

April 20, 2009

To Whom It May Concern,

I am writing this letter in the interest of Bryan Gonzales, a child with Down syndrome in the State foster care system. I have been Bryan's teacher at John Green Primary School for two school years – to my knowledge I have been his teacher since he entered state care, and I hope that this letter will serve as an advocating voice for Bryan to those making decisions about his permanent placement.

Bryan and his foster sister entered our classroom a few weeks into the school year in the fall of 2007, though he had been living with his foster mom, (Ms. Long) since earlier in the summer. We received very little notice and no direction from Ms. Long about Bryan's abilities and needs, but we were quickly won over by his endearing smile and sense of humor. Though non-verbal, Bryan constantly sought communication. He made friends, laughed, gave "high fives" and was always immensely proud of himself when he learned new skills.

While Bryan continued to surprise and excite us with his resilience, we became disappointed in Ms. Long's involvement and parenting (at least as it related to Bryan's education). Though Ms. Long consistently reminds us that she is a career foster parent who has "much more experience" than I could have as a young teacher, she exhibits (in all matters concerning the school) a lack of involvement and a disregard for Bryan which one might otherwise associate with a pre-occupied, overworked and uninformed biological parent, not a specially trained foster parent chosen to care and advocate for a non-verbal child in a tough situation.

From the beginning, Ms. Long routinely forgot to send spare clothes for Bryan (and his other foster sibling in my classroom). He came to school in obvious hand-me-down clothing that rarely matched or fit well, in shoes that were too big or too small, and with a constant odor of stale urine. His backside was frequently broken out in a rash (which we had the nurse examine on several occasions and mentioned to his case workers). Ms. Long never responded to invitations to school programs or scheduled parent conference nights, only came into the classroom if she was picking a student up early, and rarely read notes that I wrote in his communication binder unless I repeatedly highlighted them or attached a big note to the outside of his backpack.

Midway through Bryan's first year at John Green, I felt that a conference with Ms. Long was crucial to continuing positive changes in Bryan's life. We had Bryan on a consistent toileting schedule and felt he was ready to stop wearing diapers. We wanted to promote his emerging speech and sign language at home, and I wanted to share information about special summer camp programs for which Bryan would be eligible. With other students in my class, this type of information is exchanged through notes home, phone calls, and frequent in-person conversations with parents; however, Ms. Long always seemed annoyed and hung up quickly on phone calls, disregarded many notes home, and never came by to talk to me in the classroom.

When we met for our first conference, Ms. Long began by asking me how many years I had been teaching and then reminding me, again, of how many years she had been a foster parent (I think she said at least twenty-five). She asked me why I was always so concerned about students' attendance, when the teachers of her students at the middle and high schools never asked so many questions... I shared with Ms. Long that regular school attendance is a critical part of developing routines and building skills for students with special needs. Choosing my battles and not feeling that it was the most critical issue, I never mentioned Bryan's clothing, but Ms. Long said anyway that she knew people thought that she "dressed the kids funny" but that it was just her personal style preference. (Ms. Long, herself, however always

seemed to have nice clothes that matched and were appropriate to her gender). I asked about her not responding to notes in the backpack, and she claimed that one of the children in her home was constantly going through the backpacks and losing things. I suggested that she try what we do in every classroom – having a place (out of the children's reach) for backpacks to stay during the day so that we could check them and exchange notes with parents.

After a discussion about toilet training, Ms. Long agreed to start sending Bryan in underwear, instead of diapers, but did not commit to any reinforcement of toileting skills at home. Finally, we also talked about two special needs summer camps (for which I provided her contact information and applications). Ms. Long was upset that her two students in my classroom did not qualify for John Green's summer school. She had said in an earlier meeting, "It's not an option; my kids have to go to summer school" (despite the school district's firm insistence that they did not qualify for Extended School Year services). I later found out that Ms. Long did not send either student to summer camp because she felt that Bryan was not toilet trained as required by one camp (even though he stopped having accidents at school by the end of the school year) and because there was a cost associated with the other camp.

As the '07-'08 school progressed, Bryan was doing so well! We had purchased some Spider Man underwear to help motivate his toilet training (Bryan loves comic book heroes). Bryan was usually sent to school in very large men's underwear, sometimes with stains and/or holes, and so we knew he would appreciate and be more motivated by the kid-friendly, well-fitting clothing. Then we received a terse note from Ms. Long stating that she "did not appreciate" our providing him with underwear, that she could buy underwear, and she sent all of the Spider Man underwear back. We had to write another note explaining our motivations and that if she did not want us to give the brand new underwear to Bryan, then she needed to be more consistent about sending spare changes of clothes.

We had to establish a policy that if Bryan soiled his clothes and did not have a change of clothes from home, then he would have to remain, undressed, in the nurse's office until his clothes could be laundered or Ms. Long could come deliver clothes. We also had another restroom-related problem. When we sent home soiled clothes, double-wrapped in plastic bags in his backpack (to protect his privacy), the soiled clothes would frequently remain in his backpack, unchecked, incredibly odorous, and unwashed for a day or two unless we attached a large note to the outside of the backpack.

Towards the end of the school year, Bryan and his foster sister started getting into scuffles at school. We tried to keep them separated, realizing that the two children rarely had a break from each other – always competing for and sharing attention both at home and school. One day both children came to school with scratches on their faces and Bryan had a slight black eye. I called Ms. Long and she explained (somewhat laughing), that the two children had fought over a blanket on the couch, and that she had been on the telephone and “told them to stop” but they did not listen.

There was nothing I could do except hope that Bryan and his foster sister had a good summer and look forward to, hopefully, seeing them in the fall. We were delighted when they returned in August. Once again, Ms. Long did not attend any Meet the Teacher Nights or even come into the school building for several months. As I had arranged the previous school year with Ms. Stanton, the case manager from Bryans' foster care agency, I sent home a communication binder every day, in which we could exchange notes, questions, and concerns with Ms. Long. Strangely, after a few weeks, Ms. Long ripped the pages containing the notes out of the binder, and I had to write another note, explaining that this communication binder was meant to be a permanent record of our communication and that she should not destroy this documentation. She then stopped writing to me in the binder.

It took a few weeks into the new school year to get Bryan back on a toileting routine. He continued to wear ill-fitting clothes (even, frequently, girls' t-shirts and undershirts and socks with ruffles) and stained, ripped underwear, and we still had problems getting his backpack checked for dirty clothes and important notes and information. On several occasions, he wore pants or shorts that fit so tightly that even the staff had trouble getting the buttons fastened and unfastened (imagine trying to be independent in the restroom when you can't get your own pants up and down). Bryan looked extremely uncomfortable as the pants dug into his waist and kept him from bending and stretching in PE. Only after a month of repeated notes home did Ms. Long start routinely sending Bryan in looser fitting clothes.

By this point, "choosing my battles" with Ms. Long had become an understatement. I consulted the school's administrators, counselors, and social work representative. I researched the CPS definitions of abuse and neglect and decided to keep my eyes open for obvious concerns for Bryan and his sister's health and welfare, but I also decided that I was only going to make things more difficult by continuing to contact Ms. Long about clothing and toileting concerns. On one instance, Bryan's backpack had developed such an odor that we could not bear to have him carry it to the bus. I was even suspicious that perhaps an animal had urinated on the bag. We wrapped the backpack in a trash bag and sent it home with a note that it needed to be washed. The next day Bryan came to school with a new backpack, which slowly began to develop the same odor.

In October, with no warning, Bryan's foster sister returned home to her biological parents. Ms. Long came to the school during the middle of the day and could hardly contain her excitement at the fact that the girl was leaving. While she had originally liked this young girl, saying in an ARD meeting that she was so much more fun to take care of than her other foster daughter, Ms. Long seemed to develop a dislike as this child's behavior problems increased. Ms. Long took both children home early that afternoon and made no reference to Bryan's foster sister again. Bryan became sad and unusually quiet at school, pointing to pictures of his foster sister around the classroom, seeming to ask, "What happened?"

As always, Bryan's resiliency eventually dominated, and he returned to his happy demeanor. I maintained a very "hands off" approach with Ms. Long though I became aware through our limited interactions that she was planning to adopt Bryan. I wondered what the adoption process would be like, and if anyone would consult the school or be trained to advocate for Bryan independently from the interests of Ms. Long. Ms. Long also mentioned that after adopting Bryan she eventually hoped to leave Texas and move back to the northeastern U.S. (where she had originally begun foster parenting and where she said rules for foster parents and schools were much more reasonable than in Texas).

After we heard about the adoption process, things seemed to change somewhat for Bryan. He had some new clothes, and his foster mom was unusually involved in the IEP development for his ARD, advocating that he should receive more inclusion time. Forms that I sent home were signed and returned more quickly, and Ms. Long even sent unrequested money to pay for the cost of a field trip – when previously she had fought the school over even \$6 to cover unpaid lunch expenses from the beginning of the year.

Although worried whether permanent placement with Ms. Long was the best thing for Bryan, we were pleased at the changes in his life and resigned to the belief that there was not going to be any way for us to give input in the adoption decision. Christmas came and went, and we enjoyed having Bryan back at school again. As usual after a break, he had more toileting accidents the first week back, indicating that (at a minimum) his toileting routine had not been maintained at home, but he quickly resumed control and even began attending lunch and recess with his third grade class, with only minimal supervision from myself or a teaching assistant.

In mid-January, while walking with me back from the lunch room, Bryan stooped over and then doubled over in what appeared to be severe abdominal pain. I sat with him in the middle of the hallway for ten minutes, consoling him and trying to figure out what was wrong. It is a horrible feeling to know a child is in pain and not know exactly what hurts or if anything had happened. With the help of an administrator, we had him stand and walk back to the room. The school nurse took his temperature (which was normal) and said that he might have gas or constipation, that he obviously was not feeling well and that she would call his mom. Both the nurse and I knew that Ms. Long was unlikely to come and get Bryan if he did not have a temperature, and that sometimes Ms. Long's kids would spend hours lying in the clinic waiting to be picked up.

We decided to inform Ms. Long of his condition so that she could make a decision about how best to treat his symptoms. We noted that Bryan had not had a bowel movement at school in several days, and that students with Down Syndrome are prone to bowel problems.

The following day Bryan was not at school, and, so, the nurse called home to check on him. An elderly woman, possibly Ms. Long's mother, answered the phone. She said she did not know if Bryan was home sick or not, that the door to his room was closed, and that she did not know if there was anyone else in the house. When the nurse called Ms. Long's cell phone, Ms. Long was very curt, saying "He's fine!" and literally hanging up on the school nurse. On the third day, Bryan returned to school. He was obviously in pain, walking very slowly, unable to stand up straight, hunched like an elderly man. I took him to the restroom, and he cried while trying to have a bowel movement. Finally, I carried him to a beanbag in the classroom and called the school nurse.

She examined Bryan and said that he needed to be taken to a hospital immediately. We called Ms. Long, and receiving no response, called Ms. Stanton. Shortly thereafter, Mr. Long came to the school to pick up Bryan. I could not get Bryan to stand up from the beanbag to walk to

the office to meet Mr. Long, and, so, the nurse brought Mr. Long to the classroom. He joked with Bryan, made him smile, then pulled him up to standing. The nurse – knowing that both Mr. and Ms. Long are from eastern Asia and do not speak or always understand English perfectly – followed Mr. Long and Bryan to their car, repeating how serious his condition was and that if they were not taking him directly to the hospital, she would have to call an ambulance. Meanwhile, Mr. Long was talking to Bryan, saying “You’re just teasing us. You just want a comic book,” promising to take him home and buy him a comic book while the nurse exclaimed, “No comic books until after he goes to the hospital!”

We were unable to receive any information about Bryan’s condition until the Monday of the next week of school. The bus driver reported that she heard Bryan was in the hospital. We called the house and received no clear answer and called Ms. Stanton who confirmed that he was in the hospital and was scheduled to be examined by a surgeon. Later than afternoon, the school principal and I drove to the children’s hospital to visit Bryan – not knowing exactly what was going on but hoping that we would be able to visit. We found Bryan’s room and, as we walked in, were “greeted” by Ms. Long icily questioning, “Why are you here?” She remained defensive and almost offended while we were in the room, although she let us visit with Bryan who was groggy, having just had his appendix and part of his colon removed in surgery that morning. Ms. Long maintained that “He’s OK” and “I don’t know why you keep bothering me,” and so we left, comforted by the knowledge that Bryan was finally being treated at the hospital.

When Bryan returned after a week of rest at home, we had no doctor’s note, no recommendations for PE or what activities he should avoid, no dietary restrictions. The nurse – warily – called Ms. Long who did not seem to understand the concern and said that maybe he should not run in PE for a few days. Bryan recovered quickly and was soon back at lunch and recess with his 3rd grade friends.

*Concerns for Bryan based on excerpts from the DFPS Handbook (n.d.)*

- It is considered the duty of a medical consentor (in Bryan's case, Ms. Long) to "act in the best interests of the child" and "participate in the health care appointments of the child." I feel that Ms. Long does not properly question doctors about Bryan's medical condition, perhaps does not provide proper background information, and readily accept medical decisions for which most parents would ask more questions. Despite several concerns from the school nurse which turned out to be very legitimate health issues, Ms. Long continues to treat any medical/health opinion from the school as a personal attack on herself.
- "Treatment services for children with mental retardation" should include "a minimum of one hour per day of visual, auditory and tactile stimulation to enhance the child's physical, neurological, and emotional development;" and "an educational or training plan encouraging normalization appropriate to the child's functioning." I do not see any evidence that Ms. Long makes significant efforts in these areas outside of the services provided at school. If a program to enhance development and normalization is in place at home, no information has been shared with the school, and offers of parent training from the school have been refused.
- "The caregiver must: A) Ensure that opportunities to participate in community activities, such as school sports or other extracurricular school activities, religious activities, or local social events, are available to the child; and (B) Organize family activities, religious activities, or local social events that are available to the child." Ms. Long does not involve Bryan in extracurricular activities related to the school (despite information routinely sent home) and has not responded to questions sent home about "What did you do this weekend" or other prompts designed to help Bryan share with us

about his life outside school.

- "A child receiving treatment services for primary medical needs or mental retardation must have a schedule that is based on the normalization principle. In order to help the child obtain an existence as normal as possible, the daily schedule must: (1) Demonstrate an understanding of normal child development; and (2) Enhance the child's physical, emotional, and social development." "The child's surroundings and experiences must reflect normal patterns of community living as closely as possible and as appropriate for the child's special needs." Bryan's home environment appears to be far from normal, and little effort seems to be made to appropriately include any of Ms. Long's wards with normal life and typically developing children outside of school.
- "The primary consideration in selecting an adoptive home for a child is the child's best interest. In pursuit of the child's best interest, CPS bases each placement on an informed evaluation and understanding of the child's needs and on the adoptive family's understanding of and potential for meeting those needs." The adoptive family's evaluation should include: "The family's understanding and awareness of the following issues: recognition of and sensitivity to any social or adjustment problems a particular child may face," and "awareness of the kinds of situations that might threaten a child's self-esteem as he or she grows through different developmental levels." Ms. Long does not seem to have a great deal of concern for the children's self-esteem as evidenced by their clothing and odor. On St. Patrick's Day of 2008, which was not a school "dress up day," Ms. Long painted the children's faces with a green highlighter in clown-like dots and sent them to school looking like clowns, with no explanation and certainly without any provocation by the school (she had never before even seemed interested in school dress-up days or holiday clothing). This was both a very random act for her and an incredibly insensitive thing

to do to the children.

- The adoptive parent evaluation should "also consider: the child's known or predicted needs for special services after the adoptive placement, including therapy or special medical care... the personalities, temperaments, and life styles of the child and of the adoptive family, the family's ability to accept and develop the child's intellectual and scholastic capabilities," and "the family's commitment to ensuring that the child has a permanent placement."
- "Adoption of the child by the child's foster parents is appropriate if... it is in the best interest of the child to continue the child's relationship with the foster parents through adoption." I would argue, strongly, that while Ms. Long's home is probably a safe foster placement, it is not in Bryan's best interest for this to be his permanent placement or for Ms. Long to have any legal guardianship of Bryan.

In the online DFPS document stating the *Rights of Children and Youth in Foster Care* (2009), I found the following concerns for Bryan:

- "I have the right to clothing that fits comfortably and is similar to clothing worn by other children in my community." Bryan's clothes frequently do not match, often are obvious hand-me-downs (with slogans and mascots of non-local elementary schools), and many times are actually meant to be girls' clothing. On many occasions, clothing has been too loose or too tight to be functional or comfortable (in particular, Bryan's pants and shoes). While Ms. Long insists that this is "her style," it only serves to further stigmatize a young boy who is trying to fit in.
- "I have the right to have visitors." Ms. Long has refused to allow me (and other teachers) to visit students in her home.

## *Additional arguments from the point of view of a Special Education professional*

Typically, children with Down syndrome, if they do not have additional severe complications, will develop the ability to speak shortly after their typically developing peers. Given Bryan's early childhood situation and neglect, it is understandable that when I met him (at age seven) he had no verbal communication abilities. Fortunately, this does not mean that Bryan is incapable of learning to talk – only that we have a very short window in which to work very quickly to develop verbal communication. At school we use direct speech therapy, computer games, sign language, and a variety of motivators and motivational situations to encourage Bryan's speech, and he has made great progress. He can say "Hi!" "Yes," "No," "Pig" and something that sounds like "pumpkin pie" which he knows makes us all laugh.

My concerns for Bryan's language development are that 1) he is in a foster home managed by people who are not native English speakers, and 2) he is in a foster home with no other typically developing children. Had Bryan remained in his biological family (and had they not been neglectful parents), he would have grown up playing with brothers and sisters speaking English or Spanish and encouraging him to speak. In my opinion, he has the right to these same communication-rich surroundings, and I do not believe he will receive a comparable environment with the Longs. Ms. Long's limited communication with me, along with the written and spoken exchanges we have had at ARD meetings and other conferences, imply that it is very likely that another language (not English) is spoken when no other adults are in her home. To my knowledge, her other foster children are also nonverbal.

I believe that Ms. Long is either unaware or unconcerned about how the language spoken (or not spoken) at home affects Bryan. My impression is that she finds Bryan's current level of communication endearing and that she prefers children who are quiet. (Ms. Long has told me that she has Bryan carry her purse when they go out shopping, and I often observe her speaking to him without expecting or allowing him time to give any response).

My second educational concern for Bryan is his lack of involvement in

extracurricular activities. While many of my other students participate in programs such as "Active Kids" (gymnastics, karate, dance, etc. for children with special needs) or play after school with typically developing peers in their communities, Bryan is isolated every day after school in a home with only students with profound special needs. I know that Ms. Long takes her foster children out to dinner once per week and sometimes to the store, but to my knowledge they are not involved with any of their school friends outside of the school day. It would be such a benefit for Bryan to attend summer camp, or to have a parent attend a student program or a field trip. While not every parent can provide these opportunities and level of participation for their children, Ms. Long seems to not have any excuse. She elects to have no more than the minimum involvement with the children's lives outside of her home.

My final, specific concern is for Bryan's long term plan. Today's children with Down Syndrome have life expectancies of over fifty years, and we encourage all of our students' parents to begin thinking about long term planning while the children are in elementary school. The school district and outside agencies offer a variety of vocational and social training opportunities for young adults with special needs, but parents have to plan for those services (and sometimes even apply to put students' names onto waiting lists) while the children are young to ensure that the students have the skills and the paper trail necessary to be accepted into the programs at the end of high school. Wherever Bryan is living as he finishes high school, I hope that his guardian or parent will be actively involved in giving Bryan these training and development opportunities which will greatly improve the remainder of his life. My colleagues and I are working to ensure he has the basic skills for a more independent life (namely, independent toileting, independent feeding, and the ability to communicate about what is going on in his world). Ms. Long, however, seems to have a different view of long term planning. She has made statements that Bryan will always be with her, and I believe she would not give him the opportunity to live independently.

## Summary

I have recently begun training with the Central Texas Court Appointed Special Advocate (CASA) program, and, with each class, I am becoming more aware of the rights of children in foster care and of the positive impact that can be made when someone truly advocates for a child. The statements in this document may not sound as objective as the findings of a CASA advocate or judicial ruling, but I am hoping to speak for Bryan because, even more so than most other children in foster care, he cannot speak for himself. He and every child that has come through my classroom have the hearts of angels. They do not judge; they do not discriminate; and – amazingly considering what many have been through – they do not fear anyone. They are shining examples of seeing the best in everyone they meet, not only believing in us, but wanting us to believe in ourselves, trying to make us smile when we are down, giving us hugs even though they may have no idea why we are sad. The positive attitudes and generous spirits of children like Bryan make it even more important that impartial adults advocate for them in the child welfare system. Anyone who does a cursory inspection of Bryan at home is undoubtedly going to see a happy child. Even if he is experiencing intense pain, when Bryan sees concern on your face he is going to try to make you smile. An advocate must make sure that Bryan's smile does not betray him – that just because he loves an adult, it should not be assumed that his welfare and long term care are in the best of hands.

I wish for Bryan no less than I would wish for a child of my own. I strongly feel that Bryan is still adoptable. I hope that the frequent difficulties of finding adoptive parents for special needs children do not

lead to a quick decision in his case, under the incorrect assumption that his current situation is the best likely to be available.

I understand that standards for keeping a child with his biological parents are established so that the benefits of removing a child must strongly outweigh the negative impact of separating parent and child; however, I feel that the standard for adoption must be held much higher. It is not enough to simply safely shelter and feed a child and get him back and forth to the doctor. If such a home can be found, should not an adoptive home go above and beyond a minimum standard of care? The policy of separating children with special needs from their typically developing siblings is tough enough to accept. At the least, can we not try to find permanent placements for children that reflect our values of caring, inclusive families?

If I am able to provide any additional information, data, insight, or support on Bryan's behalf, please do not hesitate to contact me. I am in training for a new position in the Special Education department, and, so, I will most likely not be Bryan's teacher next school year. I know that this may be my last chance to try to do what I feel is right in support of Bryan, and I hope that my letter and any further assistance I can provide will have a positive impact on Bryan's future.

Most sincerely

A handwritten signature in cursive script, appearing to read "Rebecca Sheffield". The signature is written in black ink on a white background.

Rebecca Sheffield