

What you will learn in this module

How to create a healthy environment for all children

Follow four steps to help keep children with disabilities healthy.

How to accommodate to the special health concerns of young children with disabilities

Put health procedures in place to help meet the needs of children with disabilities.

How to help infants and toddlers cope with situations that threaten their health and safety and create mental health risks

Learn how to help young children manage stress.



If parents tell you their child has seizures, it's important to ask these things:

- how long do they last?
- what do they look like — what parts of the body are involved?
- what do the parents do for their child when he has a seizure?
- who should be told?

“My cousin used to have seizures when we were both in grade school,” said Ms. Rodriguez, “so it was never a big deal for me. I remember people used to ask if she might swallow her tongue, or if we should give her something to bite on. But those are just old wives’ tales. Your tongue is attached, so you’re not going to swallow it. And you should never put anything in a child’s mouth when she’s having a seizure — the real danger is from choking, not biting your tongue. We got used to seeing Dolores having seizures. And we knew it would only last about two minutes and then it would be over and she’d be okay. It’s nothing to be frightened of.”

What do you think?

Jaime is a two-year-old who has seizures. *What should his new teacher focus on when he enrolls?*

- (a) she needs to stay with him, keep him lying on his side, comfort him and let him rest afterwards
- (b) there are three types of seizures: two involve uncontrolled movements, and one causes a day-dreaming, “absent” effect
- (c) she needs to record seizure time and length

The correct answer is (a). The main focus of caring for Jaime should be to help him through seizures and make sure he lies on his side to keep from choking. Recording seizure activity is important, but comforting Jaime is the main concern.

Sight and hearing impairments

Children who are blind have greatly reduced vision, or none at all. Children who are partially sighted may have educational disabilities, even when they use corrective lenses. Children who are hearing impaired have little or no hearing sensitivity. Children who are born with a hearing loss may have some disability, even if they have a cochlear implant or are able to use a hearing aid. Infants who have sight or hearing impairments may be in the process of being diagnosed when they are in your care. You will be able to see what they respond to and how you can help them.

“When you’ve got a child who doesn’t seem to be paying attention,” said Ms. Polenski, “it’s important to think first about possible reasons she might not be hearing or seeing or processing. Don’t jump to the conclusion that she just doesn’t want to communicate or cooperate. Observe her in different situations, and in different settings. Try to see what she’s really taking in, and then compare notes with her parent. If you think there’s a problem, encourage the parent to contact the local school system or Early Intervention program to set up an evaluation. This is available at no cost under the Federal law.”

Communication impairment

Some children may be unable to process sounds into communication, so they don’t understand speech even though they can hear it. Other children may know what they want to say but are not able to express their ideas as speech. Teachers have to read a child’s individual communication system in order to include him. If children can hear, people sometimes believe that they can also understand — which leads to labeling them as troublemakers when they don’t do as they are told.

“When I was a child,” said Ms. Polenski, “my grandmother spoke Polish. It sounded familiar, but I didn’t understand what

