

A HERO'S JOURNEY: A MAP FOR PARENTS AND EDUCATORS
TO EMPOWER DYSGRAPHIC STUDENTS WITH AGENCY

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Advisors: Dr. Liana Piehler and Dr. Sandra Jamieson

Carron R. Ankiel

Drew University

Madison, New Jersey

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ABSTRACT

A Hero's Journey: A Map for Parents and Educators to Empower Dysgraphic Students with Agency

Carron R. Ankiel

This dissertation will provide a map to help parents, educators, and students to identify and protect the rights of students with disabilities K-12, while also growing student agency, so that after age 18, they can self advocate to legally secure disability assistance at college, trade school, or work. Through the literary structure of the hero's journey and personal memoir, I aim to shed light on my experiences and lessons learned as dyslexic, educator, and mother of two dysgraphic children. This dissertation aims to inform, shed light, and bring awareness to this disability; as well as empower students and families to gain legal protection under such laws as Individuals with Disabilities Education Act, and Family Education Rights and Privacy Act. Learning accommodations are an essential guide for parents to advocate; educators to deliver appropriate instruction to disabled students; and students to continue into adulthood with agency.

I believe it is unnecessary for these learning disabled students to struggle in silence with shame and frustration. My hope is this dissertation can serve as a guide for parents to learn the legal process of developing an education plan with school districts for these communication impaired students. Additionally, my writing serves as a warning to monitor disabled children's mental health from both expected and unexpected challenges and ordeals that can arise during a K-12 education journey in American schools. While retelling my journey, I will emphasize how crucial it is to collaborate with teachers, specialists, and doctors when devising and updating

education accommodations and plans. Finally, I aim to empower dysgraphic students to develop the confidence and agency to self advocate once 18 years of age and older.

DEDICATION

I dedicate this dissertation to my father, Conrad J Ankiel, J.D. and special therapist, Carrie Jordan, who both passed during the writing of this dissertation. My father demonstrated how passion and confidence can fuel justice and advocacy. His legacy, both professionally and personally, lives on shining bright like a lighthouse. Mrs. Jordan led by example with grace, compassion, and empathy. Through speech therapy, she not only improved children's communication, she planted seeds of love and care in her students' hearts and words that continue to shine bright. Both individuals bridged communication gaps one with the law and one through speech therapy. Using their passion and talents to better other's lives is noble and commemorated here posthumously.

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Thank you to the Drew community, which has been a second home and part of my life for over 35 years. I began my journey at Drew as a clarinetist in the orchestra in 1990, while attending Fairleigh Dickinson University's honors program. Then, I returned in 1995 to pursue my Masters, while teaching secondary English. Next, I served as an adjunct professor supervising student teachers in the MAT program. Finally, I returned to pursue my doctorate. I cherish the professional and personal relationships that have grown over the years. I also value the beautiful campus and inspirational architect, while immersing myself in academic pursuits. Drew has been a beacon of light spiritually, academically, and professionally.

ABBREVIATIONS

AT- Assistive technology

CST- Child study team

FAPE- Free and appropriate public education guaranteed for students age 3-21.

FERPA- Family Educational Rights and Privacy Act

IDEA- Individuals with Disabilities Education Improvement Act disability law

IEP- Individualized education program

ITP- Individual Transition Plan

LD- Learning disability

LDT- Learning disability teacher consultant

LRE- Least restrictive environment

OT- Occupational Therapy

PT- Physical Therapy

SLD- Specific Learning Disability

GLOSSARY

All terms as according to the “Glossary of Terms for Differentiated Instruction” on the website Inclusive School Network (ISchoolsNetwork, n.d.).

Accommodations--Changes in format, response, setting, timing, or scheduling that do not alter in any significant way what a test measures or the comparability of scores.

Accessibility Office-- accommodations at college compared to high school and describes how one discloses a disability at the college level under FERPA when the student is 18 or older.

Assistive technology--any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability.

Disability--An inability or incapacity to perform a task or activity in a normative fashion.

Inclusion – a practice focused on educating each child with a disability to the maximum extent appropriate, in the school and/or classroom he or she would otherwise attend if he or she did not have a disability. It involves bringing the support services to the child.

Individuals with Disabilities Education Improvement Act-- The Federal legislation that created amendments to PL 94-42, including the title of the act.

Individualized Education Program--written educational plan for each special education student that includes instructional goals and objectives based upon the educational needs specified and developed by the IEP team.

Individual Transition Plan – Plan included in a student’s IEP beginning at age 16 or younger, addressing transition needs and interagency responsibilities or linkages that are needed for the student to successfully transition from school to adult life.

Least restrictive environment- The concept that each child with a disability is to be provided opportunities to be educated with nondisabled peers and in a setting which promotes interaction with the general school population.

Specific Learning Disabilities- A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may have manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

Transition Plan-The part of the IEP that will prepare a student for life after high school that includes services, curriculum and training with specific individualized goals, including ways to measure progress objectively.

PREFACE

When I began teaching, being an educator was considered an art, not a science. My credentials authorized me to nurture and grow America's future. Empowerment and agency were at the core values of my vocation. However, in the last ten years in American education, since state and federal standards were implemented, a methodical peeling away of the teacher autonomy continues to erode. This has never set right with me. Throughout my career as a secondary English teacher, I have been charged to teach genocide and holocaust studies. This unit of study has been one of the most profound units of study I have had to design and deliver over the years. To have the responsibility to introduce and research the stages of genocide to young adolescent in middle school is profound. To delicately expose young minds to the horrors of humanity, abuse of power, and reality of evil is sensitive--and requires finesse. Additionally, to simultaneously be teaching related vocabulary; author techniques in a variety of genres; historical and current events; research skills; as well as drama and presentation skills is no short order. Perhaps the most challenging task is to set a pace that allows students the time to digest the content and literary standards of the unit, while keeping the pace toward conclusions that answer unit essential questions about the hope and the human spirit to survive and persevere. This unit of study above all others has elevated my craft, and while hyper focusing my humanity on an awareness of the insidious nature of evil, it has profoundly imprinted hope and resilience on my heart. I carry these truths in all that I do.

Specifically, in this instruction of genocide and the holocaust, I note the first citizens to be imprisoned or killed are the professions such as professors, lawyers, and doctors who have achieved expertise and leadership in society. It is their very expertise and agency that makes

these highly educated and accomplished citizens are difficult to manipulate and control. While I think the shift in standards based education can foster accountability and consistency in teacher craft, I am uneasy with the loss of control in my craft as an educator. To this end, my philosophy of education provides a framework and touchstone to keep myself accountable to my mission.

Teaching Philosophy

As an educational leader specializing in curriculum design, supervision, and English education through the lens of humanities, I feel privileged to assist in the social-emotional and academic development of learners K-12, as well as coach student teachers and colleagues. I seek to apply my acumen, both in and out of the classroom, by setting goals; implementing instructional strategies and best practices; considering student diversity; addressing learning needs through accessibility accommodations; and collaborating with colleagues via a professional learning community. I am a change agent.

To begin with, I aim to establish a welcoming and dynamic classroom environment where students feel safe to take the necessary risks to grow as learners and evolve into democratic citizens. Through the study of literature, the use of writing process, and the application of research skills and public speaking, I challenge students to discern who they are and what their place and role in both local and global communities can be. Additionally, I aim to prepare students to adapt and excel in our ever-advancing technologically connected world. Students need to be taught how to focus research; critique sources; present findings in a cohesive, logical, accurate, and persuasive manner; and communicate both in person and via online platforms.

To achieve this, implementing a variety of teaching methods such as direct instruction via mini lessons; whole class and small group discussions, and discovery projects ensures that the

learners are engaged and progressing toward achieving their personal goals, coursework requirements, and state standards. Furthermore, I believe conferring with and advising students is essential to help them evolve as both writers and successful individuals. Specifically, I aim to deliver well-developed units of study that integrate fiction and nonfiction readings, a variety of writing styles, critical thinking skills, as well as opportunities to present findings and conclusions with confidence and poise. To ensure learning is meaningful, students should be encouraged to apply and connect literary themes to "real life" situations, experiences, and cross-disciplinary studies. To further guide students, I apply a variety of assessment techniques from pre-assessments to formative assessments, as well as summative assessment and metacognitive reflections. I believe it is paramount to post, explain, restate, and evaluate "why" units of study are relevant to understanding ourselves and the complexities of twenty-first century special education learning.

Just as educators demand students to constantly question and extend their minds, I believe that teachers must demand the same from themselves and their colleagues. After all, every good teacher was once a student with those same questions, frustrations, insights, and excitement. I hope to emulate my undergraduate liturgical choir director as she harmoniously included each and every student into the learning process and the celebration of achievement; my university band director whose passion for music ignited interest and set a high standard of achievement; my high school photography teacher that respected my point view and individuality; my post graduate education professors that nurtured my leadership interests; and my doctoral literature professor who empowered me to take risks and tell my unique perspective and truth. The influences these educators have had on me validate my belief that students see and

benefit from guides on their journey to becoming their best selves—what an honor to be a part of that process.

Before the Hero's Journey

During the COVID-19 pandemic, I had the opportunity to teach at School Lane Charter School in Bensalem, Pennsylvania, where I taught 8th grade English Language Arts. Back then, I was resistant to implementing the “boxed curriculum” that was purchased by the urban charter school. All my previous suburban schools curriculum experiences were driven by textbook and novel selections, which the public school teachers were entrusted to write and revise, and then district approved. I had pondered for years, upon returning to work after staying home for ten years raising my four children, “I don’t want to follow the script!” These scripted lessons took away my creativity and autonomy to decide scope and sequence, and practice my craft. However, these disadvantaged students in this charter school required more intensive motivation and classroom management during in class, hybrid, and online learning. These particular challenges limited my time and energy to create lessons. So, I acquiesced to my supervisor's expectations--and agreed to follow the “script.”

During my tenure at School Lane, I was required to teach the first Percy Jackson novel *The Lightning Thief* by Rick Riordan. I knew the novel series because my twins had raved about Riordan’s high adventure mythology based adolescent novels. However, I had not read the books in this series. As it was my first time teaching a curriculum focusing on Greek mythology and the Hero’s Journey, I appreciated the scope and sequence in the scripted lesson, and in fact, enjoyed

the novel with my students more than others novel units I designed on my own. As my students and I read the novel and tracked the plot structure of the “hero’s journey,” I enjoyed reexamining this universal literary structure found in movie, religious, and epic narratives (Campbell, 2008). As we say in education, I was “learner ready” to meaningfully synthesize the author’s structure. A literary hero on this journey traverses three main experiences starting in an “ordinary world” where readers can relate to the everyday life of a protagonist. Then, the author transports the protagonist to a special imaginary world, in this instance back in time to Greek mythology, to be challenged and to grow. Eventually after enduring adventures and discovering their capacities and strength, the protagonist returns back to the “ordinary world” changed. Now a wiser, stronger, and braver individual, who is confident to navigate the challenges of life with bravery, leadership, and freedom. This journey is often graphically depicted to help students understand this author’s choice to use this literary archetype:

Figure 1

Illustration of The Hero’s Journey



(The Hero’s Journey, 2025)

Note: Each phase of the hero’s journey will be examined in detail

I relate to this archetype because of the journey I have been on as an educator, mother, and writer over the past thirty years. In this dissertation, I will follow this structure to focus and share my experiences in the hope of sharing lessons learned as a parent; fostering agency for dysgraphic and twice gifted students in K-12 classrooms in America; and empowering young adults with dysgraphia to ask for the accommodations and help they need once in college and even in the workplace.

I want to bring to light, without shame or aloneness, a conversation about learning disabilities to accelerate that map making, so as to support families, students, and educators. To frame what I learned on my hero's journey, I will follow a typical literary structure that moves a hero through three main acts in which she endures familiar, formulaic experiences. Joseph Campbell captured this structure in *The Hero with a Thousand Faces*:

The monomyth, or hero's journey, is a common narrative archetype identified by Joseph Campbell...outlining a universal, three-act structure found in mythology and storytelling: Departure (leaving the known), Initiation (trials and growth), and Return (bringing back wisdom). This .. pattern follows a hero on a journey of personal growth... (The Hero's Journey, 2025)

Specifically, Act I introduces the hero in everyday life before being summoned to adventure. At first, the hero refuses the calling, but after meeting mentors that prepare and guide the hero crosses a threshold to a new world. Act II challenges the hero in a special world that is unfamiliar and disorienting. While there, the hero will be tested by both allies and enemies that forces a journey of innermost self discovery that includes dramatic ordeal and concludes with a reward. Finally, in Act II of the adventure, the hero travels back triumphantly reborn. Returning

home with new knowledge, the hero is committed to living free. Below is a table that illustrates the phases of this dramatic and engaging quest:

Table 1

Outline for Hero's Journey

- Act I: Ordinary World
 - Call to Adventure
 - Refusal
 - Meet the Mentors
 - Crossing the Threshold
- Act II: Special World
 - Tests, Allies, and Enemies
 - Approach to Inner Most
 - The Ordeal
 - The Reward
- Act III: Ordinary World
 - The Road Back
 - The Resurrection
 - The Return
 - The Freedom to Live

(The Hero's Journey, 2025)

Note: Each of the three main phases of the journey encompass four stages.

Hopefully, the familiarity and outline of this literary structure can effectively frame my journey of self discovery and advocacy. My journey encompasses 25 years of my adult life. My hope is that parents, educators, and dysgraphic students might better understand what experiences and people have shaped my perspective and informed me. It is my hope to share important advocacy messages in an accelerated and approachable manner that is digestible and memorable.

Additionally, I will use memoir as an entry to point to the phases of this journey. I never really liked teaching memoir as a secondary English teacher, as I was uncomfortable with the intimate vulnerability of sharing personal experiences. However, I have learned in recent years that memoir is an effective medium to connect with audiences and heal trauma. It took until

recently to identify as a survivor of layered trauma. As a child, I suffered in silence and shame in public schools, without K-12 support, as a dyslexic. I have endured parenting four children primarily alone, which further added to my trauma. Finally, I have navigated the parenting of two dysgraphic children, one traumatized by these struggles, alone, again adding to isolation. All my experiences placed me in foreign landscapes to survive and navigate forward without a map. Luckily, all these experiences develop a distinctive and confident voice, that is ready to be heard, and guide others. Let's begin a journey of empowerment and agency together.

INTRODUCTION

While there is a common human experience in surviving, certain communities and individuals are more vulnerable to, and marginalized by, such disruptive transformations of landscape. Landscape can be defined as a community's dwelling place. Communities can be a place on a map, a work environment, a religious community, a hospital, a home, or a school. Regardless of the type of community, individuals orient themselves via the topography of memory, routine, and the known, or what is familiar. However, when that landscape is destroyed or damaged by natural or unnatural disturbances, individuals within a community become disoriented without a familiar topography. Even worse, when an individual struggles with a disability, these disturbances can become not only disorienting, but debilitating too. A learning disability is no different for young learners. Dysgraphia, and the related stress, can disorient already communication impaired students. I aim to shed light and bring awareness to what dysgraphia is, and then to offer parents general guidelines for evaluating learners; legal rights according to state and federal laws; effective interventions to assist learners K-12; and preparations to teach young adults self advocacy by 18, and beyond. I have chosen memoir writing to share my life experiences, and invite readers into these discussions. By presenting general background research and best practices to support these disabled learners, I hope to engage audiences into familial, local, and national discussions. I believe that when parents, educators, practitioners, and students collaborate, this vulnerable student population with dysgraphia is better armed to thrive independently with agency as adults. It is my hope that my stories serve as an entry point for parents to normalize discussing, identifying and accommodating communication impaired learners with dysgraphia.

During my doctoral studies at Drew University, I explored *The Guys*, a play by Anne Nelson. This play offers audiences the space and time to process the fast paced tragic events of 9/11, by slowing down and personalizing the loss through dramatic vignettes of the Fire Chief's memory. In the play Nelson, an editor, "helps" the fire chief write eulogies for fallen firemen of 9/11. Nelson honestly presents a Fire Chief unable to find the words to honor the many rescuers from local fire companies that were lost. Audiences can relate to the Chief's inability to process and articulate these catastrophic events. By listening and using dramatic techniques such as monologue, she is able to capture the uniqueness of individuals, while honoring their bravery. Specifically, by having the Chief retell the biographies of these fallen men, the audience is able to name and personalize the large scale loss. Using dramatic techniques such as simple staging and monologues, Nelson filters and unpacks our collective larger national loss, in the context of eulogies that bear witness to the individual rescuers lost. It is this juxtaposition of simple staging with just two characters to the magnitude of the attack that included both human, physical landscape, as well as economic loss that move the audience to feel the pain of individuals lost, while celebrating everyday men and women who died heroes. By viewing the events of these narratives, a new memory is formed, in which audiences can revisit or learn about these now historical events in an approachable and humanistic way. In doing so, we reform the meaning of these events and deepen the understanding of our collective loss. My aim is that this dissertation might give voice to my own children's experiences, as communication impaired students. I, like the editor in *The Guys*, hope to illuminate available resources, outline a map to survive K-12, and prepare this population with agency and empowerment by age 18.

In the play, without the editor's assistance, the chief was overwhelmed and immobilized by the sheer number of deaths in his fire company, as well as his proximity to the disaster. As an editor, trained and gifted with language, she was able to give him objectivity and language when he, like many of us, can't find the words to process tragic events, "I'm a captain. What can I say to them? How can I explain it?" (Nelson 11). In filtering the complexity of a person's identity within a traumatic experience, she enables the victims to be remembered and honored. Each firefighter was somebody, in the proximity of their local firehouse and family landscapes. The chief cares about the details of those individuals in his memory, and the artist is able to capture the essence and bear witness to their individuality and the topography of the everyday. I will use memoir to similarly share vignettes that capture challenges and lessons learned on my journey. By sharing my experiences as a mother, teacher, and advocate, I, like the editor, hope to guide families through the evaluation process, legalities, and social-emotional stress of communication impaired dysgraphic learners.

Writing and narrative is an effective coping skill for individuals and families, as well as teach future generations who may not have personally witnessed such events, to process trauma in a disorienting landscape. In taking the time to bear witness to learning disabilities, future generations can learn about the nature, depth and capacity of human resilience. This is essential as global citizens must guard against disassociating ourselves from the pain of aloneless and memory of disability, as these students can be guides to show all people how to survive unfamiliar and troubling landscapes. Throughout the 9/11 stories, helpers and creative expression function as a means to orient survivors, bear witness, and offer hope in the face of disorienting and painful landscapes. I have learned

in my humanities studies of the incredible capacity for human adaptation, resilience, and hope--even in new harsh landscapes. Writers are uniquely positioned to expose readers to narratives that best prepare future generations for unimagined landscapes, where disability, race, class, and gender are informed about our past and gain understanding about the present to survive and thrive in the future.

My aim with memoirs and research in this dissertation is to share lessons learned, and hopefully arm educators and parents with comprehensive insight into the complexities of dysgraphia. I also hope older students in high school might find this work relatable and affirming to their struggles, and empower them to understand their diagnosis, education plan, and rights under education law. It is essential my audiences understand the interplay of collaboration and research for advocacy, setting goals, and monitoring progress. I will anonymously share stories about students, educators, and other practitioners who accompanied me on this journey. In addition, throughout my journey, spirituality was pivotal for me, and my child, surviving the complex ordeals and challenges with learning disability.

To begin, looking back over my 30 year career as a public school secondary English teacher, Curriculum and Instruction Supervisor, and Drew University adjunct professor, I've seen countless students who do not receive the support they need both in the identification and support for dysgraphia. Dysgraphia is a neurological disorder presenting itself as a writing disability. According to the International Dyslexia Association, dysgraphia is defined as follows:

Dysgraphia is a Greek word. The base word graph refers both to the hand's function in writing and to the letters formed by the hand. The prefix dys indicate

that there is impairment. Graph refers to producing letter forms by hand. The suffix “ia” refers to having a condition. Thus, dysgraphia is the condition of impaired letter writing by hand, that is, disabled handwriting. Impaired handwriting can interfere with learning to spell words in writing and speed of writing text. Children with dysgraphia may have only impaired handwriting, only impaired spelling (without reading problems), or both impaired handwriting and impaired spelling. (International Dyslexia Association, 2025)

Writing is actually a very complicated task involving letter formation using fine motor skills; recalling word patterns from short term memory; visual tracking, especially when note taking; and of course, higher order thinking skills needed to generate new ideas and organize thoughts simultaneously (David, 1970). This combination of skills is complex and sophisticated. When a breakdown occurs in any or all of these skill sets, disabled students are not able to keep pace with peers in class, and can easily become stressed or discouraged. Students with such language based learning disabilities are best supported by a team of professionals called a child study team, that includes classroom teachers, the student’s pediatrician, sometimes neurologists and eye doctors, a physical therapist, a speech teacher, a behavioralist, parents or guardians, as well as the disabled student. As the disability will never be “cured,” it is essential to develop, revise, and implement accommodations that can empower students with dysgraphia to communicate ideas legibly in an organized manner as they matriculate through school K-12 schooling and beyond in college.

It is crucial to identify these learning disabled students as young as possible, to ensure they receive accommodations, coping skills, and social-emotional support. By

minimizing suffering academic failures, as well as mental, emotional, and physical stress, disabled students are better positioned for empowerment and agency. It is important to note there are no specific disability laws for dysgraphia, and the identification of this disability is categorized on the broader category of “specific learning disability” (IDEA, n.d.). With this dissertation, I aim to improve awareness and offer interventions to better identify and manage this disability, so as to eliminate unnecessary stress, struggle, and discrimination that this disabled population continues to face today. There is no one solution that can solve this complex neurological disorder, but educators, doctors, social workers, parents, and students have a unique opportunity when informed to forever enrich a student's life under 18, as well as position these students to positively contribute to society as confident, independent, and free democratic citizens. To achieve this, I hope this dissertation will help to best streamline identification; propose efficient and systematic ways to ensure all parties collaborate in developing, executing, reevaluating; and eventually hand over the agency to students, so they might advocate for themselves under FERPA law at age 18 and beyond. By improving awareness and informing educators, doctors, and loved ones, I hope they will be better positioned to collaborate and thus improve communication to achieve needed support. Because this neurological disability has nothing to do with intellect, high achievement is within reach for many of these communication impaired students.

In conclusion, as a veteran teacher, a mother of two diagnosed dysgraphic children, and sister of an undiagnosed sibling, I can vouch that the identification of this disability is not common in a public school setting, nor do routine pediatric physicals screen for this disability. Learning disabled students and their families, public school

educators, law makers, and therapists must enter into conversation immediately on the neurological learning disability disorder dysgraphia, so as to more better identify this disability through standard assessment, which will in turn ensure early intervention and accommodations that mitigate related disability stress on students and their families. I propose mindfulness and social emotional learning can empower students with effective coping skills that grow agency. The sooner the disability is recognized and supported, the more likely disabled students can achieve their potential and personal goals, free of discrimination or distress. Please note my adult children have given me permission to share their stories, in the hopes of informing other families, educators, and students on the challenges of dysgraphia. On my hero's journey, I aim to map out an effective plan for families and educators that empowers dysgraphic students with agency.

Act I: Ordinary World

Anyone Have A Map?

As a musician, whose father was a corporate attorney in New York City, I grew up trekking into NYC to see Broadway musicals. I passed the love and appreciation of this music genre on to my four children. My one child loves *Evan Hansen*. The very first song on the Broadway sound track is “Anyone Have a Map?” This is sung by a mother asking if there is any direction to parenting and raising teenagers. She questions how the unknown realm of parenting teenagers can be scary, overwhelming and exhausting. This song resonates with me as a mother, because I realized creating a map can help guide a family with teenagers--especially if a child has special learning needs. It is here that my journey in the “ordinary world” began my Hero’s Journey. As a young parent, who delivered twins first, I confidently parented in ordinary times; however, the real challenges of advocacy began when learning disabilities were revealed early on my parenting journey. I was called to action as soon as my one twin entered pre-school, but I didn’t know what to name my observations of him struggling with development milestones related to writing.

Figure 2

Call to Action



(The Hero’s Journey, 2025)

Note: Phase one is still in the “known,” or familiar world.

Lucky for me, I met my best friend, and fellow mother and musician, Jenni Collins. We have been “fooling around with family functionality” for years trying to run our families efficiently and lovingly with God’s love. Jenni stood me when my 17 year marriage ended in divorce. During that turbulent and heartwrenching experience, when I had to redesign my life and still guide my large family, Jenni confided in me that she was in awe of my honorable and unfailing decision making “to do the right thing” when their father stepped away from the family. I remember Jennie telling me, “You’re a cartographer, Carron!” Merriam-Webster dictionary defines cartographer as, “One who makes maps.” This includes the research, exploration, and design process of drawing an accurate map. Jenni says I have a knack for successfully designing maps for my family and children, moving them forward through trials and tribulations into the unknown and out to freedom. I have often reflected on her words, and agree that I do have a knack for “drawing maps” on my hero’s journey.

I liked Jenni’s analogy, and realized I also have a knack for mapping out scope and sequence for curriculum and for educational accommodations for students with disabilities. I am perhaps the most proud of the map I designed for two of my children diagnosed with dysgraphia in elementary school. After years of personal and professional reflection and counseling, I believe this ability stems from my own struggles with reading as a dyslexic. My experiences in K-12 American Catholic and Public schools in Michigan, Florida, and New Jersey were traumatic. I often failed reading comprehension tests. I only received private tutoring grades 2-4 in elementary school, and never received accommodations. I felt less than my peers in school, even though teachers liked me. I

played the role of the “quiet, good girl” who always attempted her work, but only felt success in math classes. I absolutely was taught explicitly and implicitly to hide my disability behind that good girl mask. I absolutely became a teacher in the hopes of helping students learn better than I had been taught. As a professional, I gained expertise year after year, and was in a position to help. I know I have made a difference with my students.

However, it was not until my own two children needed academic support that I truly tapped into my potential map making skills. My son and daughter exhibit academic struggles, as early as preschool, and daily school only became more stressful and complicated with each year’s fast paced curriculum and social-emotional developmental expectations. Eventually, I identified they were both "communication impaired” with writing. First, I researched their observable disability and the laws that support these students’ needs. As a general education secondary English teacher, I am embarrassed to say I never heard of dysgraphia. The complexities of this disability, when I knew nothing, were exhausting and seemed insurmountable. Homework and classwork kept piling up day after day, week after week, and month after month. Second, having worked in middle schools for 10 years before having my children, I understood schools had intervention teams to help. So, I explored who I could collaborate with to support their learning and achievement at their elementary school. During that time, I worked with the classroom teacher, the speech teacher, the guidance counselor, the occupational therapist, the physical therapist, my children, the social worker, the school psychologist, and eventually the special education supervisor. Thirdly, I became adept at designing goals and learning

plans over their K-12 education in preparation for adulthood at 18, when they would need to self advocate. But, this all took 15 years.

Scene I: Call to Adventure

My Story: Struggling to Write at Grade Level

As a veteran teacher, I had noticed over the years poor handwriting in many students. However, my teacher training was completed in 1994, and did not require my bachelor of science degree in Secondary English Education, from the University of Scranton, to encompass in depth special education training. At that time, studies and advances in neuroscience had not trickled down to teacher training in depth. Additionally, the legalities of special education were glanced over and not taught in such a way to guide my assessment and instruction of students with learning disabilities to me as a general education teacher. However, as a dyslexic, my personal knowledge of struggling in Catholic and public schools with a learning disability has always guided my professional decisions and interventions. I instinctively prioritized and incorporated accommodations in my instructional planning, and then augmented my skills through professional development in the Pennsylvania and New Jersey public schools where I taught. Years later, while at home raising my four children for 10 years, I witnessed first hand the exhaustion and stress of two of my own children struggling in elementary school with learning disabilities in written communication. Simply stated, my children could not legibly write, or keep up with their peers. This may also be referred to as selective language impairment, or SLI (Dyslexiaida, 2018).

What is Dysgraphia?

Both LD and SLI are categorized as impaired language abilities. These disorders affect spoken language, as well as written language. Children with these language disorders may also exhibit the same writing and reading difficulties as children with dysgraphia or dyslexia (Dyslexiaida, 2018). Dysgraphia will usually include a combination of these difficulties:

Table 2

Presentations of dysgraphia

- Illegible handwriting
- Poor letter formation
- Poor pencil grip
- Irregular spacing
- Misspelling of words
- Poor idea organization or sequencing
- Poor sentence or paragraph structure
- Incorrect grammar or word usage
- Limited expression of ideas
- Very slow rate of writing (Dysgraphia Defined, 2005, p.1)

Note: These observations could be singular, or multiple manifestations could present.

Identification and focusing on the type of struggle is key to supporting these students. Educators and parents should monitor students with these symptoms, as the symptoms will not correct themselves.

There are four categories of dysgraphia to be aware of. They include phonological, surface, mixed, and semantic/syntactic disabilities. LBLD students may have only one of these characteristics, or a combination of them:

Table 3*Four categories of dysgraphia*

Phonological	“Writing and spelling disturbances in which spelling of unfamiliar words, nonwords, and phonetically irregular words are impaired.”
Surface	“...students have trouble with orthographic representations of words, which makes the student rely too heavily on sound patterns.”
Mixed	“...students have trouble with mixing up letter formations and...spelling tasks, a combination of the first two types.”
Semantic/ syntactic	“...a grammatical problem in which students have difficulty with how words can be joined to make complete and comprehensive phrases” (Crouch, 2007).

Note: Students may have only one of these characteristics, or a combination of them.

It is important to correctly identify what the difficulty is, so as to effectively devise an intervention and support plan (Crouch, 2007, p. 3). Additionally, as “...many students with dysgraphia and exhibit high academic achievements in other subjects,” it is important to consider students that are twice exceptional (Crouch, 2007, p. 2). Knowing and considering a child holistically will position parents and educators to identify the limitations and secondary challenges that can further hinder academic progress.

Scene II: The Refusal

My Story: Fighting to stay in Mainstream Elementary ELA

Once my son was identified as dysgraphic, I did not want my son to miss mainstream instruction, as he was a highly motivated, self directed, and imaginative

young boy. As he is twice gifted, meaning highly intelligent with intrinsic motivation, along with the comorbidity of learning delays and disabilities in written expression. Students are protected from this type of discrepancy under the education law IDEA, or “Individuals with Disabilities Education Improvement Act of 2004.” The act provides students protection from discrimination and exclusion from the learning environments (Parentcenterhub, n.d.). Educators and parents have two options once a child study team identifies a learning disability or medical problem that interferes with student learning. One path is to write an IEP, or Individualized Education Plan, which can “pull students out” of mainstream instruction for small group instruction. Another option is a 504 plan that offers accommodations in the classroom. The child study team offered my son an IEP, but I was not in favor of this plan as a first course of action, as my years of teaching revealed a social-emotional downside of this option. Students with IEP’s, especially once in middle school, were prone to negative peer judgement and possible unwanted teacher attention, even if unintended. Additionally, the first plan advised he be “pulled out” of his English class into small group instruction with other disabled students with a variety of learning needs. I philosophically do not believe in this type of homogenous grouping. So, I requested, which was my legal right, to try a short list of specific” in class” accommodations and supports under a 504 accommodation plan. This accommodation plan provided him with discrete and personalized assistance, while remaining in class for social-emotional development, class discussion, and a profound sense of belonging. It was important to me that my son remained in the “least restrictive environment,” or inclusion in mainstream classes. As I do not want him “pulled out” of class, I refused an IEP for him many times over the years. I felt his disability was a specific neurological

medical disability that could be best supported by a 504 plan of accommodations in all his mainstream classes. Because I advocated for only what he needed, my son only received targeted support and his team minimized social-emotional stress, labeling, or ostracizing.

However, while early indicators of his dysgraphia suggested providing him extra time for “neat” letter forming, as well as composing written expressions pen to paper would be enough, I had not accounted for his academics becoming more lengthy, complex, and time consuming. As he progressed up in the elementary school, I noticed dysgraphia was not only affecting Language Arts, but now was interfering with him completing longer and more complicated multistep math computations, such as long division. His occupational therapist observed in weekly sessions that he was struggling in math, as weak eye-tracking and fine motor skills were not syncing to line up math steps. By fourth grade, he did not believe in himself as a mathematician. He was very negative, and he lacked confidence after receiving many failing grades in math. I was ignorant of the learning disability dyscalculia at that time, which is in the same neurological disability family as dysgraphia. Dyscalculia is a learning disability in which the learner has great difficulty understanding math concepts and calculations (Parent Center Hub, n.d.). I was not familiar with the term, as my professional experiences focused on his reading and writing. Thankfully, his veteran math teacher suggested he try the accommodation of large graph paper, to help him line up his numbers in math class and for homework. Once he saw his computations and the teacher could literally read his abilities, he blossomed and gained confidence in math. My son literally went from a F in math class to a solid B with that one graph paper accommodation. During this time in

elementary school, I took him to an eye therapist in the hope of improving his eye tracking. After completing initial testing, which revealed he absolutely qualified and would benefit from this therapeutic assistance, I learned this intervention was not covered by our private medical insurance and was cost prohibitive. In hindsight, perhaps if I had agreed to an IEP, noting medical necessity, the school district might have paid for this therapy. As parents, we do the best we can with what we know at the time. Today, social media parent support and networking, along with neurological advances, might yield additional options for families that I did not have access to then.

Beyond math, my son struggled to write his stories and reports neatly, and with the detail he imagined. While his English and History grades were not as low as the failing math grades, he did receive scores lower than his effort and since teachers could not read what he wrote. He was not receiving credit for his high level literary analysis and synthesis. At that time, 1:1 Chromebooks were not common in public schools in New Jersey. Fortunately, his father worked in the technology sector and knew about newer affordable Chromebooks. I remember driving to Target and buying his first Chromebook in 5th grade, which allowed him the independence to type everything and express his above grade level comprehension legibility. Additionally, the chromebook improved his confidence, and as a result he received not just better grades, but positive teacher feedback on his comprehension and ideas. The accommodation of typing his work was formally added to his 504 accommodations for dysgraphia, and his world expanded with the ability to communicate sophisticated ideas, while also receiving accolades from teachers for his academic prowess.

That first chromebook enabled my son to finally reveal the sophisticated and complex understanding of information, historical events, and creativity. In that child's head was vocabulary and facts beyond a 4th grade level. But, prior to this accommodation and technological assistance, such as typing, *Dragon* text to speech, and *CoWriter*, teachers marked his work down on the appearance of his handwriting and judged him as "lazy," "rushing," or not "trying." Luckily, most teachers at his elementary school were open minded to these new technology interventions, and supported his education plan to utilize technology to communicate his ideas clearly. Of course, over the years there were teachers resistant to this accommodation, which is why it is so important for parents to be educated on education law, because they are best positioned to ensure education plans, which are legal documents, are implemented. To this day, I appreciate the collaboration of many of the teachers over the years who supported and assisted my disabled child. Simply stated, 504 accommodation changed my child's academic course for the better ---and boosted his self esteem. I challenge educators and parents to recognize that messy, incomprehensible work is not a desired outcome for most students. It is essential to remember there is a basic human need and want to be heard and understood.

History of Special Education Law

Before examining the array of support available to students with dysgraphia, it is important to understand the history of this specific disability, as well as the progress made in the field of special education since the late 1880's. The timeline below provides a snapshot of key developments, research, public awareness, and legal decisions that have

come together to enlighten educators, scientists, medical professionals, and families. It is key to remember that students with dysgraphia have a Language Based Learning Disability that causes a breakdown in their writing ability. This disability may include difficulty with forming individual letters, spelling simple words, and stringing words together to express thought (Franklin, 2018, p. 14). Students with impaired handwriting also have difficulties with the speed of their writing (dyslexiaida.org, 2018). The progress noted in this timeline continues to be life altering for students with this LBLD. Ensuring equal opportunity is possible through accommodations and legal protections is the key to a nondiscriminatory education. In the 1880's-1900's learning disabilities were not in the public conversation, but were developing in scientific and medical fields” (Crouch, 2007).

Table 4

Time line of special education law

1905, Bruner published the first report on children’s reading difficulties in the United States.

1930’s the term “dyslexia” was first used.

Recognizing that a reading disability can occur in students was the first major achievement to ending discrimination, and ensuring an equal education for all students. However, the complexity and varied nature of this disability was not anticipated. As Crouch points out in *Teaching Exceptional Children Plus*, it wasn’t until decades later in the 1960’s and 1970’s that “education and medical professionals began to recognize learning disabilities” (Crouch, 2007).

1963 Kirk first used the term “learning disability” at an education conference.

1964 Association for Children and Learning Disability was created. It is now known as the Learning Disability Association of American (LDA) and has chapters in every state.

1969 First federal law mandating support services for children with learning disabilities

1973 Congress passed Section 504 of the Rehabilitation Act of 1973 which prohibits the discrimination of people with disabilities that receive federal funding. (Understood, 2018)

Obviously, federal laws, funding and the establishment of organizations, to focus and publish research findings to educate educators and the public, was a huge step in validating disabilities in the United States. Shifts really began to occur in the the 1980's-1990's as "education and medical fields [began] focus[ing] on understanding learning and attention issues:"

1985 Actress and singer Cher talks about "math dyslexia," 10 years later she writes an autobiography about dyscalculia.

1985 Texas passes first dyslexia law requiring schools to screen students and put interventions in place for students found with signs of dyslexia.

1990 July, Congress passes American Disability Act (ADA), which bans discrimination against people with disabilities in the public sector and workforce.

1990 October, ADA become IDEA, "disability" replaces "handicapped"
1996 National Institute of Mental Health identifies a part of the brain that works differently for people with dyslexia.

1996 LD Online launches the first web resources for parents

1997 General Education teachers made a part of IEP process
 (Understood, 2018)

More progress was made in this decade to bring awareness than had been made in a century before. Celebrity discussions, laws, research, and educators began working together to focus the discussion on reading disabilities, which are closely related to writing disabilities. Since 2000 to the present, medical research continues to advance

awareness, just as federal laws continue to focus attention and protect students with disabilities. Thus, ensuring students with disabilities receive an equal education:

- 2001** No Child Left Behind makes schools and teachers more accountable for student progress
- 2002** Yale University proves scientifically dyslexic brain works differently during reading task
- 2003** Actor Henry Winkler creates a book series, Hank Zipzer, with a student who has dyslexia so students could identify with someone. Winkler himself has dyslexia
- 2004** IDEA revised, parents get more rights and better define school responsibilities. Response to Intervention (RIT) introduced to help struggling students before referred to special services
- 2005** Yale identifies a gene associated with dyslexia
- 2007** University College London uses brain imaging to identify areas of brain that doesn't work effectively in people with dyscalculia
- 2015** No Child Left Behind repealed and Every Student Succeeds Act in place. Each state can set its own goal for student achievement within a flexible federal framework. (Dygraphia, 2014)

Note: Advances in scientific advances, disability law, and social acceptance profoundly change the discourse about learning disabilities.

Again, we see celebrities furthering awareness and even creating literature that help to eliminate the stigma that a disability is related to intelligence. The above stated advancements on behalf of disabled students medically, academically, and legally are astounding. Students with disabilities like dysgraphia are protected and empowered more than ever these days, however recent shifts in politics cast shadows on disabled individuals. Only time will reveal the impact these developments will have on dysgraphic students. It is worth noting that although significant progress has been made, dysgraphia is not commonly diagnosed in public schools. The general public is not aware of this disability. Dyslexia, a more common disability, yet a related disability, has had more

attention in recent decades. There is still much work to be done to better educate and inform both society and professionals working with students with LBLD.

Navigating the Special Education System

To begin, there are many formal steps and specific time lines when evaluating a student and developing an education plan for disabled students. It is essential parents and guardians educate themselves on these details to best advocate for their child and receive the best possible services. If a school district does not abide by these federal guidelines, they can be sued, which can be costly to school districts. Parents should familiarize themselves with the process and procedures they will encounter, which are standard in all public schools. First, “The law requires that the school district take several steps in response to the parent’s written request for evaluation” including “The school nurse will conduct a vision and audiometric (sight and hearing) screening of the student. They will also summarize the child’s available health information...[and] the student’s teacher will be consulted about the child’s academic progress and behavior” (ACNJ, 2025).

Once a child is identified, parents must request in writing and to the departure of special services to evaluate the child. This letter should include basic contact information, child’s name, school, and grade. After the letter is signed and received, the school has 20 days to execute a response:

Figure 3

Sample Letter requesting initial evaluation

Sample letter to Director of Special Services to request an initial evaluation:

Parent Name: _____
 Parent Address: _____
 Parent Phone Number: _____
 Parent Email: _____
 Date: _____

To: Child Study Team/Case Manager (Name)
 Name of School: _____
 Address: _____

Dear Child Study Team/Case Manager (Name):

I am writing to request that my child, _____ (name of child), who is a student at _____ (school name) School in the ____ grade be given a complete child study team evaluation to determine whether my child is eligible for special education. The reason I am making this request is that _____ (name of student) is not doing well in school and I suspect my child has a disability.

I understand that I will hear from you within 20 calendar days of your receipt of this letter. Please contact me to propose the date and time of our meeting.

Thank you in advance for your consideration.

Sincerely,

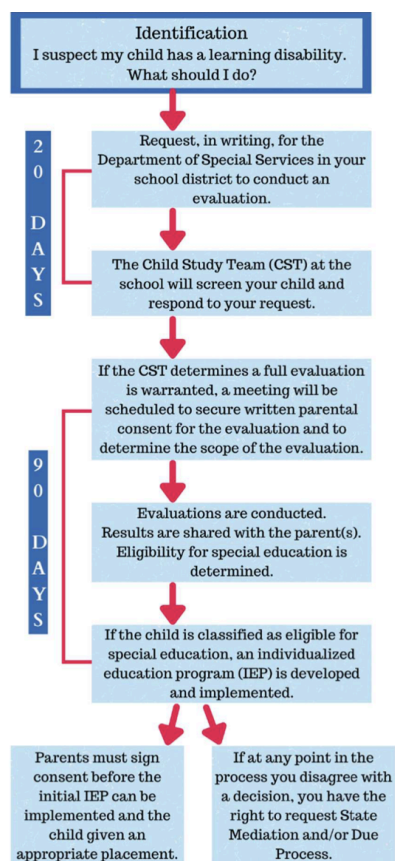
(Parent signature)
 (Parent name printed)

***Send a copy of this letter to the director of special services, the principal of your child's school and your child's teacher.**

(ACNJ, n.d.)

Note: Parents should make a copy of this blank letter to request evaluation.

Then, the Child study team has another 90 days to determine if the evaluation is warranted, schedule a meeting with the parents to sign consent for the evaluation; conduct evaluations; share results with parents, and determine if the child is eligible. If the child is classified as eligible for services, an IEP is developed and implemented. Once the parent or guardian agrees to the suggested plan and signs consent, the child must be placed in the appropriate class for the least restrictive learning environment with learning supports. If the parent or guardian at any point disagrees with any decision, they have the right to request mediation and revise their plan. Below is a flow chart indicating the steps of this process:

Figure 4*Steps to identify a learning disability*

(ACNJ, 2026)

Note: Please note deadlines associated with this process.

It is very important to take the time to understand the procedures and legal rights of disabled students to ensure they receive the interventions and accommodations to manage dysgraphia. Additional information outlining the legalities in New Jersey public education law can be explored and reviewed in the resource titled "Programs to Support Students."

If it comes to light that traditional schools are not meeting disabled students' needs, there are options for students with dysgraphic students diagnosed with

comorbidity. In these situations, education law is on your side, and many resources are available through home districts and easily accessible online. School counselors and medical professionals, along with parents and guardians can choose from a number of alternative pathways. One is a therapeutic school, which a school district will pay for if they cannot meet a learner's needs. While these are often costly for school districts, they can be the best option for complex needs and comorbidity. Additionally, high school students can request vocational high schools in most states at no extra cost. These schools provide job training, and might be right for high school age disabled students. Home instruction is also an option if medical needs interfere with learning temporarily. Furthermore, students can receive school credit for short term and long term residential programs that address mental health or substance abuse. These residential programs come in a variety of formats from online asynchronous, to 1:1 online instruction, or to on site group instruction similar to a multi grade one room school house. If a student struggles with behavior control and is not able to be mainstream, alternative schools are also available and teach students both behavior management, coping skills, and academics (New Jersey Government, n.d.).

States such as Pennsylvania offer another alternative that leans into technology: cyber schools and academies. These online schools are fully accredited state public schools and can be attended at no extra cost. Cyber schools offer the same special education resources as a traditional brick and mortar school. Thousands of students benefit from this option, which also offers special education evaluations and the same services as an in person school:

Table 5*Alternative Cyber Charter School in PA***Key PA Cyber Charter Schools**

- Commonwealth Charter Academy (CCA): One of the largest, providing K-12 education with multiple physical locations.
- Pennsylvania Cyber Charter School (PA Cyber): A major, long-standing, public online school with numerous regional offices.
- Pennsylvania Leadership Charter School (PALCS): Features an online program and the Center for Performing and Fine Arts in West Chester.
- PA Virtual Charter School: Focuses on a home-and-school partnership model.
- Reach Cyber Charter School: Offers specialized, flexible curriculum.
- 21st Century Cyber Charter School
- Agora Cyber Charter School
- Insight PA Cyber Charter School
- Achievement House Charter School
- Esperanza Cyber Charter School

(Pennsylvania Charter Schools, n.d.)

Note: Parents can research and apply to enroll in any cyber school in Pennsylvania.

Similar to traditional public schools, these cyber character schools offer special education services at no cost to the disabled students: “The CSL requires the Intermediate Unit ("IU") in which a charter school is located to provide the charter school, upon request, with "services to assist the charter school to address the specific needs of exceptional students." However, for cyber charter schools...the IU or school district in which a student resides must "provide assistance to the cyber charter school in the delivery of services to a student with disabilities” (Pennsylvania Charter Schools,

n.d.). Whether dysgraphic, or diagnosed with other learning disabilities, education plans and accommodations can be attained in a variety of avenues.

Scene III: Meet the Mentors

My Story: Employing Special Education Services

Once my son began receiving special education services, he needed to strengthen his fine motor skills in occupational therapy and physical therapy. All of those services continued until he was in 7th grade. The first few years he was under the careful watch of the school's intervention referral service team, or IR&S, for his academic struggles in written expression, legibility, and math computations. It is worth noting, his writing was laborious and tedious during those years, until he matured and we all learned strategies together, through trial and error, how best to support him. Regardless, my son has always enjoyed school and was willing to work hard to connect learning concepts and personal experience, as well as to participate in class.

I recall relationships with supportive and positive relationships with the occupational therapist and his physical therapist. Because our small public school was a K-8, he atypically worked with both of these on staff professionals for years. As an educator, I have seen these types of support staff outsourced, which can be less personal and familiar for younger students. But my son was fortunate to have consistency and familiarity over the years of support. Quarterly progress reports and annual education plan reviews and updates from these staff members also afforded me continuity to track my child's progress and understand where we're heading. While I am competent at designing goals and developmental plans for my children and family, the nuanced nature

of this tedious and specialized therapy was outside my scope. My son welcomed these pull outs, as dysgraphia is fatiguing and getting through the day was exhausting. Additionally, because he was well read from a young age and outgoing, he always had a very positive working relationship with these therapists. My daughter also attended these sessions within her school day, and also benefited from the 1:1 and small group instruction--and break from class. Both my children have noted receiving both the therapeutic instruction, and encouragement of these adults, kept them positive and productive during this tedious, stressful, and frustrating time in their education.

Furthermore, my son and daughter received speech therapy in elementary school, as they had comorbidity with their communication impairment. Speech evaluation and therapy as documented under a separate IEP plan from their 504 accommodations for dysgraphia. Their speech IEPs outlined developmental weakness or delays in speech. My children worked incredibly hard in school for years to communicate both verbally-- and in written expression. Their grit is not worthy. Thankfully, their speech education plans always yielded positive progress, as my children responded well to the 1:1 and small group instructional formats. It is no small task to coordinate the scheduling of speech pullout supports. Surprisingly, not until middle school when students typically begin to graduate out of accomplished education plans, did my children want these sessions to end. Collaborating with these therapists supported their disabilities and delays and greatly increased their confidence holistically.

As noted so far, there are many constituents involved in education plans. I also worked with the school psychologist, guidance counselor, and various doctors to document learning delays and gain approval for needed services. While I had an

understanding of these collaborations from teaching before having my children, parents need to understand numerous professionals are in these planning meetings. Proposed and finalized education plans can be a few pages, or as long as 50+ pages, depending on the disability, data collected, and comorbidity. Like writing any formal legal document, it is a living document that can be drafted and revised as needed. However, once all parties agree on the plan, it is in place and must be executed daily for students to receive disability support. If new information or changes in student performance arise, parents can request a revision meeting prior to the annual meeting required by the law.

Even though I understood the life cycle of an education plan, I was constantly educating myself and collaborating with staff to better understand the spectrum of dysgraphia my two children presented. Along this journey, the productive relationship that I established with the Supervisor of Special Services, a social worker whose compassion and patience was of the highest caliber, was pivotal in coordination services. Together, we orchestrated many versions of education plans to support my son and daughter based on data from annual assessments in speech, OT, and PT, as well as teacher input and standardized testing. It is key to note, both children also participated in the writing and revision of the education plans. This taught my children to self advocate-- even at a young age. My son was particularly adept at articulating to the team how best to assist him; what he could handle on his own; and his comfort level implementing strategies in a peer setting. As students do not want to be singled out or appear “different” to their peers, the team and I were considerate of his social emotional well being throughout this process. Having expert mentors on this journey of managing disabled children was complicated, but staff and doctors impressed me with their professionalism

and care in advocating for the children's needs until they were old enough to self-advocate. My children were fortunate to have champions and experts guiding them through a childhood with disabilities.

Collaborating with local Public Support Services K-12

While significant progress has been made for LBLD students, much more research and training of educators is needed for dysgraphic students. Even though federal law specifies written expression as a disability, it does NOT clearly identify the transcription problems that cause the problem. Additionally, some tests used to assess written expression mask the disability, but not accounting for handwriting and spelling problems in the scoring. It must be noted that students with this disability do not necessarily have impairment understanding content knowledge or idea generation.

As stated previously, it is essential to correctly identify and diagnose a LBLD. For students with dysgraphia, some indicators may include, "...problems including illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing writing as well as thinking and writing at the same time" (IDA America, 2018). Unfortunately, "...many schools do not have systematic instructional programs in handwriting and spelling, it is important to assess whether children need explicit, systematic instruction in handwriting and spelling in addition to word reading and decoding" (Dyslexiaida, 2018). While accommodations are available for both testing and teaching these struggling students, it is essential that "...ongoing, explicit instruction in handwriting, spelling, and composition" occur over many years (Dyslexiaida, 2018). First, research has found that students with dysgraphia have a problem with the

automaticity of writing, which interferes with the retrieval of letter formation. It has been proven that “the concentration on how to form the letter overwhelms the dysgraphic child to a degree that the letter is written poorly” (Crouch, 2007, p. 4). Second, these disabled learners become easily frustrated, “which can lead to low motivation to use and practice written language (Crouch, 2007, p. 4). Teachers and parents may also see these students develop pencil grip problems as they can concentrate too hard on letter formation (Crouch, 2007, p. 4). If possible, teachers should work to correct this incorrect grip (Crouch, 2007, p. 5). Third, research has proven these LBLD students have difficulty “retaining information in working memory...because [they put] so much of their cognitive energy...in the mechanics of writing” (Crouch, 2007, p. 5). Both remedial treatments and bypass strategies are best to help students, which will be discussed below in the assistive technology section. Regardless, learning environments can help this population of students learn and implement strategies:

Table 6

Ideal Learning Environment

Break cycle of negative feedback:

by injecting positivity and nurturing the development of a positive image of self. Collaborate with others to plan positive learning experiences for your child that addresses the child's unique learning, social, and emotional needs (Franklin, 2018, pp. 54-55).

Promote emotional regulation:

Be calm and patient when working with your child. Help calm your child if he or she is agitated by modeling emotional regulation (Franklin, 2018, pp. 55-57).

Embrace the Value of play:

Make time to play with your child on a regular basis to calm your child and boost your child's confidence with games. Seek out types of play that require teamwork and encourage a sense of autonomy (Franklin, 2018, pp. 59-60).

Adjust Homework:

to a child's ability within a daily routine. Make a manageable time plan, assess if the child is tired, and finish homework, possibly shorten assignments, when the child demonstrates understanding (Franklin, 2018, pp. 61-62).

Intervene During a Crisis:

Be aware they are oversensitive to failure and provide support that keeps the student calm. The calmer and more focused the child is, the quicker and more thorough the work will be (Franklin, 2018, pp. 63-64).

Stay patient and positive:

Accept that progress will be slow. Value responsibility over results (Franklin, 2018, pp. 65-66).

Note: Ideal learning environments require deliberate and thoughtful lesson planning and delivery.

Teaching Strategies

It is important to make sure the supports and interventions evolve with a dysgraphic student. “Treatment of dysgraphia can be elusive” (Crouch, 2007, p. 2). Teachers and specialists involved in the education plan of LBLD students are encouraged to be both proactive and reflective. Targeting specific instructional strategies can minimize struggles and ensure student progress. The elementary years should focus more on the mechanics of writing and building stamina. While secondary students must apply multiple interventions to complete longer and more complex tasks. It is essential to encourage these students, as tasks easy for their peers will be challenging and exhausting. Ensure that specific teaching strategies are balanced with motivation and encouragement. The task of supporting a disabled student, so that he or she can communicate at grade level, must not only encompass strategies, but must also encompass an interdisciplinary

team of specialists. These team usually include occupational therapist, speech teacher, classroom teachers, physical therapists, and special education teachers (Lie, 2000, p. 97).

For students in the elementary grades, children with impaired handwriting benefit from activities that support learning to form letters. Some supportive interventions include:

Table 7

Developing fine motor skills

- playing with clay to strengthen hand muscles
- keeping lines within mazes to develop motor control
- connecting dots or dashes to create complete letter forms
- tracing letters with index finger or eraser end of pencil
- copying letters from models (Dyslexia, n.d.)

Note: These strategies should be employed regularly for skill development.

These supports must be fun and engaging for younger learners. Investing in fun practice in elementary school that strengthens skills and sharpens focus will pay off in the upper grades.

However, as a LBLD student matriculates to the secondary level, the tasks become more complicated, elaborate, and lengthy. Teacher grade level expectations for independent learning will probably not align with functioning of these disabled learners. Thus, it is imperative to provide effective teaching strategies that will support academic achievement, minimize stress, and accommodate LBLD students. Writing in all courses will be challenging for these students. “The writing process is very complex...it requires cooperation from several parts of the brain” (Dysgraphia Defined, 2005, p. 1). The best way to improve writing, like anything, is to write (Dysgraphia Defined, 2005, p. 1). It is recommended to model, practice, and post a writing process (Dysgraphia Defined, 2005,

p. 3). Students often benefit from slant boards that support the physicality of writing.

Four areas to consider when implementing strategies include:

Table 8

Writing Accommodations

For Speed Writing	<ul style="list-style-type: none"> ● Give extra time ● Provide copy of typed notes ● Allow recording of lessons ● Allow students to start research and writing early ● Provide a template for notes (header and margin lines etc.)
For Amount of Writing	<ul style="list-style-type: none"> ● Provide lesson outline for notes ● Request a scribe for tests and writing ● Grade based on knowledge not handwriting and spelling ● Hand out copy of class notes so less to copy from the board
For Difficulty Writing	<ul style="list-style-type: none"> ● Give exemplars ● Scaffold writing ● Provide a rubric for grading and explain ● Identify a “proofreader” to catch errors
Mechanics of Writing	<ul style="list-style-type: none"> ● Offer option to print, cursive, or type ● Allow different pencils and pens that are “comfortable” ● Provide large graph paper or lined paper sideways for math calculations ● Provide raised or different colored lines to guide writing

(Understood, 2018)

Note: Combine strategies for better results.

In one study, research proved that combining a number of these strategies is essential for student growth. By combining two specific intervention techniques, drill activities and fine motor activities, students improved handwriting and increased performance score by 50% after an eight week period (Crouch, 2007, p. 1). It seems it is not possible to over support these disabled students. The challenges facing them without specific strategies are significant. However, applying these above stated teaching strategies in Grades 5-8, foundational years for young adults, can ensure success and build confidence so that

these students develop the skills to be independent learners, as well as self advocates. As mentioned above, these individuals will eventually need to self advocate for the implementation of the strategies they need to learn and succeed, once they are protected under FERPA laws at age 18. By modeling and consistently repeating these teaching strategies, students can achieve success, communicate their ideas, and confidently work alongside peers.

Assistive and Instructional Technology

While technology can be a lifesaver for students with dysgraphia, as with any technology, children require supervision and support. Academically, students can use technologies to review and practice spelling words is essential. However, it is the voice-to-text technology that can truly empower these students. While having a scribe is a common accommodation, having a teacher available at all times to record student ideas and abilities is not always possible. Teaching students to use programs like *Co-Writer*, or *Dragon Naturally Speaking*, and *Google Voice* are essential (Dysgraphia Defined, 2005, p. 3). Furthermore, teaching students to use spell checkers and grammar support online is essential. Skills can empower dysgraphic students to write more quickly through practice and drills. Additionally, teaching these students traditionally keyboarding. Multimedia can support students with effective strategies (Azimi, 2014, p. 332). One research study determined that students made more progress when they combined multimedia interventions with traditional teacher based educational procedures (Azimi, 2014, p. 338). Once these disabled students begin standardized testing, it is important to investigate accommodations that will most likely include extended time, a scribe to fill in bubbles, or

word processing options if short answers or essays are required. Furthermore, research continues whether keyboarding should be formally taught, versus pecking at the keys. For dysgraphic students, the physicality and coordination of learning to properly type can be laborious, but it should be considered as typing can be one of the most effective ways to teach dysgraphic students to use technology to organize and express their content knowledge (Lie, 200, p. 97). All of these options should be pursued and investigated when possible. Such assistive technologies empower students; decrease stress; help students organize thoughts; and improve agility to complete academic tasks.

As with all students, parents and teachers should first establish rules for when and how technologies are accessed. Then, set goals and monitor use. Smart phones and other technologies can easily track use to assist with monitoring. Finally, discuss the advantages and disadvantages of specific technologies (Franklin, 2018, p. 189). Once these ground rules have been established, LBLD students can effectively focus on improved communication of self expression and demonstration of content comprehension. However, because of the nature of this neurological disability, OT and PT should remain a part of the education plan. Over use of assistive technologies may not strengthen weak muscles, improve hand eye coordination, or provide enough opportunities to improve written communication skills.

In analyzing studies published between 2018 and 2023, assistive technologies show promise in improving educational outcomes for students with dysgraphia. “However, to fully leverage their potential, further research and innovation are needed” (Rahim, 2025). Implementing such technologies as listed below can offer improved

communication opportunities for dysgraphic students, which in turn improves academic success:

Table 9

Assistive Technologies

- speech-to-text applications
- word processors with built-in writing aids
- Digital note-taking systems (Rahim, 2025).

Note: These technologies can improve engagement and grow student confidence.

“This surge in innovation presents promising avenues for rehabilitation, especially for learners facing challenges in writing” (Rahim). These technologies improve engagement and grow student confidence to participate and successfully complete academic activities. While integrating these types of assistive technologies has shown promising results, continued educator and student feedback will help to refine these tools to meet the needs of students with dysgraphia. That feedback can improve accessibility, usability, and adaptability of these technologies (Rahim, 2025).

Scene IV: Crossing the Threshold with Faith

My Story: Starting Over in Catholic School

After my divorce, I switched my students from New Jersey public schools to Catholic schools for logistics and additional support. Little did I know this decision would in fact support my son’s dysgraphia, which manifested as messy and disorganized writing, as well as supporting my daughter’s dysgraphia, which manifested as practically incomprehensible spelling, grammar, and punctuation communication impairment. For

example, even though my daughter's reading, comprehension, and synthesis skills outpaced her peers by many grades, she could not spell first grade word wall word or punctuation logically even into high school. Her teachers were perplexed because in class, she participated, led discussion, and always had the right answer. Her discrepancy is the very definition of special education. She too was twice gifted. At their Catholic middle school, all students had 1:1 computers. My daughter at first did not experience the same low self esteem issues, because her disability of spelling and punctuation did not affect her math grades. Frankly, she was a whiz and always got A+ on her math for the entirety of her K-12 education.

At their Catholic academy, my family's faith grew. After we left everything we knew in our small community, we approached this new school as an opportunity to rebuild and renew. My children all participated in many school and church activities. For instance, my daughter sang in the choir and the acapella group. She also committed herself to the service organization drives; volunteered at the Italian carnival; reading at the children's mass; assisted with the community garden; while also keeping busy with the summer dive team, cross country, biking, and ice skating. I had hoped these protective factors were enough to keep my children safe physically, emotionally, and spiritually, after we moved and we all found ourselves in an unfamiliar landscape.

However, she started to show signs of stress in the 7th grade, when COVID sent all students home. The discrepancy between her understanding of content, and her inability to legibly "get it on paper" and communicate that understanding became more and more problematic. Her disability began to affect her social life. Illegible work began being noticed by her peers in group work and when assignments were passed back.

Students began to bully her daily. Her dysgraphia trapped her ideas, even though she was self aware that she knew almost all subject matters. Her written communication was so impaired, even chromebooks, speech to text, and spelling checks only cleaned up her work 70%. When spell check gave her the options for the correct spelling, she had no idea what to pick. It became another point of stress, and she often gave up handing in dozens of spelling mistakes on her written work out of fatigue. Years later, she revealed that verbal harassment and threats quickly eroded her self worth and sense of self. For years, I have been trained in bullying as a secondary teacher. Painfully, I learned that hours and hours of teacher training can't stop children from being cruel to my own children. I also learned how fragile a child's psyche can be when a perfect storm of disability, divorce, adolescence, social media, and fatigue can thrust a child into depression and anxiety.

Luckily, one warm fall day in freshman year, she wore a short sleeve shirt to cross country practice. Two seniors on the team noticed her cuttings, which I had not seen, and her teammates reported to the guidance counselor. Nothing can really prepare a parent for that type of phone call and in person meeting when a school says your child cannot return to school until she is evaluated by the local emergency room for self harm. I had been to ER's before as an asthmatic and because my son had a seizure years before. But I was ignorant and did not know I was taking my child into an adult psyche ER for evaluation. I wish I had known she needed a hospital with a children's ER. The choice to go to that ER changed my daughter's life. Suddenly, learning disabilities and those legal issues became child's play compared to nuanced legalities of adolescent mental health. I was ignorant of the entire structure and process of psychiatric adolescent care.

My daughter missed a lot of high school after that day in the ER. A traumatic cycle began as she bounced from adolescent psychiatric ER's for self harm to residential for therapeutic coping skills; and back home with a discharge plan, until the cycle would start again. Each extended emergency room and residential stay dehumanized my child more, escalating her self harm and minimizing a formal education. Misdiagnosis after misdiagnosis, over medication, and detachment from reality exacerbated her mental health crisis and halted all academic coursework, special education services, and healthy life habits. I watched as these foreign landscapes dismantled her confidence and health, which I had dedicated 15 years of my life to. At this point, I barely had any control over my child's safety and life. It was surreal realizing personally witnessing dehumanization, which I had often taught about, as documented in the Jewish concentration camps in the Holocaust of World War II. During my doctoral studies, I studied "How Our Stuff Defines Us." Suddenly, my child had no stuff. Hospital after hospital depleted her identity, until she was a shell of a person: almost unrecognizable. One short daily phone call to me was all she had to hold her identity. Days became weeks; weeks became months; and months became years. Early on, parent visitation was often canceled due to COVID or for self harm behavior, which she was "punished" by having parent visitation withheld. These three years deprived her of education, clothing and shoes, grooming and dental care, glasses, technology, fresh air and sunshine, nutrition, sleep, bedding, her siblings, her friends, her pets, and news of current events. The experience practically wiped her entire identity, like an iPhone having its memory reset to factory setting. All of this happening in a foreign landscape, isolated behind locked doors in silence with no sun, music, love, or learning. Thankfully, my communication impaired child somehow

kept a laser focus on hope and faith. I suppose I had taught her during and after my divorce, never let anyone take your truth, your God, and your hope.

Prior to being hospitalized, my daughter had followed in her twin older brothers' footsteps and joined the local church youth group. During all these new landscapes, losses, and uncertainty, she was sent three angels. Youth leaders mentored my daughter and guided her on an unimaginable faith journey. These angels made themselves available to me for counsel, and to my child for hope. So much of what was going on was out of our control. It seemed like doctors, nurses, sitters, judges, and social workers were in control. We were caught up in an impersonal bureaucracy that had no idea my child was communication impaired, fatigued and traumatized. But, we had a secret weapon that no one could take: faith.

Beyond faith, thankfully, I had some understanding of county special education services, and we needed that help. Because we had transferred to a Catholic academy and the county took over my child's special education plan, I knew there was county level help available. I eventually got my child a social worker advocate to help us navigate this landscape that did not abide by the rules of a just and modern society. I had previously thought the tragedy of my divorce and raising my four children alone would crush me. Suddenly, my divorce seemed hardly tragic. I don't mean to diminish the trauma my children and I have endured, but these hospitalizations, imprisonments, and overmedicating were evil. As an English teacher, my mind often recalled Ken Kesey's *One Flew Over the Cuckoo's Nest*, which I realized was not all fiction. My eyes were opened to an awful understanding of power, control, and abuse. I was aware of these universal themes from reading, studying, and teaching. But, living through all this trauma

and uncertainty was life changing. But, until I could figure out a viable stabilization plan to bring my child home and get an appropriate education in the least restrictive environment, we kept faith that God's plan was greater than these intolerable circumstances.

Collaborating with County Specials Services

Parents need to understand they have many options for educational, and even counseling services, in a traditional public school once their child is identified as special education. While public schools are required to accommodate disabled students, there are obviously limitations to these services and settings. Individual factors might require parents to request and research alternative supports when considering what is the best scenario for their child. Additionally, as a special education student may have a diagnosis or emotional or behavioral disruption as a primary medical disability such as anxiety or obsessive compulsive disorder; a comorbidity of academic and emotional disabilities; or an emotional dysregulation resulting from the stress of learning delays or post traumatic stress in their personal life. If it is determined by parents and the child that a private school or catholic school becomes the best option, this affects how the child receives services. Local public school settings tend to offer the best "in house" options for accommodation and varied learning supports. These supports include, but are not limited to:

Table 10

Sample: County Special Services Districts in New Jersey

County Special Services School Districts
Shared Services

- Assistive Technology
- Augmentative Communication
- Autism Consultation
- Behavioral Services
- Business Services
- Center for Family Guidance
- Chapter 192/193 and other Nonpublic School Services
- Child Study Team
- Crisis Response Services
- Early Intervention
- Grant Writing
- Home Instruction
- Inclusion Services
- Itinerant Services
- Juvenile Detention Programs
- Nursing
- Occupational Therapy
- Physical Therapy
- Services for Deaf/Hard of Hearing
- Special Child Health Services
- Special Education and General Transportation
- Special Olympics/Unified Sport
- Speech/Language Therapy
- Staff Development – Non-Special
- Structured Learning Experience (SLE)
- Substance Abuse Coordinator
- Substance Awareness Coordinator Services
- Technology Services
- Therapy Pool/Swimming
- Transition Services/Job Coaching
- Transportation Services
- Vocational/Life Skills Training

(New Jersey Special Services, n.d.)

Note: Many government resources are available for disabled students in nonpublic schools.

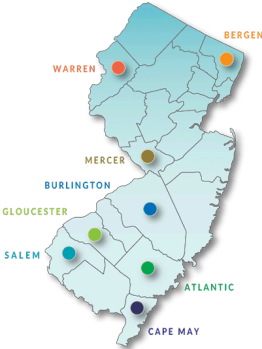
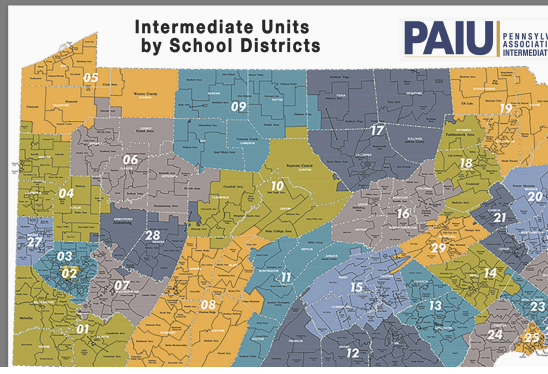
As an example, schools in Pennsylvania, and more often now in New Jersey, have behaviorists on staff to support student needs as well. I continued my quest to find the key to the right academic and social-emotional educational setting. The isolation in this foreign landscape, without friends, family, or advocates was significant. But, I kept the

faith that while the current landscape was devoid of the appropriate help my communication impaired child needed, I knew it existed, and continued to seek assistance.

I remembered that when a family decides to transfer the learner to a private or catholic school, these schools are served via county services. The specialized teachers, noted above, are usually not always able to be employed and staffed by these institutions. Private schools can screen student applications, and determine if learning disabled students are accepted, or not. If the child already has had a public school or private evaluation of learning needs, the school can decide if their school is able to support a special education learning plan in house, or if they are able and willing to coordinate with county special education services. Below are samples of New Jersey and Pennsylvania county special education services. Please note that states may call these county services differently, but their function is similar:

Table 11

Sample: Compare New Jersey and Pennsylvania special education services

New Jersey County Special Education Services	Pennsylvania County "Intermediate" Special Education Services
<ul style="list-style-type: none"> ● Atlantic ● Bergen ● Burlington ● Cape May ● Gloucester ● Mercer ● Salem ● Warren  <p>(New Jersey Special Services, n.d.)</p>	 <p>(Pennsylvania Intermediate Units, n.d.)</p>

Note: Special education services are available outside of public schools.

If the school receives any state or federal funding, they are required to abide by federal disability laws. However most private schools do not receive federal monies for education, food, or sports funding. Essentially, they are free to use tuition monies as they see fit for staffing, facilities, curriculum, technology, the arts, and sports programming. If this is the case, a private school will typically reach out to county special education services to either provide support, and a county teacher or therapist will come into the private school setting regularly. In this private school scenario it is primarily the responsibility of the parent to request evaluation and specific services. Once a case worker is assigned to the students, then the evaluation process is similar to a public school as far as determining a diagnosis and developing an academic support plan. Additionally, quarterly progress reports and annual renewals are similar to the public school process.

It is worth noting that accommodations are not required and students are not protected under federal law in private schools. Because private school entities are not subject to federal IDEIA laws requiring special education learning plans or accommodations, these schools do not identify or support disabled students in the same way. However, county special education services can still provide accommodations on a case by case basis if requested by the parents of a minor. In this regard, private and catholic schools are trending toward university accessibility office models, where the parents and child must request the services, rather than the school being obligated to evaluate and support students. Actually, this scenario does prepare a disabled child like a

dysgraphic to take on agency earlier than their public school peers, who typically do not take oversight and ownership of their learning plan with self advocacy until 18 under FERPA.

Act II: Special World



(The Hero's Journey, 2025)

In the special world of education law, a learning consultant guides parents, teachers, and students through the process, which a lay person might feel is an “unknown world.” Special education law and evaluations can be overwhelming, as it is nuanced and requires collaboration with many specialists. As the lead, the consultant holds an immense responsibility for ensuring the learning needs of disabled students are met. This includes, but is not limited to possessing integrity, project planning, leadership, and compassion, not unlike the compelling humanity illustrated in the Broadway show *Come From Away*. This award winning show documents the unexpected arrival of dozens of planes diverted out of American airspace following the terrorist attacks on 9/11. In this riveting production chronically real events, locals in New Foundland, Canada “jump started” a practically abandoned, international airport that is antiquated, as aviation refueling technology progressed in recent history. The Canadian citizens welcome and care for dozens of jumbo jet airplanes and the thousands of passengers on board, who arrive one after another for emergency landings. These passengers are unaware of the multiple terrorist attacks on American soil earlier that day, as these events occurred

before smart phone availability. One song in the show captures how the citizens of the town of Gander lead the weary and frightened international passengers “out of the darkness,” both literally and figuratively: “..Lead us out of the darkness...Lead us somewhere to safety...Lead us far from disaster..Lead us out of the night...” (AZLyrics, n.d.). Compassionately and honorably, the locals in the remote town of Gander, Newfoundland, coordinate the dispensing of basic needs to thousands of passengers such as shelter, food, clothing, and medical needs of these displaced travelers. The staging of the musical simplistically, but effectively, captures the logistics and problems solving involved with deplaning, bus transports, and housing passengers into Salvation Army barracks, schools, and other local locations. A learning consultant similarly has the unique position within the child study team, to lead all constituents through the student evaluation process and implementation, and out of the darkness: including both the process of education assessment and communication impairment for the student.

A learning consultant utilizes their depth and breadth of experience and expertise in special education best practices to manage assessing reports, data, and observations of a student’s functioning, as well as to best collaborate and devise a plan to support the student, parents, teachers, and therapists. The unique talents and problem solving skills of a learning consultant proves invaluable when coordinating accommodations and placement of students with dysgraphia, as well as other learning disabilities:

A New Jersey Learning Disabilities Teacher-Consultant (LDT-C) is a certified educational services professional and Child Study Team (CST) member who evaluates students, determines special education eligibility, and creates individualized education plans (IEPs). They specialize in diagnosing learning

problems, offering tailored instructional strategies, and mentoring teachers (Learning Disability Teacher, n.d.).

The consultant is uniquely qualified to holistically evaluate a struggling or disabled student, so as to craft specific goals and integrate interventions that best support a disabled, or twice gifted, student. Typically these practitioners are highly qualified with doctorate degrees, and bring a depth and breadth of experiences. As noted previously, there is no one solution or “fix” to dysgraphia. Rather, 504 accommodations, targeted therapies, and collaboration between all constituents best position these disabled students to succeed and learn agency. To meet learners’ needs, the learning consultant should be the point person to monitor, track, and coordinate care and accommodations. Serving as an academic case manager, the learning consultant coordinates with teachers, parents or guardians and students, as well as speech occupational therapist, physical therapists. The nature of the disability requires targeted communication and frequent checks in to monitor progress and tweak accommodations.

Scene I Tests, Allies, and Enemies

My Story: Rules of Engagement

Similar to the locals in Gander, my child encountered a “local helper” on his high school journey that brought him out of the darkness. But first, he was thrust into yet another foreign landscape, this time by an apparently well meaning therapist, who sent my child back into the adolescent mental health system. On that sunny, but chilly autumn day, at an intensive outpatient program, or IOP, in an affluent suburban community north west of Philadelphia, my child participated in a 1:1 art therapy session. It was extremely

difficult to find an IOP within an hour of our home that had availability post COVID, that took my insurance, and that offered the therapy needed for anxiety and PTSD. The certified and experienced therapist, who had been working with my child for a few weeks, implemented an art activity, as part of a multimodal skills treatment plan to develop coping skills for anxiety and to process traumas experienced during this ordeal. I was thrilled to learn the IOP offered such techniques that would allow my child to express complex emotions in tangible art. However, the art activity triggered strong frustration and performance anxiety related to drawing, because of the documented dysgraphia diagnosis. As a high school student, preferring to type work, my child had hoped the days of being judged for “messy” art work were over. Unfortunately, the child’s art both triggered years of shame and frustration in an art piece that expressed feelings of self harm.

The therapist was not comfortable with what was expressed, and deemed my child “unstable and unsafe” to himself and the other children in the program. Unfortunately, while therapists do protect their clients with patient confidentiality, the therapist felt obligated as a “mandated reporter” to seek evaluation and act “in the best interest” of the child, as required by state law: “Any school personnel who observes a student exhibiting a warning sign...a student may be contemplating suicide, shall refer the student for risk assessment and intervention in accordance with the school entity’s referral procedures” (Model Youth Suicide, n.d.). Regardless of the state, protocols such as these are in place nationally. Unfortunately, my child’s journey was far more complicated than just thoughts of self harm, as comorbidity and trauma were also present. While the therapist did her job to seek medical evaluation, she failed to call to me asking my parental wishes where to

send the child. I was not called until after the ambulance was called and the child was already being transported. So, I did not have a say in what ER the child was going to--it was an adult ER. Again, my child was sent back into the darkness of an unfamiliar landscape alone, that never asked or cared about preexisting disabilities documenting communication impairment.

It is worth noting that in many states such as New Jersey, Pennsylvania, and Connecticut, an adolescent seeking, or being assigned mental health support, can legally speak for themselves about the plan for care at fourteen, as if they were 18. Even though they are not legally deemed an adult until 18 or emancipated from the parent or guardian. Knowing the state law and legal implications of such laws is essential for parents and guardians to continue to collaborate with the minors, medical, therapists, social workers, and teachers. While it can be advantageous for a youth to be empowered with this agency; my child's situation of mental distress, medication interaction, and communication impaired repeatedly created conflicts of interest between my parental wishes, the child's ability to communicate effectively, institutional policy, and laws. Specifically, parents must understand the vast difference between a regular adult emergency room and a children's emergency. In my experiences, adult emergency rooms lack appropriately trained staff that can effectively interact with minors at 14-17, without parental representation. Would we educate our children in an office setting? No, we send our children to elementary, middle, and high schools, where teachers and employees are college trained and certified to interact age appropriately with children. Schools and children's hospitals are decorated differently with visuals, simple clear language, and positive aesthetic decorations that make minors feel safe. Additionally, these specialized

medical staff and units are created for children and families to support the whole child, not just medical or psychiatric needs. Most hospitals I encountered did not change care protocols and assessments to serve adolescent minors for psychiatric distress, let alone ask for or acknowledge learning needs, or disabilities. I often wondered that if ER's were to screen minors for disabilities up through age 21, children would be protected with an appropriate level of care, faster service, and better outcomes with shorter periods of waiting for interventions. Parents not only need to educate themselves if they have disabled children, but they should also instruct children during periods of calm and safety at home, how to self advocate until a parent or guardian arrives.

Back in the darkness alone, my child was subjected to yet another foreign landscape, and displaced from the comforts and structure of daily routines, and communication accommodations. My child was understandably emotionally triggered, while alone in the ER. At that time, I was working as a school administrator in Philadelphia Charter School, which graciously allowed me to arrive late to work to drive my child to this specialized adolescent IOP program. Imagine the professional toll it takes to have to ask your boss to leave to report to an ER, when I had just arrived late to work. This pattern of apparently well meaning adults and legal protocols displacing and traumatizing my child repeated over and over again for three years. However, I continued to use every skill I acquired as a teacher in those child study team meetings, with the learning consultants, to coordinate care. Unfortunately, I had not yet cracked the code or found my voice on how to actually help my communication impaired child.

As the mission of a hospital emergency room is to triage patients, you can imagine they see each hour and day as a new situation. They are not in the business of

long term care or education. However, my unique experiences kept adding up from one visit to dozens of visits. Our missions were vastly different. Triage care did not have the time to listen to our story, nor are they equipped to accommodate the stress of life long disability. However, I valiantly persisted to devise a map that would lead my communication impaired dysgraphic student back to school to learn about the world and themselves, in a safe supportive environment. As an educator I am acutely aware of state attendance policies for high schools, and always found it disconcerting how little education my child received during this time. Hardly ever during this dark journey in unfamiliar landscapes was there concern about academic education, and definitely no inquiry about education plans documenting disability. Additionally, during my three year experiences from 2021-2024, program after program had us stepping back into a *One Flew Over the Cuckoo's Nest* era of mental health care where assistive technology is not part of the parent communication or student learning:

- Rarely were video calls available to have eyes on the child
- Rarely was video conferencing with staff about treatment plans or progress used
- Rarely was email communication with nurses, doctors, or therapist available
- Rarely was music therapy available to my child
- Rarely was technology used for learning
- Most common were elementary level math and coloring sheets

Only a handful, usually expensive private care programs, offered structured weekly video therapy meetings and training. I was to blindly follow the social workers case load, time

schedule, their goals for my child, and accept ineffective care plans that lacked educational standards, education law, or consideration of family logistics. Additionally, hospitals and therapeutic programs rarely considered our divorced family; that there were three other siblings; and that we had work schedule limitations. I was to follow their plan and their vision was for my dysgraphic child. We had entered the dark orbit of a black hole. The pull was significant, and suffocating. However, with faith and hope, I stayed true to my vision for my 15 year old to be educated and regain independence.

Whether my daughter entered that first emergency room on September 11, 2020 in a crisis or not, my child was traumatized for life from inhuman and age inappropriate experiences that lacked formal education, disability rights, or normal living as a free citizen. Luckily, one patient was able to change my child's mindset and perspective more than all the medication, hospitalizations, doctors, nurses, and therapies. My child befriended a young man in one urban Philadelphia residential program. At the stroke of midnight on the patient's 18th birthday, his life changed from being a temporary resident of an adolescent teaching and learning therapeutic healthcare model, to a permanent adult patient. The system failed this young man. He was given elementary math worksheets and an occasional basketball, while in residential care. Once in the adult wing, with no apparent family or guardian to support him, he used his one phone a day to call up the adolescent wing to listen to his therapist teacher. On these calls, he warned his peers to keep trying and keep fighting for healing. He said his life was over at 18, now deemed an incurable and unteachable adult patient. This legality is yet another example of the inhumane injustice commonplace in an under financed and under researched segment of

mental healthcare. Thankfully, my child took pause and heeded this warning, vowing to get home in 8 months before his 18th birthday.

Additionally, in that same program, the head doctor further guided my child on to a different path forward. The doctor called me and said, “Come get your child, he doesn’t belong here.” The doctor adamantly stated, “Your child needs to be with family, get an education, and should plan for a future.” Our prayers were answered with those words, and my child’s life set on a more positive path. My faith was renewed that some professionals practiced the art of medicine skillfully and compassionately. The doctor saw where my child came from, what he was capable of, and believed he could become something. He listened to me when I said my child was communication impaired, had a learning plan, and had been bounced around in landscapes that did not meet his needs or help him grow. While my child’s experience is extreme, understanding the high stakes rules of engagement and related laws for special needs children is pivotal to match needs with services. That doctor understood his program could not provide the special education programming that my child needed, so he allowed me to take over the plan. To be seen and be given a chance is what all our young people deserve.

Understanding Special Education Services

Parents and students must absolutely self educate and ask questions. Thankfully, most resources are available online at federal, state, and local levels. However, that assumes parents and students know what questions to ask or what to research. Once an initial letter requesting assessment is sent to the child study team, it is imperative to get information on what services are actually available in a public school, or private school

through county services. Arming themselves with a basic understanding, better ensures an effective collaboration can be achieved for the child to receive appropriate services.

Related services for dysgraphic students may include, but are not limited to:

- speech-language pathology and audiology services
- interpreting services
- psychological services
- physical and occupational therapy
- recreation, including therapeutic recreation
- early identification and assessment of disabilities in children
- counseling services, including rehabilitation counseling
- orientation and mobility services
- medical services for diagnostic or evaluation purposes
- school health services and school nurse services
- social work services in schools
- parent counseling and training (Wright, n.d.)

These services are provided at no cost to families of disabled students. Once services are determined necessary, families can try the services in the IEP or 504 accommodation plan, and then revise any time, but writing another request. It is important to include the student in these decisions. It is possible that too many services are overwhelming to a student, and in other situations it might be more effective to add additional services to augment the learning plan. Keeping in touch with teachers and therapists is vital to gauging the effectiveness of services, as well as to identify needs not being met. Learning plans are a framework for support that can and should be adjusted annually, as well as during the school year as observations and issues arise or change.

Scene II Approach to Inmost, Preparing for a Challenge

Just Breathe with Mindfulness

I have profoundly shifted my understanding, respect, and implementation of

mindfulness both professionally, as a 20 year veteran teacher, and personally, as a single mother of four children. The first time I heard this term was about 8 years ago, while teaching a long term leave position for 5th grade ELA. That year a school wide initiative required homeroom teachers to train students to practice mindfulness weekly in all courses. While I appreciated the training given by the district, my background and training as an English teacher definitely did not include what I considered counseling. I had some professional training earlier in my education and career, and leaned into my spirituality as a practicing Catholic. While these were helpful, I realize now that I had blind spots about my own mindfulness health, which required introspection and discernment, before being able to effectively guide students. I was uncomfortable learning and implementing these mindfulness strategies. Then these skills became even more essential when COVID hit and when my daughter became ill with mental health struggles. Students and parents alike should be made aware of these strategies and taught mindfulness for both well being and productivity.

Luckily, I co-taught with a wonderful special education teacher, who confidently led the students and me through weekly mindfulness lessons. She made it ok for me and the students to learn together. She confidently modeled breathing, basic yoga moves on the floor with yoga mats, and short meditation sessions in the dark. Having recently been through a divorce, and actively trying to guide my own four children through that traumatic experience, I was not interested in being in touch with my emotions at work. But, she took charge and served as a role model guiding us all with grace. She gave space for the students and me to learn and practice self awareness and emotional regulation.

While I was originally skeptical and annoyed to have to implement mindfulness into my curriculum, I was shocked students started asking for the sessions. They were looking forward to emotional support and gave us both unequivocal feedback that it was helping students calm themselves and focus on their academics. I was shocked. It was an undeniable success. After leaving that position, I saw a number of other middle schools and high schools in both New Jersey and Pennsylvania implement similar programs. None of them were as effective as my co teacher's authentic and consistent instruction, but schools have been pushing this initiative. Then, COVID hit. Virtual learning brought about challenging teaching and learning experiences, and also halted many of these types of programs. Educators were asked to focus on basic online attendance, teachers and student technology communication skills, and hybrid models to ensure special education accommodations were being met. Many schools were simply asynchronous during covid and children received no live academic instruction for weeks and months on end, let alone mindfulness programs. These programs ceased at a time students needed them more than ever. However, the lessons and insight I learned have stuck with me.

Practically speaking, mindfulness initiatives need to also transfer to classroom design. This can be accomplished by building in time to slow down and reflect on their practices and designs. The exciting thing about classroom design is it can be revised throughout the year as needed to improve classroom functionality and improve targeted learning goals. To achieve these, teachers are encouraged to periodically offer surveys to consider student perspectives on this functionality (O'Donnell 2018). One teacher discovered after a survey that the classroom negatively impacted a student because it was designed in a way that was distracting "...there were too many colors, too many posters,

and no place to move with so many things in the room” (Dillon, 2018). To avoid this scenario, teachers must take their responsibilities seriously to design and executive a variety of dynamic learning spaces that challenges middle schoolers, differentiated instruction, and supports all learning styles. The decisions a teacher makes when designing a learning space offers students a safe haven as they pave a path for their personal and academic success. Additionally, a classroom design has the power to nurture mindfulness habits that include purposeful living and learning. Classroom environments that support proactive, positive personal choices, along with meaningful social interactions, ensure students learn to contribute to the greater good of our democratic society.

Harnessing mindfulness strategies can protect special education students, especially those with dysgraphia, from burnout, mental health struggles, and isolation is essential. To know what you need to manage stress is a gift. I believe in mindfulness, and in fact look back on that first experience with a co-teacher in 5th Grade ELA with gratitude. Mindfulness can be taught and practiced at a young age; alone, with parents or support professionals; and yield significant empowerment and confidence for special education students.

Learning Coping Skills, a Family Affair

Furthermore, to broaden other coping skills strategies, it is essential that parents support children with a disability with day-to-day life. Children with language-based learning difficulties are affected outside of school as well. While in school, accommodations support the student through the day, however outside of school the

responsibility lies solely on the parent or guardian. Parents must work to develop support outside of school as well. (Franklin, 2018, p. 179) First, these disabled students may need support promoting social skills as they may have trouble making and keeping friends.

This is particularly important as they mature and become self aware of their communication impairments. Families can also help their child develop communication skills socially by modeling and practicing good communication skills. This can improve “Oral expression, listening comprehension, social skill development, and learning” (Franklin, 2018 p. 180). Frustration is inevitable for these children, so teaching and modeling conversation skills and manners is essential. While good manners are usually instilled in preschool age children, it is essential to continue to model good conversation skills throughout development:

- Create opportunities to have conversations
- Don't force conversations
- Choose topics that are interesting to your child
- Let your child guide the conversation
- Speak at his or her level
- Allow your child thinking time
- Take advantage of teachable moments (Franklin, 2018, pp. 181-182)

These strategies must be ongoing, as repetition and consistency are particularly important to these disabled communicators. Furthermore, these strategies can ease social anxiety that students may experience.

To promote better communication and social skills, parents can try to regularly observe social interactions; discuss what they observe; and give feedback, both positive and negative. Keeping up a dialogue with your child is essential to develop these skill sets, which are necessary for them to feel good about themselves and engage with others

(Franklin, 2018, p.183). As your child develops their communication skills, they will be positioned to confidently:

- join group conversations, peer groups, and sports teams
- participate in social activities such as playdates, sleepovers, and group outings
- talk to other adults for car rides home and playdates
- advocate for themselves when communicating with youth group leaders and coaches (Franklin, 2018, p.183)

All of these suggestions provide the student with enrichment opportunities, beyond the school day. Parents are encouraged to further enrich LBLD students with summer, vacation, and weekend experiences that broaden their world view (Franklin, 2018, pp. 194-195). The more exposure LBLD students have to the world, the more experiences they can draw upon when completing academics. While the mechanics and organization of their work can be challenging, empowering them with content knowledge and positive personal experiences is invaluable. Even though they may have trouble with written communication, they can feel confident and engaged.

Students that have LBLD often have increased stress and anxiety. If not managed properly, these students are more susceptible to chronically elevated levels of cortisol, the hormone released when we are stressed. Cortisol is destructive not only to the brain, but the body as well. Specifically, the regions of the brain dedicated to learning and memory, such as the prefrontal cortex and hippocampus can be damaged (Franklin, 2018, p. 189). The fact is that children with LBLD experience higher levels of stress than their peers as they work hard to keep up with their peers. According to Franklin in Chapter 12, “Navigating Life Outside of School,” some strategies that parents can implement to best support these children include, but are not limited to:

Determine when your child is experiencing stress.	Some signs may include short-tempered, withdrawn, distracted, being antsy or disruptive
Take corrective action.	Have the child stop working and switch to another activity that is not stressful.
Encourage vigorous exercise	Take frequent breaks during homework. Engage in short intervals of jumping jacks, sit-ups, push-ups, yoga, basketball, and catch
Start talking	Engaging in conversation about interesting topics can reduce stress.
Lead your child in short mindfulness exercise	Teach the child to close their eyes and take a few slow deep breaths in a calm environment. Using apps or online resources can be helpful.
Engage in a fun activity	Take a few turns of a board game, work on a puzzle, look up at the clouds, or play with a pet.
Do something to help someone else	Helping others can boost confidence when

(Franklin, 2018, p. 189)

Instilling in disabled children the importance of rest, healthy eating, and regular exercise is essential as these self care habits will last a lifetime. Below are some specific considerations worthy of discussion with the student body population.

First, it is imperative to teach students that the brain is constantly working and that rest is essential to being effective students. During rest, the brain discharges “a build-up of harmful; chemicals and byproducts” (Franklin, 2018, p. 191). Without sleep, the brain cannot recover. Also, exercise helps to release stress that allows them to sleep soundly-- without the worry of things hanging over them. Teach your child to establish a routine of regular bedtime and wake up time. It has been scientifically proven that consistently is essential for stress reduction. It may be helpful to remind children that most people sleep best in cool, dark rooms with a white noise such as a fan.

Second, teaching children good nutrition habits is time well spent. The popularity of gardens at schools, the farm-to-table movement, and the celebrity status of chefs can help teach students these life skills that empower them to healthy self care habits. Some suggestions to engage students include having them participate in making a weekly family meal plan, grocery shopping, and learning to cook (Franklin, 2018, p. 192). Libraries and community courses might further empower them to focus on good eating for strong minds and bodies. Many students feel food preparation and meal planning is empowering, and thus should be encouraged.

Thirdly, it is essential to teach and reinforce that physical activity promotes learning and memory. Encourage students to create a weekly exercise regimen. Have friends and family participate. Also, monitor exercise as children need redirection away from sedentary activities like screen time. Remember the power of encouragement and offer incentives to reinforce good choices (Franklin, 2018, pp. 192-193). Supporting LBLD students with these strategies positions them for both academic success, and establishes healthy habits to manage the extra stress their disability can cause.

Scene III Ordeals Behind Locked Doors

When positive landscapes are disruptive for learning disabled students like my child experienced, behind locked doors in residential programs, the lost time and disorientation is dramatic. My child reflects that she was exposed to many addictions and psychiatric issues that had nothing to do with her personal struggles. The learning spaces included much older and much younger children at times, which was also inappropriate. Lessons were worksheet driven and far below her intellectual abilities. There was no

assessment or review of personalized learning plans, or accommodations for dysgraphia or other learning disabilities. Teaching in these therapeutic programs lacked all the norms of appropriate learning spaces, which my child had experienced up through freshman year.

Keys to Appropriate Learning Space

Teachers are uniquely positioned to provide routines and support academic habits, within the classroom learning space, while also challenging all students to understand historical influences and current events beyond the physical classroom. To achieve this, teachers must design warm and inviting learning spaces, both physically and online, where students are comfortable enough to express their individuality and take risks. As students are expected to collaborate and solve problems in the classroom, learning spaces must be designed to scaffold and differentiate instruction for all students, especially those with learning disabilities. Teachers that both teach and practice mindfulness may be better positioned to monitor and adjust their classroom design, so as to reach grade level learning goals and establish a positive and engaging classroom learning space. Combining all these considerations better ensures that a flexible classroom design establishes routines that encourage self advocacy and independence; utilizes supportive technologies to scaffold and differentiate instruction; and establishes a collaborative learning space where problem solving can occur.

Routines teach self advocacy and independence

“All educators want to create a culture that supports learning in their classroom. This comes from the daily routines” (Dillon, 2018). Investing a little time at the

beginning of the year, as well as quick, occasional reminders throughout the year, can reinforce teacher expectations for student independence and responsibility, which also maximizes learning time. Teaching expectations and policies, including how the class will be expected to use the classroom space, minimizes disruption to learning. Daily classroom routines must be considered when designing a learning space, especially in a workshop or discovery model classroom. Establishing consistent and smooth classroom routines supports a positive, inclusive, and engaging learning space for diverse learners (Dillon 2018). Some considerations include:

1. **Post essential questions and unit objectives** to focus students and set clear goals.
2. Students benefit from both a **large calendar** with a plan to reach their learning goals, as well as an electronic version of the same calendar online in Google Classroom.
3. Teaching students how to follow through after an **absence** is also helpful. As student absences can be problematic, especially for special education students, teachers can support both random and chronic absenteeism by establishing a station where packets of materials are left for individual students. Students should be taught early in the year how to independently pick up their assignments upon their return to class.
4. Offering a designated station for **completed work to be submitted** is helpful, and eliminates the need to inundate or distract the teacher from conferences or strategy groups. Again this system encourages independence and self advocacy.
5. Establishing a student-teacher **communication system** for individual concerns can be very helpful when considering simple ways to practice communication skills and grow empowerment. While some school districts offer student email addresses to communicate with staff, a designated classroom “mailbox” offers students another way to communicate with the teacher.
6. As socialization and a sense of belonging is particularly important during middle school, teachers should regularly post information about upcoming **school events**, clubs, sports, volunteer opportunities, and support groups.

This may include information about a weekly homework club, extra help sessions, guidance support groups, and/or upcoming writing contests.

7. A system to **sign out of the classroom** sets expectations for limited bathroom and water fountain sign out; eliminates hall wanders attempting to evade classwork; and keeps track of students for security reasons. A teacher should regularly review this data, as it may provide insight to disengaged students or may be used in a Child Study Team report about how a student's non-academic behavior is interfering with learning.
8. It's also helpful at this age to offer a **Lost and Found** station where materials left behind in class can be centralized, as adolescent students can often be absent minded or disorganized. Some middle school students can become emotional when they misplace work and possessions. Supporting them during this stressful developmental period is key to keeping them focused on their academics, and offering executive functioning support (Dillon 2018).

To summarize, an effective classroom should offer support for planning, organization, communication, and self-advocacy. Being independent within the collective school community is a skill that needs to be taught, practiced, and monitored, as to prepare students for the independence required in high school, future workplace environments, and college. These skills are essential to prepare dysgraphic students for agency once 18.

Consistent Instructional Patterns

When considering literacy goals, for communication impaired dysgraphic students, it is essential that teachers provide physical support for speaking, listening, reading, and writing (O'Donnell 2018). By beginning classroom instruction with a mini lesson, a teacher can focus students on direct instruction. An inclusive and responsive classroom is key to focusing and including all students during direct instruction on the "skill for the day." During this time, the class is physically close together, in a safe and personal environment, focused toward a common learning goal. Students usually gather

round on the floor, turning their attention to the SMART board for a Google Slide presentation. The skill is also usually posted on anchor charts around the room for reinforcement and reference after instruction is complete. Students gain the confidence to practice the skill by “turning and talking” with a peer, or by completing a short task such as a graphic organizer. Then, students are asked to identify the skill in a read aloud or mentor text. This auditory portion of the lesson requires good listening skills, as well as visual focus as many workshops post the reading on the SMARTboard for later annotation. Finally, students are expected to work independently to demonstrate understanding. Considering “...the floor plan...[can] allow students to find comfort in the space, as well as encourage students to think more deeply and work harder (Dillon, 2018). O’Donnell suggests these breakaway sessions might include:

1. Silently reading in a comfortable bean bag chair or a couch in a **reading nook**.
2. Composing in **privacy** using the reader or writer’s notebook or wireless Chromebook either at a desk or table, or even sitting on an exercise ball by a window.
3. Browsing for a new book in the **classroom library** that is organized clearly with genre and level labels. The library should be at “kid-friendly-height” and encourages students to use their reading level to make appropriate novel selections from the classroom library. These individual choices position students for active engagement and ownership (Dillon 2018).

Offering flexibility and choice for students to c

omplete tasks at their own pace is key to differentiating a classroom. It is also beneficial when teachers coach students by circulating among students or conferring with both individuals 1:1 and small groups. Additionally, conferring with the teacher in a strategy group at a semi circle conference table targets specific students or skills that need more

attention or review. In a workshop, it is essential that the learning space posts regularly used technical terms related to the writing process, grammar skills, and reading strategies. Unit rubrics for assessment and student writing examples are also beneficial to post, as they model expectations and mastery of unit skills. It is helpful for teachers to keep a record of student goals, whether noted on conferring or strategy groups logs, to focus and document learning supports for when CST meetings and parent conferences occur.

Using technology to scaffold and differentiate instruction

Once students understand and can navigate the physical space of the classroom independently, teachers can move on to daily mini lesson instruction that incorporates technology. Technology today offers “unlimited access to reading and research material” (O’Donnell, 2018). For example, a teacher can teach or review a concept using Google slides with embedded links or sample texts on the SMART board. It is now easy to present both visual and audio versions of a text during the read aloud or mentor text time. Visual and auditory learners are more engaged and focused when closed caption is used alongside a visual text on the SMART board. It is worth noting that supportive technologies are more commonly available now, and teachers should gain training on these helpful supports. Learning Ally, which is based locally in Princeton, NJ, easily offers audio readings of texts to accompany texts both in the classroom and at home (Fisher, 2016). “Technology...support...can help students with disabilities be successful” (Fisher, 2016). Using the SMART board to annotate texts during the mini lesson time models close reading skills by demonstrating how to gather textual evidence for claims. When students with learning disabilities or accommodations can review annotated texts

that are saved and shared on Google Drive by the teacher, they are positioned to succeed through review and rereading (Fisher, 2016). Once mini lessons are completed, students may shift to a practice time using 1:1 Chromebooks for assignments, formative assessments, or research assigned in Google Classroom. Google Classroom is both teacher and student friendly, and prepares students for more sophisticated platforms in higher education such as Moodle or Blackboard. Having an online classroom presence is essential for twenty-first century learners who are far less likely to work in a paper world managing papers in binders and folders. They must learn to organize files, assignments, and shared communications quickly and efficiently. While technology teachers usually instruct students on how to navigate the Google Suite, and other online learning spaces. By designing, modeling, and maintaining organized, useful, and informative virtual classrooms, students learn how to manage time and materials, research with reliable sources, track reading habits, and reflect on achievement of unit goals. Technology must be a part of a well designed twenty-first century classroom.

Collaborating and problem solving

Physical and virtual learning spaces come together for 21st century learners, as they are required to collaborate and solve problems with peers in their class, as well as with partner classrooms around the world. Middle school curriculum often challenges students to begin defining who they are as individuals, so as to understand others viewpoints, and eventually solve social issues facing them personally, locally, and globally. While all of the above stated learning space considerations provide a solid foundation for adolescent learners, the real work of these students must be collaboration and problem solving. Students of varying abilities, including advanced students who

thrive with independent study and discovery, can share findings, contribute to discussion, assist with editing work, and design solutions to problems based on their talents, perspectives, and vision. In leveraging student diversity, collaboration gains the strength it needs to solve real world problems.

Specifically, a dynamic book club discussion can be seen as a snapshot of our democratic ideals of equality and free speech for all. The belief that all students can argue and defend a position, as well as be active listeners, must be the aim of preparing democratic citizens who vote to decide the fate of our country. These skills can begin in a book club discussion. To empower students in the classroom, is to empower future democratic citizens that “practice kindness and compassion” (Dillon, 2018). Classroom design can be powerful: “...classroom design with student feedback can positively impact emotions, engagement, and learning. It can also have a positive effect on behavior” (Dillon, 2018). Establishing a Word Wall with common classroom room vocabulary encourages students to use a shared vocabulary during these discussions, especially for communication impaired students to access. Students that utilize all these learning spaces are positioned to collaborate and solve real world problems, as they are engaged learners, independent readers, skilled listeners, confident public speakers, adept writers, and reflective lifelong learners. All of these skills are imperative to prepare dysgraphic students to self advocate with agency in the coming years as they approach 18. My hope is that these standardized recommendations for the learning environment can be normed in all alternative schooling for students with disabilities. Learning plans provide the legal backing to make this vision into reality across therapeutic schools, cyber schools, virtual academies, and adolescent IOP and psychiatric residential programming.

Scene IV The Reward

My Story: Move with the World

Lady Mary Crowley, my favorite character in the PBS series *Downton Abbey*, commented on the face-paced changes in society at the turn of the century in England. The mini series effectively depicts her evolving and adjusting to a modern world when technologies and advances shift her family away from an insulted affluent agrarian nobility to a more global perspective with phones, cars, medical advances, and war. Mary confronts these changes with courage and leadership. She states in one episode: “The world changes, and we must change with it.” The depth of this statement resonates with me when teaching general education and disabled students. In protecting the vulnerabilities of disabled learners with wisdom and compassion, the possibilities of our own humanity is elevated through humility.

For instance, a few years ago I enthusiastically interviewed for a high school English job with a sample lesson about library research. As a veteran teacher and doctoral candidate, I not only enjoy this unit of study, but I consider myself an expert. I aimed to highlight the importance of navigating the web and media center databases to teach students how to discriminate between reliable sources; ask viable question that sparks or elaborate a conversation; annotate nonfiction sources and organize research findings using online platforms; be patient and expect dead ends and uncharted waters; and document sources correctly to avoid plagiarism. I wasn't just teaching a lesson for a desperately needed job to support my children and pay my mortgage as a single parent, I was telling my truth as a doctoral student. But it turns out, the world is moving faster than

the depth of my expertise. Researchers, my best piece of advice is from the movie *Dory*, “just keep swimming.” It is in the effort and flexibility to persevere bravely into the unknown landscape, when learning and growth occurs.

I remember confidently walking into that 11th grade English class, and then suddenly realizing I hadn't asked the interviewer what the hook up to their computer system entailed. I calmly took a deep breath--never let them see you sweat--and connected my USB, found the PowerPoint file, and praised God that the file opened on the second try. Now the only thing I had to do was effectively teach a room full of strangers scholarly methodologies how to navigate the internet and the school subscribed databases, while being observed for classroom management and differentiated instruction. Thankfully, my improvisational skills are polished, and my passion for researching runs as deep as the results of a Google search. I got the job.

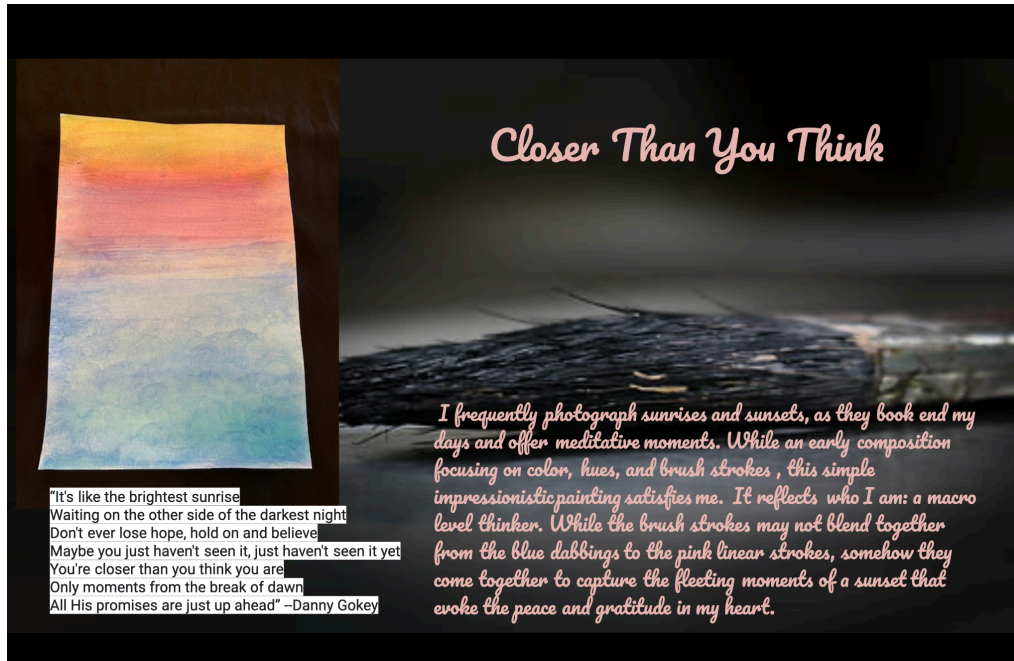
However, the fast pace of technology and changes in funding for school media center data bases just a few years later is significant. Public schools K-12 in America no longer use Powerpoint anymore, leaving teachers and students to navigate *Google Slides* and *Canva* together. The norm is more often than not to teach yourself. This is challenging for communication impaired dysgraphics, and education plans must ensure training and extra time is secured. Additionally, it is less common for students to attend in person media center research training for research and notetaking. As a contract employee, I have taught in numerous schools that have boxed up entire libraries, and redesigned the space for STEM, maker spaces, and audio engineering. The fact is, students can research online these days without ever even entering a school or a media center. Simply navigating school websites can take students to subscribed and free

research platforms. Research rarely ever involves a hard copy book, notecards, or memorizing MLA citation formatting. Citation generators are commonly available to students now. However, all this solitary and independent research leaves many gaps for disabled learners who benefit from direct instruction, extra time, and guided notetaking. While students are nimble and resilient, universities and school districts need to keep up with teacher training to best support all learners, but especially communication impaired students.

Personally, learning new developments in research technology has been a humbling experience during my doctoral experience. Specifically, technological advances in university research caught me off guard: I thought I knew my craft. From guest presenters explaining database options; to navigating Drew's Library website; to tapping into Google Scholar searches; to practicing endnote documentation features; and to transitioning away from hard copy to virtual research options has fatigued me and left me in awe of the pace and depth of scholarly research. Researching collaboratively and participating in break out room writer's workshop discussions has shifted my thinking away from finding the right answers, to asking the right questions. I also learned that when there are no answers to my questions that is an answer. Discovering and proving who is not in conversation, and also understanding why they are not heard is discouraging, but clearly directs my purpose as a researcher. I hope the imperative conversations on the neurological disability dysgraphia continue. I am encouraged by research of special education law, advocacy pathways for disabled students, and therapies that can help give voice to students, families, and educators. I've been validated as a

researcher, and am committed now more than ever to giving voice to the voiceless and under represented.

We have made progress in special education law in the last 70 years, there is much work to be done in this field. Learning to ask engaging and thought provoking questions, flexibly shifting thinking, demonstrating resilience when confronted with dead ends, and persevering are the hallmarks of 21st century students. I aim to not only advocate and inform students, teachers, and family affected by dysgraphia, I am now better informed now to instruct research to my current secondary students, as well as future collegiate students. However, acknowledging the disruptions in a students' landscape that result from stress and anxiety of a communication impairment such as dysgraphia is another aspect to this field of study that needs to be addressed. Thankfully, students can learn to adapt, survive, and even find peace with the assistance of these helpers. Keeping an open mind and hopeful heart can also help students and families navigate a path forward out of the darkness. Discovering personal connections through relationships and usefulness offers hope following the isolation of navigating disabilities. Engaging in meaningful discussions about the landscape and topography of living with communication impairment validates and normalizes individual experiences. Learning to accept the struggles of dysgraphia with support, enables students to find peace and voice. Walking alongside my children and students on a disability journey has taught me to appreciate the beauty and peace of nature. Learning to be present at pivotal and small moments is cathartic. Expressing hope through art such as photography and watercolor painting gives voice to the disability issues and individuals.



Finding pathways to navigate the darkness of disability, and find peace, is closer than students and parents may think. As I captured in this original watercolor from my dissertation coursework, inspired by the hope of beautiful sunsets and sunrises.

ACT III: RETURN TO THE ORDINARY WORLD



(The Hero's Journey, 2025)

After my long and arduous journey, the return to the “ordinary world” was a shockingly simple choice. My adolescent child and I endured the abyss of separation, fear, pain, and hopelessness that accompanied years of hospitalizations. While I regret it took me three years to realize I had the power within me to extract my child sooner. I was absolutely disoriented in a new landscape of the American adolescent mental health system. I simply did not understand the depth and breath of this system of care. While I was looking to doctors, judges, social workers, therapists, medications, and teachers for answers, years of documenting my child’s disability of dysgraphia paved the way to freedom. There would be no more separation, locked doors, dehumanization, over medicating, wasting time, and back sliding. I set aside fatigue, anger, and frustration, and leaned into my educator training and faith to return my child home to our family. At that point, I unequivocally believed I could do better than the bureaucracy of adolescent mental health care and charade of sub par, below grade level, education my teen was receiving. So, I found my voice and radically changed course, and started making

decisions to bring my child home using that special education evaluation process I knew so well from child study team meetings. I composed a transition plan for my child, similar to what a senior in high school creates for transitioning to college, which I knew would include legal rights. So, I called a meeting of my child's care team.

I grounded myself in the mission: bring my child home to freedom and the least restrictive education. Even though I was disorientated and exhausted in the foreign landscape; I knew almost prophetically, I could achieve this mission. I gained momentum reminiscing about when I brought my twin boys home from the hospital in 2003 with no owner's manual, no license, and no training. God entrusted me with two little baby twin boys. While the state of New Jersey gave me two birth certificates and the federal government assigned two social security numbers, they were my children to raise as I saw fit. Then, I added a third child to my family, and still there was no direction for care. Finally, I brought my fourth child home, and while my responsibility and stress quadrupled, there was still no map to follow. Neither the Women and Children's Hospital, nor my OBG-GYN, ever instructed me how to raise my children. So, for 15 years, I had successfully met my children's needs from the basics such as food, bathing, safety, and activities to education, spirituality, and love. My children were happy, healthy, inquisitive, successful, kind, respectful, and hardworking. Even though the relentless daily responsibilities of raising them solely fell on me, I had agency that yielded positive results.

Other than foster parents or adoption, society leaves parents to raise their children and they set fit. It was odd to find myself entrapped in a mental health care system that has laws stating 14 year old children can decide their own mental health care, even if sick

or have impaired judgment, as my child suffered at the time. To this day, that law, and different versions of it in other states, doesn't sit right with me. Parents need to understand that such laws exist, and the nuanced procedures of adolescent mental health care--especially if their child has special needs. I knew I had been, and was still, my child's best advocate. This revelation motivated me to take control of the situation, and write a transition plan that includes medical and educational goals, just as are common in IEP's and 504 accommodations. At this point, insurance had paid over 4 million dollars for "care," which barely kept my child alive, and in fact dehumanized and traumatized him. Additionally, this expensive mental health care was devoid of appropriate family, grade level education, or spirituality: let alone providing accommodations for a disabled learner with communication impairment. The data from all this "expert care" unequivocally captured that the system was failing my child miserably. My child was not thriving-- or progressing. I decided to no longer ask anyone else for solutions to this predicament.

Luckily, my diligence and focus empowered me by documenting the many twists and turns to this bizarre journey. Like a teacher's gradebook, I kept accurate medical records of all events, behaviors, treatments, and medications for three years. Looking back, maintaining these records was like stitching all his experiences together, not unlike the pieces of fabric woven into a quilt. I was making something new and innovative out of heartbreaking and chaotic parts. I would lay awake at night mentally and emotionally processing, organizing, and prioritizing all the information, until a plan took shape. Pieces of the plan came from coworkers, friends, family, doctors, nurses, aids, and teachers. All of these tedious tasks required high levels of synthesis, and demanded

patience, coordination, compassion, and empathy--not unlike those years of collaborating at child study team meetings. Finally, I realized I was acting as my child's social worker, which was ridiculous because I was the mother. But the education and mental health systems had taught me well, I knew how to write and present his transition plan. I would no longer tolerate a system overriding my parenting role--or my voice.

Thankfully, being an older mother and teaching thousands of children, I was not naive to think I could execute this alone. I needed allies with expertise. I understood that factors, both in and out of parental control, affect our children's health and well being. Families experience struggles with economics, physical and mental illness, addiction, disability, hardships, injustice, and faith. During the first 13 years of parenting, there was of course illness, learning struggles, stress, and logistics to a large family, but I approached parenting like teaching. Making schedules, monitoring and adjusting, prioritizing tasks, multitasking, and collaborating with an end goal of enjoying the family ride and making happy memories along the way. Looking back I feel extremely fortunate to have found a pediatrician who had a clear vision of children's healthcare in her small personal practice. Her thoughtful professionalism, analytical skills, sound decision making, and superior customer service, has been one of the most influential collaborations of my parenting experience the last 22 years. Thankfully, she and her staff were willing to stand by us during our extended family crisis. Her support kept me focused and strong, offering documentation, guidance, and resources as needed. While my child's situation was complex, layered, and nuanced, I discerned my child didn't need another social worker, but rather a map home. However, my child would also need to demonstrate agency over the future, before others decided that future.

So, I remembered one morning when my twins were in 4th grade. Up until that point, I ran my home and family like a well oiled machine. I managed everything well, because I was driven to succeed and I was fortunate to have the means to hire help. But that one morning, one of the twins had a temper tantrum while grabbing his lunch, book bag, coat, and helmet. I had done everything to elicit a smooth morning off to school. But, his mood and focus was outside of my control. He was becoming his own person, and needed to learn agency and consequence for his actions. That was a defining moment when I realized I was the stage manager of my children's lives. Over the years since then, they have continued to pull away and use the habits, education, lessons, faith, and love I showed them to have agency over their own life. I trust all my children to be responsible, honest, hardworking, and ethical. Now, I had to see if all those lessons were still imprinted on my child's heart like a computer program that he needed to access. My child had to make autonomous choices to work with me and the doctors to come home immediately, before turning 18.

Thankfully, years of babysitting and teaching prior to being a parent, empowered me with compassion, empathy, grace, humility, and love. Armed with this knowledge, I tapped into my confidence, bravery, and integrity for one final decision to return my child home. I mapped out my child's transition plan home, and a plan to enter into adulthood. It was time to reestablish and exert my parental rights for my child--and my voice. We would again celebrate the joys and sorrows of life, but under the protection of the love and the shelter of family

Scene I The Road Back

I called a meeting--not unlike those old child study team meetings. I brought an agenda. I had evidence and legal documents. I provided he was communication impaired and demanded he receive an education in the least restrictive environment from home. I laid out action goals on a strict time line. My child was 17 and I was committed to getting him out of this broken healthcare system before he turned 18 in 6 months. Recalling that patient that had been whisked away on his 18th birth to the adult ward, where instruction and therapy was not the culture, my child realized the gravity of the situation. Thankfully, this scared my child into a sober reality to self advocate at that meeting, agreeing to the plan to come home and graduate high school. To my shock, my preparations, and my child's plea, to try a different approach to wellness and education path forward miraculously paid off. The care team not only listened to me, but they supported the plan. Social workers and doctors did chime in with their expertise on how to execute his home coming. The plan included new therapeutic interventions that thankfully worked. My map was navigating him home. We counted the weeks, then the days, then the hours to freedom. I am forever thankful to be the ghost that navigates what seems like misplaced and inhumane assistance from different governments and support organizations to find the strength and hope to move on. Her persistence to survive in this dark landscape speaks to human resilience. But, the time was lost.

My Story: Four Gifts

While my child was hospitalized for three years, “others” were writing chapters in my family story that I never wanted for my child. I found myself, my child, and my

family in a nightmare. Courts and doctors were contaminating and poisoning my communication impaired child's heart, mind, and body under the guise of "necessity" and "help." But I knew that day in August 2023 it was time to put an end to this nightmare in a foreign landscape. My child was not thriving, and losing hope. Then, a nurse called me in the middle of the night and told me to get him out. He begged me to save my child. He saw in my child what I knew: "Your child has a bright future." Shortly after, the assigned social worker went on vacation and a sub was assigned to the case. At first I thought, not another person to retell our story to. But, it was this sub that also saved my child's life. She recommended a therapy that no other practitioner had suggested or offered. I researched the therapy and agreed to try it. This pivotal decision set my child free of maladaptive self harm behaviors and contributed to a return home. Quickly we saw results. So, I began to collaborate and play the role of the lead like an education consultant in one of those special education meetings from years ago. First, I asked my child to "get it together" to come home. We co-authored a new narrative for the future. My teenager was 17. Time was running out. I knew at 18, hospitalization would no longer be instructional and therapeutic, but rather simply housing and hopeless. Thankfully, my child started to feel better and voiced, "Yes, I want to come home." So, I called a meeting with doctors, therapists, and social workers. I voiced what I have learned in my 50's in one of the most powerful words "No." I told the clinical team "No more, I'm bringing my child home." Thankfully, the clinical team agreed. We were leaving the abyss.

So, at that meeting with the doctors at the residential clinic in Connecticut, I provided a vision and rationale for a transition plan. I had endured heartbreak, fear, and

separation, but I no longer needed mentors, guides, or doctors, because I knew I had special education law on my side. We vowed to rebuild at home. Having had extensive training with child study teams, IEP writing, and developing SMART goals, I was confident I could draft a plan that was time specific, measurable, and outcome based. So, I drew a map to bring my child home. So, we shifted our conversations from doctors and therapists to our family. The siblings became the guides now. My child looked to the older twin brothers and his little sister for hope and a map forward out of the darkness. My teenager wanted to graduate high school, get a job, learn to drive, get confirmed in our church, learn to ski, go to college, and see our little sister grow up. The new map was full of hope and promise.

During this time, I received four gifts. First, I got assigned to teach with a special education teacher in a NJ middle school who had actually taught my daughter years before in that catholic middle school. That teacher reminded me of my child's education plan that legally identified as "communication impaired." My child was protected under federal law as disabled. I also had that doctor's note that diagnosed my child years early as dysgraphic, and school records of 504 accommodations, which all became part of my child's ticket home. In that discharge meeting, I challenged the doctors that my communication impaired child had the legal right to be educated in the least restrictive environment. Their hospital was not meeting my child's academic needs. So, I developed a transition plan, not based on a sick patient model, but rather as a disabled learner with legal rights. My hope was that my child might be able to graduate on time and get on with life, but I also prepared myself that it might take until age 21 to finish high school as a disabled learner. Second, a dear friend of mine with a deaf child, simultaneously

bolstered my argument for my child to come home. She recounted the years of advocacy that she and her husband demanded for their deaf daughter. They ensured their daughter received the best education in the least unrestrictive environment. Third, an old friend of mine with an autistic adult child, mentored my child on the phone over the three years of hospitalization, always encouraging freedom. Because of his special needs child, he had developed an enthusiastic and simple way to speak to special needs children. He encouraged my child to come home to “enjoy delicious food,” and make plans to travel to see the “beautiful planet, full of interesting cultures.” Finally, a family friend came to my home one night, and begged me to get my child home before age 18. He explained he had a family member that got stuck in the system at a young age, who never got out. This friend told me to do whatever I needed to bring my child home. His warning added to my sense of urgency. All of these angels motivated me to finally take action and advocate for my disabled child.

Rebuilding a Disrupted Landscapes

I hope that my child's story helps readers digest the complexity of a disabled child hospitalized in a foreign landscape. His narrative includes confusion, frustration, and despair that follows such isolation and dehumanization. When basic daily routines like sleep, nutrition, exercise, grooming, and learning are constantly disturbed and uncertain, the child becomes disoriented and lost. Meeting so many adults that are apparently guides, but then quickly dissipate, like fog before the next stop on an unimaginable journey, is overwhelming and exhausting. For months, and years, we sought, prayed, pleaded, begged and fought for answers for a diagnosis, medication reduction, behavior

management, and an education. We were desperate to know “what happens next,” where his possessions were, and when he will come home? Like an adaptive video game, skills are learned daily in the high stakes game of survival. Suddenly, fighting for the rights of my disabled communicator does not seem as important as survival, but still catastrophic and traumatic for my child. Ironically, it is the disability that was the key out of the cycle of self harm, hospitalizations, and loss of identity. He was protected under federal law, and I vowed to secure his rights.

So, I developed a transition plan similar to what an 18 year old receives when leaving high school. Thankfully, he has two older brothers who had provided him a schema, or a map, of calmer times before these events. We asked, “What do teenagers do?” They go to school. They socialize with friends. They learn to drive. They get a job. They begin to navigate the world without their parents. Well, my child had already been independent for three years, so that did not need that to be a goal. But the vision was there. He understood he was on the wrong path forward. Two parental decisions changed the course. First, I realized I knew more about my child than anyone a doctor or therapist could ever know. I was the keeper of his memories, his identity, his talents, his hopes, and his dreams.

First, the personal goals focused on age appropriate developmental goals. Each goal required steps to be completed in a certain order within a specific amount of time. These initiatives rebuild confidence, focus, leadership, and celebration, along with agency. My child and I designed these goals together, and modeled them after older siblings.

Figure 19*Transition Plan: Personal Goals*

Initiative	Goal
Relearn daily living	-Become self sufficient -Attend to self care -Be alone and independent -Virtual telehealth for CBT and DBT
Drivers license	-Enrolled online drivers training -Driving lessons behind the wheel
Spiritual	-Get confirmed in our Catholic church -Participate in church youth groups
Social	-Reestablish old friendships -Make new friendships
Get part time job	-Amusement Park
Graduate High School and apply to college	-Special Education evaluation -Graduate by June -Applied on line using Common App
Travel with mom and siblings	-Applied for passport -Plan an international trip for graduation

Note: Goals were set based on age appropriate expectations and previous capacity.

The second task of that transition plan was to determine an appropriate school that could meet the specific learning needs, and then to register. A transition plan "... will prepare a student for life after high school that includes services, curriculum and training with specific individualized goals, including ways to measure progress objectively (Center, 2025). So, I began investigating therapeutic high schools at this time, which proved absolutely not academic enough for my highly intelligent child. Next, we tried asynchronous online learning, but my child gave me feedback that it was lonely and demanded too much self direction. Luckily, when I inquired about other schooling options with the special education supervisor in my home school district in PA, she offered a free option: cyber charter school. I had a friend that worked in a Philly cyber

school, and even temporarily put her children in one. She found it a positive experience and encouraged me to pursue this option, even though I wasn't sure if this idea of cyber school could work for my communication impaired child.

Figure 20

Transition Plan: Education Goals

Special Education	<ul style="list-style-type: none"> -PT -2x a week after school until HS graduation -OT CCA weekly -PT CCA weekly -IEP-accommodations until graduation
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Note: My child focused, collaborated, and committed to reaching these education goals.

The registration interview with the cyber charter academy was extremely positive, and supported my vision to have my child re-evaluated with the special education department. Finally, options in front of us felt right and were hopeful. We heard back that my child was accepted the next day, and we registered.

Next, the third task was to design and address academic-medical transition plan. The measurement of success would be using coping skills, grades, and independence. The time line was one year until graduation if possible, although I was prepared for additional years of high school as needed. Our mission had been focused and clear: pursue happiness, get educated, practice independence, and joyfully experience developmentally appropriate teenage experiences as a “free” individual. He was finally out of the abyss and reentering a normal world. We all hung on to this hope, and in fact celebrated together with a seafood dinner at the Jersey shore with delicious food with my friend, who had encouraged my child on the phone so many times.

Figure 21*Transition Plan: Medical and Health Goals*

Initiative	Goal
Medical Assistance	<ul style="list-style-type: none"> -Dentist -CHOP MRI -CHOP audiolog -CHOP neurology -CHOP cardiology -Physical Therapy -Orthopedist -Pediatrician -Eye doctor -DBT, CBT, and trauma therapy weekly
Reestablish Healthy Daily Habit	<ul style="list-style-type: none"> -Increase daily physical -Daily sunshine for vitamin D deficiency -Relearn healthy eating and cooking

Note: Child willing participated and worked toward each goal diligently.

We accomplished all our SMART goals in 10 months, three times faster than his hospitalizations. On his 18th birthday we celebrated his homecoming and looked forward to him graduating. In detoxing my learning disabled child from obscene amounts of medication; refocusing his education, and providing developmentally appropriate milestones brought hope and rebirth.

As disabled students are bombarded with stress that consumes the landscape of childhood, adolescent, and adulthood, this dissertation challenges young adults to speak up, ask for help, and seek out reliable and compassionate mentors. The actions of a character, motivated by family values, dreams, and hope, can empower an individual, and maybe even save lives, in the face of incompetence, inadequacies, and evil. Engaging post modern conversations such as this offer an entry into understanding the complexities of disabilities that continue to shape and define our the landscape of our homes, our schools, doctors offices, hospitals, and universities.

Scene II The Resurrection

My Story: Building a New Roster

First, I followed the evaluation request form and began the road back. Then, I uploaded IEP speech plans and 504 accommodations documenting dysgraphia. There was more than enough medical documentation to add medically impaired with PTSD and anxiety. Over medication, sedentary hospital life, and periods of isolation had weakened all fine and gross motor skills that I had spent 15 years strengthening with school OT and PT. Additionally, years of hospitalization had rewired my child's thinking away from an active lifestyle, nutritional awareness, and healthy diet habits, to a meek, unempowered, and victim mentality. Fear of punishment, such as isolation and dehumanizing strategies, traumatized and brainwashed my child into thinking he could not make decisions and he didn't have free will. When a child has been abused, under the guise of therapeutic care, it takes time to reprogram thinking and habits.

I noticed in my apartment, my child had lost the skills to walk up and down steps confidently without holding the railing and stepping with both feet on each step. So, I requested an OT and PT evaluation in his new education plan for senior year. This was done virtually through video conferencing, and comparing previous records of fine and gross motor skills. He was granted both services, and attended regular sessions to build and establish steps, using silverware, writing with pens, brushing hair, and bruising teeth. I don't think I will ever really know what my child endured, but I vowed to rebuild both his psyche, confidence, and physical coordination. Additionally, I got him an eye exam and got him new glasses, as multiple pairs of glasses I tried to keep track of during the

three years of hospitalization were broken, lost, or confiscated. Eventually, he got contacts like his older brothers. I have spent thousands of dollars on dental treatments, as psychiatric medication is known to cause dry mouth, which leads to tooth decay from decreased saliva. Additionally, I invested in a personal trainer to both rebuild strength and agility, and to socialize 1:1 with a positive coach. I knew my child had eye tracking issues, as he reported double vision without glasses in elementary school. Additionally, I had him evaluated a number of times at an eye tracking clinic, and it was deemed he had eye to hand coordination deficiencies, as is common with dysgraphic students. Both my children were diagnosed with this weakness, but it was costly therapy not covered by insurance. I knew he had an upward battle to regain his strength and coordination. We did not pursue this particular therapy solely because of cost.

Luckily, at the same time his education plan and services were being rebooted senior year, my child renewed an unfailing faith by coming into the light of society by returning to the church and youth group. There, my teen found positivity and encouragement, which became powerful avenues to grow confidence and leadership. My child had been highlighted in elementary school during presentations and speech projects as a gifted orator--again highlighting being twice gifted. So, these church experiences leaned into his natural strength, and validated him as a young adult with unique and valuable talents. He found acceptance, and served as a youth group leader organizing social events and as a weekly liturgical reader at masses. Additionally, these experiences became a pathway to finish the sacrament of confirmation, which had been interrupted by COVID prior to mental distress. Tediously, my child reprogrammed himself. My teen desired to grow and thrive, so he bravely empowered himself with agency and self

advocacy. My child had survived dehumanization, and vowed to lean into gratitude and joy celebrating his freedom.

My youngest child is an athlete, and she said, “We need to build a new roster for the new season. The hospital teams you’ve been on the last three years are all losing teams. We are winners!” Like rebuilding a stroke patient, the complexities of this map forward included OT, PT, Speech, IEP, Emotional Support Teacher, Teachers, Pediatrician, Nutritionist, Psychologist, Psychiatrist, managers at his job, drivers training, dentists, eye doctors, fitness trainer, and even salons for self care. Fortunately, he respectfully and diligently trusted me, his teachers and mentors, which quickly set him on a course for graduation and college with a specific plan of action. Significant progress was achieved as noted below with a team of care providers. Progress was made by the child’s focus, hard work, and appreciation for freedom and opportunities to fulfill his dreams to become a nurse like the nurses and therapists that had helped him. These interventions and relationships drive home that 1:1 relationships that nurture a person to healing through consistent behaviors that are aimed to reach a specific goal is tedious, but necessary work to heal. While my child endured the ordeal of hospitalization over three years, he will need a lifetime to unpackage and heal.

Scene III The Return

My Story: Healing from a Disrupted Landscapes

In light of the continued bombardment our world encounters as our landscapes are naturally and unnaturally destroyed or disruptive, it is crucial to consider and listen to all avenues of expression to process and learn how to deal with these events. Many schools are cognizant of the stress students are under, and are now implementing social-emotional initiatives to offer strategies to deal with these troubling and often depressing local, national, and world events. Families, communities, schools, houses of worship, government, and national identity are not only realizing the far reaching effects of disruption to landscape causes, but also trying to keep up with the fast paced events. Music and art offer mediums to slow down to process trauma, reflect on self, and express hope, and recover from a high speed life. I explored the connection between landscape well being, and the power of music and color to heal.

Coal Mine Landscapes Capture Our Humanity

Clack, Clack, Clack. As the coal corve descends the two mile track, the cool, damp air envelops tourists into dark landscapes. Exiting the safety of the cart into the depths of a coal mine in the Appalachian Mountains of Scranton, Pennsylvania, visitors experience not only a period in history, but a place and space in time that must not be forgotten. While Scranton's coal mines are no longer active, as the wealth and power of the industry died over a century ago, the connection between the region's people and landscape remains. Scranton has since reshaped its identity through universities, regional hospitals, extensive commerce, and resorts. Fortunately, the lush, green mountains

surrounding the valley, protected through government policy, have helped the region to reclaim some of the region's natural beauty, in spite of its scars from the coal industry. Compared to West Virginia, whose disadvantaged citizens have not been as successful in protecting themselves, their identity, or their land--or have they? Enduring stereotypes and regional isolation, West Virginia mining communities continue to place a high value on music and craftsmanship. Formal education systems, socio economics, as well as government policies, continue to leave these miners disadvantaged. While coal miners in West Virginia and Northeast Pennsylvania have a shared history in coal mining, regionality, diversity of industries, and government representation has put these two areas on very different trajectories to survive the darkest pitfalls of the coal mining industry through conservation policies and craftsmanship.

Residents and visitors in Scranton, Pennsylvania, in the Lackawanna Valley, do not have to travel far to discover the history of the once booming mining city, as its history is woven into the people and the landscape. For instance, Steamtown National Park, mountain train rides, Lackawanna Mine tours, and the Lackawanna Hotel remain as artifacts of what the mining gave the valley's people. Dozens and dozens of communities, both within the city limits, as well as sprawling suburban communities, remain witness to the immense scope, wealth, and power of the coal mining industry. These communities, along with local architecture and the regional topography, tell the story and relationship of man to a land rich with coal. While economic depression backfilled the communities when the mines ceased operation and the big money left, luckily the beauty and awe of the Appalachians mountains managed to survive and even replenish itself despite aging infrastructures. Compared to some Appalachian mining areas such as West Virginia,

Scranton's proximity to New York City and the tristate area has helped the region rework its identity. New immigrant populations in combination with local government and businesses remarketing of the landscape have helped to reclaim the economy somewhat. Thus, the past and the present are connected. Undeniably, the grandeur and beauty of the landscape offers continuity to the generations.

While diversity has helped Scranton to sustain itself to a degree, the sprawling ethnic neighborhoods were not always an advantage. The valley is still segmented by the ethnic groups that originally settled together including immigrants from England, Scotland, Ireland, and Wales. In the article "Socialization and adaptation: Immigrant Families in Scranton, 1880-1890," the author John Bodnar discusses disagreements amongst immigrant communities (Bodnar, 148.) However, when labor disputes arose, unlike West Virginia, where mining and logging were the primary industries, Scranton had a more diverse economy. If disruptions in mining or production were to arise, a segment of the economy might be at a standstill, not the entire region-wide economy (Bodnar, 149.) Furthermore, immigrants themselves were diverse with the Irish coming from a more rural setting and the Welsh coming from a more industrial city landscape (Bodnar, 148). Additionally, Irish immigrants resided in multigenerational homes, where Welsh immigrants were more nuclear families with greater economic stability (Bodnar, 153.) Both groups were expected to use child labor in Scranton, however Welsh sons had greater success advances than Irish sons from multigenerational families (Bodnar, 156.) Regardless of these divisions, Scranton's anthracite mining benefited from the population diversity.

Over the years, interest in stewardship has preserved the landscape through state and national parks. In the 1960s, Pittsburgh newspapers played a major role in pushing stewardship over surface mining for much of Pennsylvania. While it was undeniable that the politicians and business had significant power to move forward with this new mining, environmentalists, as well as factors such as train line availability to ship goods, contributed to preservation of the landscape through Environmental Acts in the 1960's (Viotor, 32). The land preservation acts in Pennsylvania were revolutionary (Viotor, 27). Scranton benefited from these statewide land conservation acts.

In contrast, West Virginia's isolation disadvantaged locals from education and government policy decisions. In West Virginia, $\frac{1}{3}$ of the land is owned by individuals or companies outside of West Virginia. This unequal distribution of power, influence, and education historically and today continues to disadvantage coal miners in that state. Furthermore, stereotypes about these Appalachian individuals widen the gap to representation, opportunity, and equality to other citizens.

As noted in the *Music of Coal* anthology, Coal miners continue today to be disadvantaged. Themes such workers rights and wages, safety issues, union representation, isolation, spirituality, and limited opportunity to advancement or skill training resound through this Appalachian music. Examples of voices heard include mothers, fathers, unions, and survivors of mine accidents. Regional sound fiddles, banjos, and harmonicas provided the backdrop for these stories. The mood of these songs vary, but mournful and angry linger after listening to the tracks such as . Very little of the music is joyful, although it is very soulful. The collection captures both specific geographic tragedies common to the area such as flooding or collapsing mines. In the

song “West Virginia Mine Disaster,” a wife and mother captures the heart wrenching loss of her spouse in an acapella song that documents the hardships she and her family endure. They were barely surviving as a large family, and now must look to teenage sons to support the family in the very mine that killed her husband. and black lung disease such as “Coal Dust Kisses.” As family is often the only treasure these miners and their families’ have, love is clearly projected in the lyrics, but the insidiousness of the black coal coats them all, even their love. It is impossible to not feel the story of the miners through these songs. To know that the miners in this area of the country have limited land ownership, education, opportunity, and representation is humbling and dismaying. The American Dream seems to allude to these people that sacrifice so much to fuel our nation’s energy.

Today in Scranton, residents continue to host annual festivals celebrating their diverse heritage. For instance, a large Italian Festival in downtown Scranton upholds the roots of these immigrants, while welcoming university students and new immigrant groups. Hispanic communities are taking advantage of the infrastructures available, and some are even rehabilitating and breathing life back into many communities. Regardless, the scope of settlement in the area will probably never have the financial stability and grandeur that the coal mining industry offered. West Virginia in contrast has not been able to adapt as much due to isolation and lack of economic growth in the region. In fact, mountaintop removal continues to take jobs from locals and further aggravating the already tenuous social-economic situation for local families. Those miners continuing in the mining industry see the negative effects on policy changes under President Trump. While President Obama’s policies saw mining as a dying industry, as he and his

constituents pushed for natural gas and oil, at least the miners had protective safety measures. Trump has removed environmental controls on mining and relaxed coal regulations. There are now fewer safeguards in place for workers now.

Regardless of changing policies, West Virginia and coal miners have a symbiotic relationship. While modern mechanization and instantaneous communication predominate, if not crush our humanity, perhaps West Virginia has greater value than its coal. Perhaps the musical traditions, craftsmanship, and a slower pace are exactly the antidote to reconcile our past, present, and future. As modern news continues to exhaust and deplete our human spirit, the Appalachian miners and their families have been enduring hardship for so long, they may offer a solution in simplicity. In *The Fox Fire*, the authors capture the daily chores, faith healing, carpentry, and farming of rural folk. This recording serves as a collective memory of skills and lifestyle dying. Perhaps these recordings provide a sort of map forward, where a daily topography documents other ways to live and be. In these memories, we can gain both know-how and pacing, to enrich our souls, offer hope, and empower us against negative odds. Expressing ourselves through honest work, art, music, and cooking is at the root of our humanity. Fixing things, reusing, and bartering should not be looked down upon, but rather solutions to the waste we create and the negative environmental issues, like global warming, that our industrial and fast paced modern world has created. These aspects of our humanity were orally passed down through the generations in familiar landscapes, but when being transplanted is more the norm, than generations staying locally, skills sets, a philosophy of life, and traditions such as the Appalachian people may be exactly the “backwards” solution we need.

Yes, craftsmanship training and imagination take time, but investment in these skills may be exactly the focus and care we need as catastrophes, both man made and natural, continue to inundate us. One thing is for sure, economies powered by mining don't guide us how to use memory to better the next generation. By blending the history, conservation, the arts, and immigration communities such as Scranton and West Virginia, we have a better chance of passing on traditions, skill sets, and narratives that will celebrate and preserve our humanity, and provide us the hope needed as a diverse global community to heal.

Colors that Heal

Imagine a world without color. My child literally had color erased from his life. Colors of the seasons, his high school colors, his bedroom decorations, our family garden, and favorite clothes filled his life with color. Hospitalization replaced that all with white. The happy memories of a white snow fall, swans on a lake, clouds against a blue sky, dog wood blooming, ocean waves, and roasting marshmallows were replaced with a meaningless white. As juvenile as it sounds, luckily my child was able to communicate hope even in the starkest of times with coloring sheets with inspirational quotes. It was ridiculous that his creative expression was watered down to elementary school coloring sheets--as a dysgraphic. Coloring and art were not a favorite activities for my child, as weak fine motor skills and “messy” outcomes were unfulfilling. But, my child vaguely remembered the happiness and positivity of colorful flowers, rainbows, hearts, and baby animals, and kept decorating room after room of dozens of different emergency rooms and residential dorm rooms with color.

In 2020 the American Museum of Natural History ran an exhibit entitled “The Nature of Color” in New York City. The exhibit engaged viewers to consider how color plays into not only the survival of species in the natural world, but also color’s mercurial ability to capture and celebrate the human experience through the creative processes. Curators challenge viewers to first consider a world without color, which they suggest would be a far less beautiful life. The multifaceted and engaging galleries unequivocally proved that colors help humans make sense of the world, by providing information about the natural world, and evoking emotions. Wassily Kandisky, a Russian painter and art theorist, once stated “Color is a power that directly influences the soul.” Artists, along with the general public of all ages, would agree with Kandisky’s statement after experiencing this moving exhibit at AMNH during the current 2020 pandemic. If there was ever a time humanity needed reassurance and an emotional lift from color, it was then. The interactive exhibit informed viewers on the use of light, reflection, pigments, and hues to express and capture a range of emotions part of a dynamic experience of all living things.

Audiences first enter into the exhibit exploring how color is essential in the attraction of mating, protecting species from predators, and camouflaging for safety in the natural world. The science of color and light is effectively explained with diagrams and visuals. However, it is the science behind red pigments, that are produced in autumn, and yellow and orange pigments, that are conversely depleted during this season change, that fascinated me as a photographer. Also, learning about the wide range of fall leaf colors such as aspen, beech, hickory, and oak inspired me to pay closer attention to shades. Of course, the tough, needle-shaped leaves of evergreens such as pines, spruces, and firs

demonstrate rich green hues that help to balance and inform attendees. It was fascinating to learn that some red pigments actually protect plants against bacteria, fungal infection, or hungry insects. Viewers walk away from this gallery with a practical and rich depth of understanding for hues and pigments.

Next, audiences explore how evolutionary mutations such as neutral earth tones or vibrant color colors can unequivocally save creatures' lives. Creatures such as the Henkel's leaf-tailed gecko evolved to blend into dry leaves and tree bark, making it nearly invisible to predators during the day. Similarly, we learned that lizards, frogs, snakes, or sloths also camouflage as a matter of survival. The idea of dull earth tone colors blending together to camouflage further informs my use of browns, greys, black, greens, and white when experimenting with my own painter's palette. Now conversely, poisonous animals like the poisonous dart frog warn predators to avoid eating toxic animals with their bright colors. Both predator and prey benefit from these bright red and blue colors that seem so very beautiful. Incorporating a splash of a bright accent color to highlight a part of a painting is definitely a technique I want to practice more. Such bold color choices can bring vitality and relay a sense of power.

Furthermore, we learned that plant color communicates information to insects for pollination and edibility of fruit and nuts to animals. For example, colored flowers actually attract insects that carry pollen from one blossom to another. Different insects are attracted to different colors. Buff-tailed bumblebees are attracted to blue, purple and yellow flowers. The while-lined sphinx moth, which are active in the evening, are attracted to white blossoms, which stand out in the dark. Ruby-Throated Hummingbirds are attracted to red flowers, which are often not picked over by bees. Berries also tell

pollinators when to come to the plant, which is fascinating. Even coffee beans grow inside a bright red fruit called a coffee cherry. Civet are insects that love the taste and help spread seeds. Furthermore, white or green fruit communicate to animals that it is not sweet yet, while colorful fruit signals sweet, good to eat fruit. Animals use color for survival and communication. The Rainbow Lorikeet from New Guinea, Australia, and the Philippines display a variety of bright colors, while their backside is green to blend into the green canopy. The exhibit states, “The ability to make colors, and to see colors, has evolved in countless species and has become essential to their survival.” The harmony and variety of colors in this exhibit speaks first to my sensibilities as a musician, but similarly informs my painting with endless possibilities of color to communicate my intentions, whether that is to capture a nature scene, relay a memory or evoke an emotion.

Finally, learning how the perceived color of an object depends on how light is reflected off an object was fascinating. For instance, icebergs and glaciers look blue because blue wavelengths pass through solid ice, which does not happen with snow. The gallery also touched on iridescent surfaces, which apply certain wavelengths of light and cancel out others. Iridescent surfaces in nature that were mentioned included some frogs, shells, pearls, and soap bubbles. Furthermore, I learned that structural coloration like bird wings of a peacock amplify light waves and mute others. Additionally, the gallery included the study of planets and space. Scientists can determine which atmosphere on a planet has oxygen, methane, and other gases that are replenished by plants and animals just by examining the color. Also, a star’s color can tell how hot or how big it is. Again, the idea that color informs scientists informs my understanding of the power of color. Taking the time to consider that heated objects create a glow as temperature changes

color like when white-hot iron produces a mixture of many wavelengths of color. Medium hot has a more yellow color and less-hot glows red, which has longer waves and less energy. Finally, the exhibition challenged viewers to consider colors in the depth of the ocean. The anglerfish is noted as having glowing lures to attract smaller fish in the darkness. Similarly, when sunlight fades, fireflies flash colored light to identify themselves and attract mates. Bioluminescent crystal jellyfish emit blue light which travels farthest through water where there is no sunlight. Some mushrooms also have this bioluminescence.

In conclusion, “The Nature of Color” exhibit was a discovery for me, as I never thought of color so comprehensively in so many different facets of life and history. This encounter complements my humanities studies and further informs my professional acumen. While I commune with nature on a spiritual level, I was never very proficient in science and have not taken the time to explore such interdisciplinary connections in my postgraduate studies. Recognizing the power of pigments, hues, and light refraction that can provide safety, warn of danger, and evoke emotions support academic analysis in my classes, while also providing social emotional support for students through aesthetic room design and mindfulness activities.

Also, the use of thematic galleries reinforces new trends in teaching to incorporate gallery walks into my English class. Visual art and celebration of self expression is so very powerful and positive, as I experienced first hand in the AMNH exhibit. Ensuring that students are comfortable in school to take risks, share perspectives, and celebrate accomplishments in a warm and engaging learning environment is a professional goal of mine. When unfamiliar and colorless landscapes become the norm for children in clinical

settings, the absence of self expression and joy can leave a void further isolating disabled communication impaired individuals. This art exhibit also empowered viewers to “select” what is interesting, further reinforced discovery learning, and agency.

Personally, this experience reinforced my belief, especially raising four children and teaching adolescence, the importance of deliberately displaying creative art that celebrates individuality through a varied color palette. Recent experience and this class have reinforced to me the necessity and power of art to celebrate life, reinforce values, and express emotion. Just as the exhibit notes how colors evoke emotions, Pablo Picasso said “Colors, like features, follow the changes of the emotions.” Offering a space and opportunity for disabled children to practice self expression and range of emotions, has therapeutic benefits and improves self confidence. These communication skills are particularly powerful when traditional written communication is interrupted by dysgraphia.

Scene IV The Freedom to Graduate

My Story: Teaching Students Agency

I completed a high school leave replacement in an urban environment that was not a professional goal of mine, but was taken out of financial necessity. There one senior taught me important lessons about special education that have influenced my professional acumen. With each mile I drove to work that fall and every year since then, I began an odyssey I could have never imagined. It is this journey that drives and compels me to advocate for my students and continue to grow.

The urban environment I entered was shocking and in direct contrast to my affluent world in which I raised my children. I had only ever read about such a decaying, diverse urban environment in Jonathan Kozol's non-fiction book, *Savage Inequalities*. My undergraduate education supervisor also lectured about her long career in such disadvantaged areas in her bilingual career in Los Angeles. To find myself in this urban tomb was uncomfortable. But slowly, I observed that the school was actually alive with leveled learning, foreign language, music, sports, and a tolerance-which enlightened me. How could this be? How could such a crumbling infrastructure grow strong individuals? These hearty students grew like the Ginkgo tree grows in the harsh urban conditions of cement that I read about for so many years in the poem "Willow and Ginkgo" I taught in middle school. My students moved me, demonstrating warmth, grit, resilience, understanding, and hope. My 10th grade students taught me how to accept and grow in an imperfect world.

That senior knocked on my classroom door selling a discount book as a football fundraiser my first day in the position. Over my 90 day leave position, I thought I was mentoring him, but we in fact mutually taught me about special education. It was clear why he was on the football team. His sportsmanship and outgoing personality positioned him as a senior school ambassador to staff and students. Even though he was not my student, he had a study hall in the library where I had a duty. Over the short leave, we talked about life after graduation. He talked about how he had three older siblings who were at least 10 years older. Only one sister lived at home. Both parents worked the night shift at local factories. He shared with me that he had an IEP education plan and had taken special education classes since elementary school. He shared one day, "I don't

know why I need special education. No one ever told me.” I couldn’t believe his words. How could this young man go through years of special education and not even understand his disability? Did he know when he turned 18, he had to know and understand his disability to utilize FERPA laws and have agency over his future.

I tried to connect him with guidance and special services to help him get answers. But, the clock was ticking. I only had 60 days until my leave needed to position him for success. It seemed he was caught up in the bureaucracy of public schools. As I was not even his teacher, I had no legal rights to see his personal file in the Child Study Team file cabinet. So, I went to his guidance counselor, who had him on his radar, but said he was concerned he lacked the skills for college and would probably just work in a factory like his parents. I thought to myself, “No!” I believe at my core that education-- at its best-- has the potential to open doors! His personality, work ethic, and athletic skills supported something more than an hourly worker. So next, I started talking to the librarian who was also the head football coach. The librarian said my tenacity and marketing to encourage my students to take out books and read had not been seen before in High School during his tenure. He said I inspired students to be more than the social norm--and was inspired by my refusal to accept the status quo. I just thought that was my job, our mutual admiration grew pathways to help this senior.

I had many conversations with the coach about whether we could leverage this athlete's football talent to go to a college that offered special education under FERPA laws. This senior showed interest in studying sports training or being a physical therapist' aid. Thankfully the librarian took me seriously and reached out to college coaches that were arriving that fall to seek out players. As the librarian worked on that aspect, I

worked with guidance to get his transcript and SAT lined up for college applications. The counselor was definitely annoyed by my repeated request for appointments and follow up appointments for this athlete, who was not even my student. However, our collaboration paid off, his file was made current, and we narrowed it down to a few colleges for the student and his parents to consider. Suddenly he had options.

The most difficult challenge facing me to help this particular student was my lack of access to his special education file. I couldn't tell him what his disability was because I don't know. How could I help this young man, while respectfully following educational laws? I led with my gut and repeatedly visited the CST team, but it was in fact one staff member who was compelled by my explanation that the student claimed he didn't know his own disability. This strong, optimistic young man needed agency and self advocacy. How can he ask for help once FERPA laws were enacted if he didn't know what he needed? Eventually, I heard his parents were called in and his file was scheduled for his annual review, and he was educated on his disability.

I left the position, and only learned about his outcome as I was on the district email for the school newsletter. I learned in a school newsletter later that spring that he was offered a college scholarship, and he and his parents proudly accepted a college scholarship on the district senior photo shoot. Last I knew, he successfully completed the freshman football season and his freshman year. While my journey led to suburban and rural teaching positions, my teaching career has continued in a similar urban environment in Camden, Philadelphia, and Trenton. An educator's salary rarely offers financial success, but knowledge that can change other's lives is priceless. As I prepare to graduate

with my doctorate degree so many years after I started, I'm overwhelmed with gratitude for my own education, which continues to empower me and give me voice.

College Accessibility

Once a disability like dysgraphia is identified thorough examination of educational implications must begin, and also continue as the child progresses throughout his schooling. It is worth noting that until the age of 18, parents or guardians serve as the disabled students advocate. However, at the age of 18, FERPA laws go into effect. Parents no longer have access to student records. At age 18, the student advocates for himself or herself if disability services are necessary. This is why it is essential to include the child in the process throughout primary and secondary education plan development. Disabled students need to understand the educational implications of their disability, so they can be prepared for self advocacy at 18 and beyond (New Jersey Special Education Transitions, n.d.).

Conclusion

When Disability Shapes Self

My journey retold in this dissertation changed me; and it also literally saved my child's life from mental health struggles, which directly manifested from academic and social-emotional exhaustion and frustration as a dysgraphic. Along my hero's journey, my fierce independence and grit, paired with tenacity and altruism, nurtured a unique talent to effectively map out education plans for disabled students, including my own children. However, back when I was attempting to navigate school K-12 with dyslexia without support as a child, failure was a relentless companion. To not be seen or understood by teachers for 13 years of schooling is traumatic. So, I became a teacher to “do it better” than what was done for me. My own educational experiences eventually shaped my professional and parental mission of advocacy. However, it has literally taken a lifetime, but I have recently found the language that captures my convictions: “My criteria for success is not anyone else's criteria for my success.” This revelation set me free from others telling me who I am, what I can accomplish, and where I belong. It is my hope that my hero's journey professes the possibility of liberation from judgement and isolation of learning disabilities.

Historically, I unfailingly cared for others before myself. However, through my Drew University doctoral coursework, dissertation process, divorce, motherhood, and adolescent mental health advocacy, I have learned the power of my own voice. Giving voice to my childhood self with dyslexia, who was shamed into silence and traumatized by years of academic failure and aloneness, is cathartic. To believe as a child you are the only one struggling is a dark place. Thankfully my faith, music, and nature have always

been a source of light, guiding me on my journey to self acceptance, educational leadership, and parenthood. I'm at peace with the struggles and failures I experienced, as they were the most powerful lessons that shaped me as an advocate.

Becoming a teacher, parent and doctoral candidate widened and clarified the scope of my mission. First, I have always believed I could make a difference, but I thought that was solely as a secondary English teacher. Second, after becoming a parent, I better understand the complexities and sacrifice of parenting children with disabilities. I am grateful for the 10 years I was a stay at home mom, able to solely invest in my children's education; collaborate with educators; and find my voice to mentor parents in my community and church. Third, joining in academic conversations and studies in the D.Litt program validated me personally. When I proposed my topic of dysgraphia in Dr. Piehler's dissertation writing class, I received peer feedback that validated my experiences and expertise beyond my imagination. Classmates of all ages shared they were interested in learning more about this communication disability, and encouraged me to shed light on this communication impairment. Almost every student in my course knew someone affected by this disability, whether it was themselves, a child, a grandchild, a student, or friend. I too remembered my younger sisters also presented with dysgraphia and struggled academically and socially, but did not receive assistance. Sharing relatable narratives hopefully provides an entry point for a discourse on the disability of dysgraphia.

Advocacy Needed

As my mission gained momentum, I was encouraged to proceed to share my hero's journey and research ways to contribute to this conversation of advocacy for dysgraphic students. What emerged from writing this dissertation is that parent advocacy is essential, and it can make a significant difference for learning disabled students with dysgraphia. Hopefully, my varied roles and relatable experiences welcome a broad audience to join in this discussion of empowering dysgraphic learners, and understand what needs to be done still moving forward. While written communication impairment can silence students, adults can help these students be heard and understood. Adults must validate communication impairment and share complex educational experiences--including tragedies of mental health, lost time, and uninformed practitioners. As I advocate for my own children and students, I continue to evolve and learn agency over my own life including my career, education, and woman's health. By outlining best teaching practices and learning accommodations to improve dysgraphic students' learning, while also providing concrete social-emotional coping skills, this dissertation aims to shed light on this communication impairment. Whether readers can relate to my personal narrative; learn about education law; gain perspective on K-12 individual education plans; employ social-emotional coping skills; or contribute to conversations about learning disabilities in American education, it is my greatest desire to assist young adults to develop self advocacy. Young adults must learn their rights to an inclusive, unrestricted environment; learn agency, and self advocate, so they too can pursue their goals and dreams.

Very few doctors listened to me for three years about my child's communication impairment. My hope is that this dissertation might inform practitioners how to better help disabled students, and more quickly recognize special education law in medical and psychiatric settings. Families need help navigating the complexities of the convergence of adolescent mental health and learning disabilities.

Themes Revealed

Themes arise from my hero's journey learning about dysgraphia and communication impairment that highlight the connections between self, empowerment, landscape, and agency. As is characteristic of a postmodern world, these above stated topics are connected through a collective conversation that can function as a compass directing humanity forward with hope. My hero's journey hopefully reveals the possibilities of success and agency by adulthood, when communication impaired students are supported holistically. But there is also urgency and seriousness for our schools to adhere to special education law, and collaborate services to keep students productive, safe, hopeful, and thriving. There are many exciting developments such as neuroscience, assistive technologies, and laws such as New Jersey's governor proposing to reinstate handwriting in public schools.

Equally noteworthy are concerning trends in the revocation of disability rights, dismantling of the federal Department of Education, and censorship of government education websites. Furthermore, urgent gaps in adolescent mental health care since COVID, and shortages of available care facilities needs further problem solving. Also, reviewing, revising, and standardizing adolescent mental health care so as to have

practitioners acknowledge and protect disabled minors under education law. As ignorance, incompetence, and prejudice still reside in schools, hospitals, universities, and workplace settings, bearing witness to the lives of disabled students and sharing our stories, offers a unique opportunity to reflect on lessons learned--and highlights the work that still needs to be done.

Final Thoughts

Surprisingly, in advocating for my communication impaired children and students, I strengthened my own voice. I processed my own traumas and named painful experiences as a dyslexic. I acknowledge I survived significant emotional trauma in my schooling from years of failure. However, I persevered in spite of those experiences. Additionally, I am proud of the courage, tenacity, and leadership I showed using my voice and critical thinking to make effective decisions on behalf of my child. In the face of fear, uncertainty, and heartbreak, I created a map to freedom while my children were distressed and hospitalized for three years. Regardless of how or when a learning disability presents itself, it can be a long and arduous journey from identification, through intervention implementations, and to functional independence and agency. Of course, it can be equally rewarding to see these students achieve success once they reach adulthood. So, I challenge my readers to use the power of voice to advocate for learning disabled students and support families navigating these complex journeys. It is my hope that my hero's journey, and the success stories of my two dysgraphic children, may offer hope, while illustrating the triumphant stories of the human spirit.

After graduation, I plan to shift away from teaching into an administrator role to best position myself to act as a conduit to work directly with parents and teachers. I also hope to offer parent workshops locally in New Jersey and Pennsylvania, as well as possibly nationally, that educate and empower families on the process and nuance of educational law. I am interested in learning how to use social media to network and share my story and lessons learned. Furthermore, I aim to rejoin local and national professional organizations to present my platform of advocacy and student agency.

AFTERWORD

I want to acknowledge my four children who honor me with their achievements, kindness, work ethic, productivity and resilience in the face of adversity. My children are proof that when adults consistently advocate for children, those children grow up to adults that can advocate for themselves--and others. Investing in children yields immeasurable joy and satisfaction. Children are our hope, and they deserve our unfailing commitment to protect, guide, and celebrate them!

Jesus says, "Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me." Matthew 25:4

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VITA

Carron Renée Ankiel

Detroit, Michigan on February 16, 1972

Dr. Janet Ankiel and Dr. Conrad Ankiel, Esq.

School	Place	Degree	Date
Ridge High School	Basking Ridge, NJ	High School Diploma	June 1990
University of Scranton	Scranton, PA	Bachelor of Science	May 1994
Drew University	Madison, NJ	Master of Letters	May 2001
Drew University	Madison, NJ	Doctor of Letters	May 2026

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Carron R. Ankiel

Signature

Carron R. Ankiel

April 24, 2026

Date