

MIGUEL

(High School Senior)

Miguel is a 17 year old who had been in a residential treatment facility for “adolescents with emotional disturbance.” He had made several attempts to harm himself by stepping in front of cars, requiring the car to swerve in order to miss him prior to hospitalization. After residing in the treatment center for six months, Miguel was released to his home school district. All of this occurred in another state. Records from the treatment facility note current diagnoses of depression, “anxiety attacks” and AD/HD. School records prior to treatment suggest these diagnoses are of long standing. The residential treatment facility monitored Miguel for several months following his release. It was discovered that he had been drinking heavily in the evenings with friends. A treatment plan to address sobriety was developed and Miguel had been “successfully participating in therapy for three months” his records indicate, prior to moving to your district this week. He is currently taking an antidepressant to address the depression and Ritalin for his attention difficulties.

Miguel resides with a single parent mother who is unemployed. They “have a very warm and supportive relationship” according to previous school records. However, Miguel had been frequently truant from school prior to hospitalization records indicate. He primarily stayed at home during these trancies. Previous records suggest concerns about parental support of truancy.

Miguel is a talented singer and well liked by peers. He reportedly makes friends easily, though he tends to be withdrawn. Miguel has a family history of major depressive disorder on both sides of the family according to his mother, with an uncle who has not left the house for several years due to phobias. Miguel himself had a difficult time in Kindergarten, having difficulty leaving his mother for over six months, but he did eventually stop crying daily.

Miguel’s work is often incomplete and hastily done records indicate. He is not reported to be openly defiant, but often falls asleep in class during lectures or seatwork. There was no IEP or 504 plan in place prior to hospitalization. He did however, receive special education 4th through 9th grade to address written language difficulties. Reading is estimated to be two years below grade level, while written language estimates are in the 5th grade range. He was earning failing grades prior to hospitalization. Miguel is now enrolling in English, World History, Physical Science, Work Experience (on campus, assisting in a class for severely disabled students at his request), and P.E. (The PE credit is earned for participation in a fitness class at a local community college in the evening.) Miguel passed district proficiency tests in reading and math his 9th grade year, but has yet to pass written language proficiency. Teachers frequently reported how poorly he performs in written tests compared to oral classroom participation.



*Review Miguel’s mental health treatment plan.
Does he need re-evaluation for special education?
Consider: Is an accommodation plan necessary?
Development of an IEP/504 plan necessary? If so, what would this entail?
Use the 9-grid in your discussion.
Consider: Is a behavior plan necessary? If so, which type?
How might you coordinate plans?*