Epilepsy in Children:
Learning & School Performance
Epilepsy and School

Most children with epilepsy don’t have school issues, but some may have learning or performance issues.

School personnel should not expect less from a child with epilepsy in their classwork or behavior. However, many factors related to seizures can affect learning. Medication side effects, absences for medical tests and treatments, and in some cases, the condition itself, may affect school performance.
IDENTIFYING LEARNING PROBLEMS

Search for Answers: First Stage

- Check the child’s hearing and vision
- Describe the school problem in detail; for example:
  - Difficulty following directions or paying attention
  - Difficulty understanding and remembering new material
  - Difficulty with reading
  - Difficulty finishing tasks without help
  - Not turning in homework regularly
  - Difficulty with behavior in class
- Establish a homework routine for the child and stick with it
- Use seizure observation record (available at efmn.org)
- Use simple classroom teaching strategies or tutoring
- See whether there are any treatable causes for school problems related to seizures:
  - Is the child having side effects from seizure medication (it can be hard to tell how the medication is affecting learning but special tests are helpful)?
  - Is he or she continuing to have seizures?
  - Is the child emotionally upset and unhappy about having seizures?

The child’s doctor should be aware of the side effects and seizure activity to tell whether medication changes are needed.
Search for Answers: Second Stage

1. If learning problems continue for several months and the first steps have been taken, an in-depth psychological and educational evaluation of the child should be performed.

2. Federal and state laws require schools to assess a child’s eligibility for special education services when his or her school performance is lower than that of other children.

3. Evaluations are usually conducted by a team whose members bring different skills and knowledge. It’s helpful if someone with epilepsy knowledge and the effects it can have on learning behavior is a member of the team (e.g. psychologist in the medical setting, school nurse with specific epilepsy knowledge, a physician who treats children with epilepsy or an epilepsy nurse specialist).

Areas For Testing

- Cognitive and Learning Ability—usually conducted by a psychologist to measure memory, attention, visual-motor, spatial abilities, problem solving skills, speech and language development.

- Educational Achievement—measures how well the child is currently performing in reading, spelling, writing and math; then compares the child’s achievement level with that of other children in their grade.

- Behavioral and Social History—summary of child’s family situation, emotional status, behavior, and ability to interact appropriately with others; gathered through interviews and observations, parents and teachers are often asked to fill out behavior rating scales.
SEIZURE-RELATED FACTORS IN LEARNING

Fixed Physical Factors:

- Underlying brain disturbances that cause both seizures and learning problems
- Malformations of the brain
- The side or area of the brain that is affected
- The child’s age when seizures began
- Presence of a known epilepsy syndrome (distinct groups of symptoms)

Factors That May be Treatable:

- Frequent seizures or severe seizures
- Unrecognized (sub-clinical) seizures
- Side effects of medication (which may be related to how many medications and how much medication the child is taking)
- Emotionally upset and negative feelings about having seizures

Epilepsy can negatively affect school attendance and achievement. Fears and misconceptions about epilepsy are still common, and other people’s negative attitudes towards children with epilepsy can be stressful.

A child who has low self-confidence, or is anxious or depressed, is likely to have challenges while learning and performing; which can be a downward spiral causing their confidence, behavior, and emotional state to decline. Counseling can help reduce emotional and negative feelings that may be causing the changes in behavior and help children cope more effectively.

Educating the other students, their families, friends, and teachers with factual presentations about epilepsy can reduce teasing and eliminate the negative stigma (free education is available in many locations via the Epilepsy Foundation of Minnesota).
Other Disorders

Epilepsy can coexist with other disorders that may affect the child’s progress at school. These include: attention deficit/hyperactivity disorder, mental health, developmental delay, and autism.

Responsibilities of School Personnel

It is important for school personnel and parents to communicate and share information to develop a plan for handling seizures in school. The manner in which seizures are handled should be consistent between home and school. If the school is prepared, the occurrence of a seizure will not disrupt the classroom or cause undue attention.

Other children may react with surprise, fear, or revulsion to a seizure. School personnel play an important role in preventing any lasting negative reaction on the part of other students. If the children are old enough to understand, the nature of epilepsy should be explained. If not, a simple reassurance that it does not hurt and will soon pass will suffice. To the child with the seizure, it is vitally important that continued acceptance be assured through the calm behavior of school staff.

First aid for a child known to have seizures should be coordinated with the family. Successful medical management of epilepsy depends on accurate observations and reporting of seizures. Since the child’s physician rarely sees their seizures, it is vitally important for school personnel to communicate any observations during a seizure to the nurse and family. In recording a seizure, you should include: date, time of day, duration of seizure, and a description of what occurred.

Planning for Success

School administration sometimes place children with epilepsy in special education classes to avoid stress, when such placement is not necessary. The goal should be to help the child achieve his or her highest potential.

School placement should depend on the individual strength of each child and to the greatest extent possible place them in regular classes.

Federal and state laws are designed to make sure that a child who meets the definition of being a child with a disability has extra help to meet education goals.
Tips for a Successful School Environment

- Build relationships with those involved in the child’s education
- Keep record of all communication and forms
- Communicate effectively, respectfully, and firmly
- Share your child’s strengths
- Think long-term
- Be solution-oriented
- Involve all areas: physical, mental, emotional and social
- Knowledge of educational policies:
  - **IDEA - Individuals with Disabilities Act**
    - States that every child has a right to a free appropriate public education.
  - **IEE - Independent Education Evaluation**
    - An evaluation of a child’s needs at school that is not conducted by anyone who works in the child’s school district.
  - **IEP - Individualized Education Plan**
    - A process that outlines the goals for a child during the school year and describes any special support the child will need to achieve those goals.
  - **IHP - Individualized Health Plan**
    - A document that outlines the health care needs of a child and how those needs will be met at school.
  - **Section 504**
    - A process that communicates the necessary accommodations for a child with disabilities to succeed in school.
Additional Resources
For information on seizure first aid, seizure types, treatment options, driving, SUDEP, safety tips, additional resources, and more, please visit the following:

• efmn.org
• epilepsy.com

24/7 Support
Call 800.779.0777 or info@efmn.org during business hours or 800.332.1000 (en Español: 866.748.8008) after hours with any questions or concerns.