

Lesson Three: Find the root.

Nelson

Nelson was a compact child: short, stout, and serious. He was devoted to his parents, and they to him. His shirts were always neatly pressed and tucked into his long trousers or blue jeans, which were always secured with a brown or black belt. He was serious about school. He disapproved of misbehavior in others and held himself to a high standard of personal decorum.

However, despite his seriousness and desire to achieve, Nelson experienced terrible, debilitating frustration. Part of his frustration stemmed from his handwriting. It was very large – much larger than the generous lines on the primary-ruled paper. The circles in his letters usually did not connect. We didn't use a lot of manufactured worksheets or workbooks at our school, but we did have "board work" each day. Students completed exercises that they copied from the chalkboard. This task seemed daunting to Nelson. When he looked at my writing on the board, then looked at his paper, they were nothing alike. He understood the concepts; he just couldn't seem to get it down on paper.

The next frustration Nelson faced was a recurring headache. This would often strike a couple of hours into the day. Sometimes it was so bad he wanted to go home. Usually, he would just lay his head on his desk and cry. His self-concept was rapidly spiraling out of control. He was unable to meet his own high standards, and students who seemed to put much less effort and emotion into their work easily created higher quality products. Nelson was beginning to feel like a failure.

My first thought was that we needed to improve his handwriting. My initial assumption was poor fine motor control. I bought pencil grips for him and supplied clay for him to work with in the classroom and at home. He created arts and crafts that involved cutting with scissors and lacing with yarn. However, I had trouble determining if he was making slow progress or no progress at all. Things didn't seem any better.

As Nelson's frustration mounted, I moved him into a lower reading group and adjusted my expectations for his reading and writing achievement. I modified math to be on a more concrete level for him. Nelson did not respond well. His difficulties continued, and his emotional distress grew tremendously. I wondered if he might have a processing problem and considered referring him for an evaluation.

I was out of ideas, so I decided to just sit and observe Nelson closely. I watched the way his face scrunched and strained, which at first seemed to be an indicator of his emotional distress. I talked to him about the feelings behind those expressions and tried to imagine what it was like to be Nelson. That's when the light came on. I realized those scrunches and strains were very familiar to me. Without my contacts or glasses, I made the same expressions. How could I have missed something so obvious? Immediately, I spoke with the guidance counselor about getting Nelson's eyesight tested by the county nurse.

When the nurse came to visit, she pulled out one of those iconic charts with the capital E at the top. She hung it on the wall at eye level for Nelson. She showed him where to stand and had him cover one eye at a time. He read the chart perfectly with each eye, and then he read it perfectly with both eyes together. He passed his vision screening with flying colors. He was not near-sighted. I assumed she would screen him for far-

sightedness as well, but she said that was not part of the county vision screening.

However, after some discussion, she agreed to set the wheels in motion to have Nelson's parents visit a local optometrist for a nominal fee.

I didn't know the specifics of these procedures, but the nurse followed through, and so did Nelson's concerned parents. After his first visit to the optometrist, Nelson's mother brought him to school. She told me that he could see perfectly when looking straight ahead, but when he looked up or down, his eyes moved toward each other and distorted his vision. Looking up at the board, looking down at the paper. It all made sense.

Nelson's parents were able to get glasses for him that were thick and greatly magnified his serious brown eyes. They helped tremendously. Supposedly, this condition might have corrected itself over time with regular use of the glasses and regular visits to the optometrist. I don't know if it did, because I lost track of him after a couple of years. However, I was overcome with joy about the progress Nelson made. I began the year thinking he had extremely weak fine motor skills and emotional difficulties. Next, I wondered if he might have a learning disability. All the while, the answer was in his eyes. Those eyeglasses magically transformed Nelson into the person he wanted to be. His handwriting became neat and fit perfectly on the primary lines. The headaches and frustrations ceased. It seemed too simple.

Nelson took great care of his glasses and always came to school prepared with a lens-cleaning cloth. Aside from improving his vision, performance, and attitude, they also seemed to make him appear even more serious as a student. And I know he liked that.

The Take-away

Classifying children according to their symptoms is often helpful. While we cringe at the thought of “labeling” a child, sometimes the label opens doors to services and opportunities. There is power in naming a set of behaviors or a connected web of difficulties.

However, we need to tread carefully into this world of educational labels and classifications. Rather than reacting to the symptoms, we need to search for the root. Jumping to conclusions or jumping too quickly into the referral process may not serve the child or solve the problem. However, addressing the root of the problem is often transformational. As teachers, we need to:

1. **Be intentional about interacting with students.** For me, a checklist on a clipboard became an easy way to hold myself accountable. Throughout the day, I would add checks to the names of children with whom I’d had meaningful, individual interactions. I began to notice patterns. Some children had more checks than others. Without the checklist, there were a few children who would not have received that interaction. After awhile, I was able to abandon the physical record. I knew my patterns well enough to trust my mental accountability, and I knew my students well enough to authentically interact with each one every day.
2. **Keep anecdotal records about struggling students.** These records don’t need to be formal. They might accumulate on a notes app on a mobile device, or they may take the form of a mounting pile of sticky notes. However, once you begin to jot down notes, you are compiling evidence. Your observations will inform your decisions, and sometimes they will reveal answers that were previously hidden.
3. **Rule out physiological symptoms.** Teachers are not doctors and should not try to diagnose impairments and illnesses. However, when symptoms point to a possible physical root, it is wise to suggest appropriate medical screenings. The safest approach is to say to a parent, “If I were you, I’d talk to my pediatrician about a [*vision, hearing, etc.*] screening, just to rule that out.” If parents are financially unable to obtain medical attention, seek administrative assistance from the school in securing appropriate services.

You have a classroom full of children. Some days it’s hard to make sure you interact with each child as an individual. You address the whole class, model processes and products, work with small groups, manage behavior, and constantly monitor the learning environment. You see the behaviors, and you are knowledgeable enough to know that certain behaviors indicate specific issues. However, make an effort to slow down. Really observe, discover, and try to understand how each child sees the world. When you do, you can see beyond the symptoms and find the roots.