



School Performance in HIV-Positive Children

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Introduction: According to the Centers for Disease Control (CDC) at the end of 2007 an estimated 2,700 children under the age of 13 were living in the US with HIV/AIDS. Currently, most children with HIV live well into adulthood. Success in school is a necessary precursor to becoming an active member of society. However, there are HIV-related barriers that threaten this goal and place HIV+ children at risk for poor school performance. Many HIV positive children have ADHD, another learning disorder, or motor, speech, or cognitive delay.

- Research Questions:**
- 1) Which students have an IEP or 504 plan?
 - 2) What are the children's grades and attendance?
 - 3) What are parent perceptions of how their child is doing in school and how do they compare with teacher's perceptions?

Methods: This prospective, cross-sectional mixed methods project studied 18 school age patients from a pediatric HIV clinic in the southwest. The main reason given for non-participation was fear of breach of confidentiality about the child's diagnosis (Participation rate = 12.7%).

- Inclusion Criteria:**
- HIV + children
 - Of school age (5 yrs-19 years)
 - Attending elementary school, middle school, junior high, high school, vocational school or home school
 - Parents willing to sign consent and participate

- Exclusion Criteria:**
- Not attending school or being home schooled

Study Procedures:

Participant families were recruited during a routine clinic visit. Informed consent and release of information were obtained to: 1) request grades, attendance, and a copy of any IEP/504 plan from the school; 2) interview the parent; 3) invite the student's teacher to respond to an online survey; 4) medical record review for neurodevelopment exam records and co-existing medical conditions.

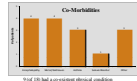
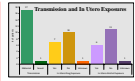
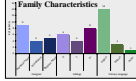
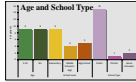
The parent was interviewed during a regularly scheduled clinic visit. A batch mailing to schools and teachers requesting school data and teacher survey participation was sent out in November.

Analysis: Chart review data were entered into the Statistical Package for the Social Sciences (SPSS) Version 11. Frequencies were used to generate descriptive statistics of the chart data. Frequency counts determined the answer to research question 1.

A cross tab was planned to determine the number of children who had a recommendation for accommodations in their neuro-developmental testing and had documentation of an IEP/504 plan.

Results:

- 1) Eight students reported having an IEP/504 plan, but only 2 students had a copy of the plan in the medical record. No IEP/504 plans were received from schools despite sending the release of information specifically listing it.
- 2) One attendance record was received and 5 student grade reports were received.
- 3) All parents reported that their student was doing well in school, but many did not have an indication of the grades their child was receiving at the time of the interview. With this little data it was not possible to make a comparison between school data and parent perceptions of attendance and school performance.



Conclusions: Over half of the students had medical or mental health conditions in addition to HIV which could affect learning. It was difficult to obtain information from schools while maintaining confidentiality. Only 5 children had data from all sources, with school records and teacher surveys being the most commonly missing. There were 17 of 18 students for whom there were developmental evaluations recommending accommodation in the classroom. Five of those 13 students had no IEP or 504 plan in place, while six children were known to have an IEP/504 plan, that was not in the medical record.

Implications for Practice: These findings suggest better information exchange between clinic and school would benefit children with HIV. Because of confidentiality issues, HIPAA and Educational Privacy laws, this will require some thoughtful discussion with all parties involved. Closer follow-up and advocacy with parents and schools could help HIV positive children to optimize their educational opportunities by making recommended accommodations in the classroom. Recent funding cuts for neurodevelopmental testing and the school liaison position at our institution will pose further barriers to identifying services needed and advocating for provision of services for these vulnerable students.