, the student, their peers, their family and school faculty, must learn new behaviors necessary in order for the student to receive a free and appropriate education as outlined in Public Law 94-142. Bandura's Social Cognitive Theory suggests that individuals can learn how to aid a successful school re-entry by learning new behaviors. These new behaviors are key in meeting the needs of students with a life-altering illness or injury.

Nan Songer, a special educator from Syracuse University Center for Human Policy, understood how important it was for people to learn new behaviors in order to institute school re-entry. She met with a group of re-entry specialists in order to create "best practices" in school re-entry. The practices she developed help to create a blueprint for those who do the work of hospital to school re-entry. From her efforts the Association of Pediatric Hematology Oncology Educational Specialists (APHOES) was created in 2005. This group tasked itself with the duty

of creating positive educational experiences with students suffering from blood disorders and cancer. Their work and the work of others helped to ease the stress for children and their families as they re-enter school after hospitalization.

Assumptions

Re-entry back into the school setting is stressful for the students and faculty, because most schools have little experience with how to help return students back to the classroom. Everyone involved with re-entry must deal with the social, emotional and physical changes that come with life-changing illness or injury. Because of this often-difficult process, many hospitals have school re-entry or rehabilitation teams who help to navigate the difficult roadmap of re-integration.

Background and Need

In 1987, the *Journal of Community Health Nursing* wrote an article entitled: Reentry of the Head-Injured Survivor into the Educational System: First Steps. *Journal of Community Health Nursing*. This article discusses what steps are needed to help students with head injuries. The article is in part based on the findings of the National Head Injury Foundation's Special Education Task Force. The work done by both bodies brought to light how Public Law 94-142 required that all students are entitled to a free and appropriate education. Without this law many students with TBI would have few rights to a quality education after receiving a brain injury.

Chapter 2 Review of the Literature

Introduction

This chapter provides an overview of the topic. First, historical context of brain injury is described. The second section, Review of the Previous Research, delineates that research is limited on school re-entry programs. Impact of school programs on children who re-enter the general school setting is discussed. Additional information is collected from statistical data and other sources of information to substantiate the need for continued exploration of hospital-school programs for children with brain injury and other life altering illnesses.

Historical Context

The federal government recognized traumatic brain injury as “other health impaired” under the 1990 Amendment to the Individual Disability Education Act of 1975. The amendment states that *traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. (34 C. F. R. § 300.7(c) (12))*

Because of this designation, students who suffer from traumatic brain injury are protected by federal law and are guaranteed a Free and Appropriate Education (FAPE). This means that schools must provide special education services to those students whose “health impairment” has an adverse effect on their education. Before the creation of school re-entry programs, schools had to find ways to successfully reintegrate students back into the classroom.

This was no easy task because schools were not always privy to the medical information necessary to make informed decisions about how best to do this. Because of this, school re-entry programs were created to build a collaborative bridge between hospital and school that could serve the needs of the student and educate the school.

Review of the Previous Literature

The Effects of Chronic Illness and Injury on School Age Children and their Families

After a TBI the child and family may be particularly anxious for the child to go back to school, because re-entering the classroom reflects a return to normality (Deidrick & Farmer).

Students with traumatic brain injury often look no different after their injury, but they suffer lingering deficits that are significant because they can interfere with academic and social performance and complicate reintegration into the school system following injury. (Arroyos-Jurado) The pathway by which a child progresses from an initial injury toward the reintroduction of educational services can be complicated. (Cheshire, Canto & Buckley)

Hospital Role in School Reentry

To aid the school in providing the student with a successful re-entry into the school system, it often falls on a hospital interdisciplinary team to pave the way. (Badger) Hospital social workers and other health care personnel (such as child life therapists, school teachers, physical and occupational therapists, or nurses) are potential community partners for school social workers planning a re-entry, and they are usually able to provide information and material specific to the returning child. (Badger) The interdisciplinary team usually works with a student during hospitalization in monitoring recovery. (Arroyos-Jurado) Due to the rapid changes a student

with TBI can undergo, constant monitoring of progress, leading to modification of interventions and teaching strategies, is required. (Arroyos-Jurado)

School Role in Reentry

As school-age children are at the highest risk for sustaining a traumatic brain injury (TBI), educational professionals working in school settings will encounter students dealing with the after-effects of a TBI. (Arroyos-Jurado) The attentional deficits that may be present in a head-injured student represent problems of management for the teacher and the school system. (Burns & Gianutos) Often these students have special needs that must be met by the school and the district. (Bullock) Since its passage, students with TBI have been entitled to special education services through provisions of the Education for All Handicapped Children Act of 1975 under the heading of “other health impaired.” (Bullock) Each child is entitled to educational services while hospitalized; these services are individualized. (Burns & Gianutos) However, the greatest problems arise later with respect to classroom and school placement. (Burns & Gianutos) Within the school environment, the school-based intervention team would be provided information about the child and injury-specific symptoms in conjunction with the reports and individualized education plan by the Hospital Homebound multidisciplinary team. (Chesire, Canto & Buckley) School personnel are not often equipped to handle the transition necessary to help students with traumatic brain injury. (Bullock) The school district found that a lack of interagency communication and understanding was unnecessarily complicating, and in some cases inhibiting, service delivery for these students. (Chesire, Canto & Buckley)

Upon the child’s reentry to school, a school-based intervention team can assess the student’s needs with respect to the social transition back into the particular classroom (i.e., improving

“fitting back in” with peers and providing additional support to assist the teacher). (Chesire, Canto & Buckley)

Framework for Collaboration

It is difficult to identify a specific program for school reentry as ideal, because school reentry programs have not been subjected to empirical study. (Deidrick & Farmer) More comprehensive programs tend to focus on increasing collaboration between school personnel, hospital personnel, and the family, and may also include components of school personnel workshops and peer education programs. (Canter & Roberts) For children with severe injuries, school reentry can be conceptualized as a series of stages that progress from initial hospitalization and inpatient rehabilitation, when the school reentry team is beginning to form, to post-hospital discharge, when the team is monitoring the child and adjusting his or her educational program as necessary. (Chesire, Canto & Buckley) Once the initial phase of recovery has happened, an interdisciplinary team turns its efforts to providing a variety of services to the student and the school community to help them re-enter the educational setting. Approximately 40% of home discharges will be children who, in addition to receiving possible continued medical intervention, should receive attention from local education authorities. (Burns & Gianutos) It is not clear how often active reentry planning occurs, but it seems more likely with children who experience prolonged hospitalization and often require more intensive accommodations to be successfully served in schools. (Chesire, Canto & Buckley) Interagency relationship building became the first step of district problem-solving process with a primary goal to improve collaboration, expedience (especially timeliness of notification), and effectiveness of transitioning the injured child back into the school. (Chesire, Canto & Buckley) If children with TBI are identified to the school system while the child is at the hospital, not only could such a process improve school

resource access, but could also improve families' access to potentially helpful available resources within the community. (Chesire, Canto & Buckley) The ideal school reentry process is complex and can be impeded by multiple barriers including communication breakdowns, knowledge of gaps and attitudinal barriers, systems issues, and a lack of empirically supported programs for the promotion of school re-entry. (Chesire, Canto & Buckley) In order to design more effective interventions, a comprehensive analysis of the existing literature is needed to improve understanding of school reintegration programs and determine areas where research is lacking. (Cantor & Roberts) Multidisciplinary teaming is an optimal approach to planning school re-entry because a wide range of expertise can be tapped to address the child's needs, with the family forming the core of this team. (Deidrick & Farmer) Through careful planning and monitoring, educators, parents, and health professionals can foster positive adjustment to school following TBI. (Chesire, Canto & Buckley) Guidelines for return to school may help educators and health professionals identify an approach to transition, but specific protocols for school reentry must continue to be developed and evaluated to determine best practices. (Chesire, Canto & Buckley) Although the challenges students with TBI pose to the educational establishment often stretch time, energy and resources to the maximum level, the rewards that come from seeing a student reenter school and make progress toward adjusting to their life circumstances make the efforts worthwhile. (Bullock, Gable & Mohr)

Statistical Information

Centers for Disease Control (CDC)

A growing number of students suffer TBIs for a variety of reasons that cause them to need services in order to enter the school setting in a way that will allow them to access education. According to a report prepared by the CDC Division of Injury Response, National Center for

Injury Prevention and Control, from 2002 – 2006, every year approximately 511,000 TBIs occur among children ages 0 to 14 years. Approximately 472,000 of those children visit emergency departments. More than 35,000 of those children were hospitalizations. Of these children, it is unclear how many experience long-term impairment or disability from their injury. What is clear is that some of these children will return to school with significant educational needs that must be met by local education systems.

Administrative Records

Will include reports and notes written regarding school re-entry activities.

Information from evaluations complete after school re-entry visits.

Diary of a school re-entry visit

Family X came into the classroom because they had spoken with a social worker about their son who was currently hospitalized. Student X had been out of school for some time because of his medical condition. According to Student X's mother, at first doctors couldn't figure out what was wrong. Student X was finally sent to UCSF Benioff Children's Hospital. Doctors identified the problem and with medication Student X was finally ready to go back to school. The mother was concerned about who would give her son the medication he needed during the day, how would the other students treat him, and what would happen if he had a medical emergency while at school. I conferred with two members of the UCSF School Re-Entry Committee who explained to me the qualities of successful school re-entry and what steps were necessary before the re-entry visit could happen. My first call was to a teacher for the student. This particular class had two part-time teachers. I told the teacher the reason for my call. She had many questions because during her teaching career she had never had a student in her class who suffered from seizures. My next call was to the school nurse who would become an integral

part of making sure the medical needs of this student were met during school hours. Forms would need to be filled out, including information from doctors describing the medical needs and any medication that would need to be administered. During the planning phase of this re-entry visit I received calls from the second classroom teacher and the principal, who also required information about what a school re-entry visit was, why the parents felt one was needed and what it would involve. A re-entry presentation was created explaining why the student was hospitalized, his medical condition and how students and the teachers could help the student on a daily basis and during an emergency. A hospital Child Life Specialist accompanied me to the school on the day of the visit. Before we met with the class a meeting was held with the student, his family, the principal, the district nurse and both teachers. Everyone at the meeting was seeking information that would help meet the needs of the student. We were then escorted to the classroom. During our presentation the family and the nurse joined us. The presentation created for the class had to be age-appropriate, while at the same time providing information to the teachers who would need to act if there was an emergency. The students were curious and asked many questions that not only helped them to understand a medical condition, but also helped them to understand what to do if their classmate was experiencing any problems. At the end of the presentation surveys were given to all adults who attended. The surveys asked the participants to rate how well the presentation met the needs of the students and staff. After completing our presentation, the Child Life Specialist and I debriefed about what worked well and what needed improvement. After three months a second survey was sent to the same participants to determine whether the visit had a positive effect on the student, the family and school personnel.

Special Collections including the UCSF school re-entry brochure, data on school re-entry visits and guidelines pertaining to hospital school re-entry efforts.

Interview with an Expert

How did the school reentry program get started at UCSF Benioff Children's Hospital?

Schools have been in hospitals for a long time. In 1995, a woman at UCSF Children's Hospital was the first person to start school re-entries. She was a school re-entry liaison. Her job was specifically for liaising with schools about school re-entry. It was a full-time job created to educate schools and classmates about students returning back to schools. She also provided recommendations to schools about student needs. The current school re-entry program began in 2004. At first there wasn't enough manpower to do more than 1 or 2 visits per year. Now we do about 14 per year.

What is the hospital role in creating a re-entry plan for students returning to their regular school?

Re-entry should start with the hospital. Schools may not know what to do about re-entry services and they may not worry about the student until they actually get back to the school. Hospitals with re-entry programs are better equipped to know where to start. Normally a parent will initiate re-entry services through conversations they have with hospital staff. Our job is to make recommendations and we need help from hospital social workers, physical therapists, occupational therapists, nurses or doctors. Teachers at UCSF are like the middlemen who coordinate the efforts. Speech and occupational therapists will make specific recommendations.

Teachers will get these professionals and others to say how long services may be needed.

Rehabilitation rounds address needs of students returning after illness. The members of the team need each other in order to get things done. Teachers may assess and help with physical therapy or occupational therapy sessions in order to provide the school with information. Working as a team is helpful because we co-treat. I can gauge where a weakness is in the re-entry plan and act accordingly. We work with schools, and I've gotten better over the years at guiding schools. It is all in the approach. Often information doesn't get passed from person to person in a school, so it becomes the job of the teacher to disseminate information. I will try to pin down who is the best person to talk to about the needs of a student. I try to work with only one person at the school. If the lead person isn't comfortable passing along information they will let you know. Email is often the easiest and best way to communicate with people so everyone knows what is going on.

What steps are involved in executing a school re-entry plan?

Talk to the school about re-entry and start dialogue with the medical team and parents. Have conversations with them to decide if a re-entry team is warranted. Talk to the family about what they want to be conveyed during the visit and also what they are worried about.

The next step is to get reports from everyone who has worked with the student while they were hospitalized. We use a school re-entry checklist which helps to break it down into needs. This form is normally filled out the week before the student leaves. We talk to teachers about PT, OT as well as other needs. It may also be necessary to have a conversation about Individualized Education Plans (IEPs). If a student needs an IEP, we will write an IEP letter for the family to help them obtain services. It is also common to get a letter from a doctor stating what the illness or injury is and how it will affect students.

The checklist has needs and assessments, which provide information that an IEP would contain. A safety plan should also be filed with the school nurse. A date should be set up for the visit. A team is organized consisting of a teacher, a child life specialist, and sometimes medical personnel or a social worker. The hospital has a dedicated school re-entry committee who will go if no child life specialist or teach has met the student.

How do you measure the success of a school re-entry?

The best indicator is when you are in the classroom and see the light bulbs go off with the teacher and students. When you ask a student how they would want to be treated if they were gone a long time and they tell you they want to be treated the same as before they left, that is an indicator. You can also tell if you have been successful by the questions asked by the students. At the conclusion of the re-entry visit evaluations are given to parents, teachers and other school personnel. This gives the audience a chance to express us their thoughts about what we provided. When the surveys come back we will review them to determine the strengths of our program and where we can improve our services. Three months later we send out another survey to see how things are going at the school, after everyone has had time to adjust.

How do you determine if changes are needed for the framework used to create school re-entry plans?

Each school re-entry is individualized based on each child. We look at evaluations from school visits to look for themes. We also talk to the teachers in their classrooms to find out how they feel about our services. We then follow up with an evaluation form which provides the best information about the visit.

How does the school re-entry team collaborate with the student's school to create a re-entry plan?

Each school re-entry will be different because it is based on the needs of each child. We look at evaluations for themes that occur during re-entry visits. We need to take in the teacher's reaction. Follow-up evaluations provide the best information.

Sample and Site

This interview was conducted at UCSF Benioff Children's Hospital. The interviewee is a special education teacher who also serves on the hospital school re-entry committee. She was chosen because of her expertise in helping students with traumatic brain injuries re-enter school.

Ethical Standards

This paper adheres to ethical standards in the treatment of human subjects in research as articulated by the American Psychological Association (2010). Additionally, the research proposal was reviewed by the Dominican University of California Institutional Review Board for the Protection of Human Subjects (IRBPHS), approved, and assigned number 9096.

Chapter 3 Method

Introduction

This study explores the framework used by the hospital interdisciplinary team to help make the transition to a school setting when a child is ready to make the transition back to the classroom.

My research relies on interviews with members of the interdisciplinary team to determine their part in this re-integration. I also attended rehabilitation rounds to observe those specialists as they worked on transition plans for several patients.

Sample and Site

My target subjects were a special education teacher, a child life specialist, a social worker, a physical therapy, and a nurse.

Access and Permissions

As a staff member at UCSF Medical Center, I obtained all necessary permissions to access information about school re-entry methods of the medical center.

Data Gathering Strategies

I observed specialists as they interacted with their colleagues and those patients who receive re-entry services. I gathered data while they worked on each student's individual school re-entry plan.

Data Analysis Approach

Information was gathered using the school re-entry presentation review form. Nine questions and three areas for open-ended responses constituted the overall format of the review. For the purposes of this study, I examined responses to three questions: What was the most useful piece of the school re-entry presentation? What could be added to make the presentation more

helpful? How was this presentation beneficial to you and your student body? Responses were analyzed. Similarities and differences in responses were identified.

Chapter 4 Findings

Description of Site, Individuals, Data

This sampling of data was collected at the conclusion of a variety of school re-entry visits, which were conducted at the school of record. Surveys were completed by the families of students receiving re-entry services, teachers, school administrators, and school nurses. The school re-entry survey is comprised of two parts. The first part consists of nine questions which the respondent answers based on a 1 to 5 scale, with 1 meaning the needs of the audience were not met at all and 5 meaning that the needs of the audience were met very much. There is also a space included for those who felt a question was not applicable for their school re-entry visit. The second part of the survey consists of three open-ended questions.

School Re-Entry Presentation Review Responses

Questions	1	2	3	4	5	n/a
Helped prepare students and staff for the patient's return to school	0	0	0	4	22	3
Helped students and staff gain understanding of the patient's hospitalization	0	0	2	3	24	0
Helped students and staff gain understanding of the patient's medical issues	0	0	0	3	25	1
Helped students and staff gain understanding of the patient's behavioral issues	0	0	1	1	15	11
Help students and staff gain an understanding of accommodations needed for the patient's return to school	0	0	1	6	23	0
Gave students and staff ideas and examples of how he/she will be able to help the patient upon his/her return to school	0	0	2	4	23	0
Provided students and staff a forum to ask unanswered questions about the patient's return to school	0	0	0	3	26	0
Help to create a smooth transition for the patient's return to school	0	0	0	4	23	3
Will help to reduce teasing of the patient.	0	0	0	0	25	4

Written Questions

The written section of the survey asked the following questions:

What was the most useful piece of the school re-entry presentation?

What could be added to make the presentation more helpful?

How was this presentation beneficial to you and your student body?

Overall Findings, Themes

The surveys revealed that recipients of the presentation appreciated the school re-entry visit.

When asked what the most useful piece of the school re-entry presentation was, three main themes emerged. First, respondents appreciated the age-appropriateness of the presentation.

The presenters did a good job of explaining what the student endured during the hospitalization, what happens now and how they can help the student who has returned to school. The second emerging theme was about the interactive components of the presentation. Presentations usually consist of a PowerPoint presentation, visual aids, and a question and answer session. This was valuable for participants because it gave them a deeper understanding of the illness, the student and what to expect once the student returns to the classroom. The third theme was centered on discussion of the disease or illness. Participants who commented on this theme felt that they received a better understanding of the specific medical issues and how it might impact the student in the classroom.

Chapter 5 Discussion /Analysis

Summary of Major Findings

The school re-entry program proved to be well designed to meet the needs of students, families and school personnel in helping to ease the transition back to school after a child has suffered an illness or disease. All of the respondents found the presentation to be useful, with the majority of them finding few faults with the current framework used to create individualized presentations. When asked what could be added to the presentation, two-thirds of respondents said they would not change anything. The other surveys revealed that teachers wanted more information about the disease or illness for both themselves and their students. They also wanted additional information about how to specifically help the patient and keep them safe once they return to the classroom. When asked how this presentation was beneficial to you and your student body, all teachers agreed that it was informative and helped to understand the illness, the needs of the student and the ramifications for the class.

Comparison of Findings to Previous Research

This study is comparable to previous research on school re-entry services. Previous research has found that re-entry visits are useful and appropriate because they provide the people who are affected by the illness of a child some sense of knowledge that they believe will help not only the child in question, but also classmates who may have questions to which a teacher might not necessarily have answers.

Limitations/Gaps in the Study

The number of respondents to the survey limits this study. Surveys were blind, so it is unknown what kinds of illnesses were being surveyed. A larger pool of participants would show if school re-entry programs are successful for all types of illnesses. Few secondary surveys were returned to the re-entry program, so none were used in this study. The data are limited to the school re-entry program used at UCSF Benioff Children's Hospital.

Implications for Future Research

Future research is warranted as a way to help schools meet the needs of students returning to the classroom. Additional research should also be done to determine if re-entries should be varied depending on the illness of the students. Research should also be conducted to learn about the knowledge base of schools before a re-entry and if schools feel appropriately equipped to help students who will be re-entering the classroom.

Overall Significance of the Study

This study is significant because it highlights that school re-entry services are necessary and well thought out by those who create them, but it also brings to light that schools often need assistance with helping a student re-integrate back into the classroom after an illness. It reveals that schools rely heavily on re-entry programs to start the sometimes arduous journey of providing children with illness such as a TBI the appropriate and meaningful education to which they are entitled.

About the Author

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