Children's Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Reading Concerns Specific Learning Disorder in Reading; Dyslexia					
Diagnosis/symptoms	Referring provider's initial evaluation and management:	When to initiate referral/ consider referral to Center for Child Development:	What can referring provider send to Center for Child Development?	Specialist's workup will likely include:	
 Diagnosis: The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5-TR) includes Specific Learning Disorder with impairment in reading as a neurodevelopmental disorder diagnosis. Symptoms include: Inaccurate reading Difficulties sounding out words Slow and effortful reading Difficulties understanding the meaning of what is read Core symptoms do not include: Writing letters backwards Switching letters (e.g., b/d) in early elementary school 	 Ask questions about reading and academic performance: Is the child <u>school-aged (7 or older)</u> and received instruction in reading? How did the child do with learning to associate letters with sounds and rhyming? How does their child do with reading or sounding out whole words? Does their child fluently read text at their grade-level? Does their child understand what they read? How are the child's spelling skills? What was the child's performance on any school-based standardized reading measures (e.g., MAP testing)? Has the child repeated a grade? 	 We recommend to first discuss with family schoolbased evaluation and support options: In Wisconsin, schools use a Response to Intervention (RTI)/Multi-Tiered System of Supports (MTSS) process to deliver evidencebased academic interventions from a prevention model. Students typically are identified based on academic screening at school, however families can contact their teacher directly about concerns and ask whether interventions may be appropriate. To qualify for special education services under a specific learning disability, public schools use the RTI process to see whether children make good progress with two rounds of intervention or if they do not respond. If they do not make progress from reading intervention, then an evaluation for special education is likely to take place. Referrals for school-based special education evaluations can be made from parents in 	 Internal Provider using Epic: Place Ambulatory Referral to Center for Child Development (CCD) External Provider using EPIC: Please complete the external referral order via Epic: Send to CHW MENTAL AND BEHAVIORAL HEALTH. Include Center for Child Development in notes and comments Via fax (414) 266-3735 or call Mental and Behavioral Health Access Center (414) 266-3339 In order to help triage our patients and maximize the 	 Children being seen for a comprehensive evaluation by a psychologist from the CCD. Based on referral concerns, speech and language pathologists and other medical providers may be a part of the evaluation team. Evalution with the psychologist would include an intake with a full history of developmental, academic, social, emotional, and behavioral functioning. Families are requested to send copies of school Individualized Education Plans (IEPs) and 504 Plans if applicable. Parents, school staff and/or other informants complete behavioral rating scales. In a separate appointment, psychologist works individually with the child to administer 	



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Vision concerns	Ask questions about school-based evaluation and support:	writing to their home school district if there is reason to believe a child has a disability.	visit It would also be helpful to include:	standardized tests based on referral.
Dyslexia is a term describing a pattern of reading-related difficulties that fits within the diagnosis of Specific Learning Disorder with impairment in reading. Dyslexia symptoms include problems with decoding or single word reading, phonological weaknesses, and/or poor reading fluency and spelling.	 What type of school does the child attend (public, private, homeschool, charter)? Has the child participated in any reading intervention in or outside of school? If yes, is the child improving with intervention? Does the child already have a 504 	 School-based evaluations are needed for children to receive services in schools even if they complete an external evaluation and are identified as having a specific learning disorder in reading. Examples of when to refer to CCD for evaluation: Family reports the school-aged is struggling with reading and has co-occurring concerns (e.g., ADHD, anxiety, behavior) impacting functioning at home and school. Family pursued evaluation through their school and have ongoing questions and concerns about their child's functioning and supports and the child is making limited progress with current plan. Family reports pursuing child continues to struggle despite previous school-based evaluation where the child did not qualify. Family reports previously advocating for Response to Intervention services and intervention is not being provided and child is struggling. 	 What is the patient's chief complaint Pertinent past medical history What is the key question you want addressed Copy of the patient's IEP in the medical chart (if applicable) 	 Parent conference appointment with evaluation team to discuss results, recommendations, and appropriate referrals. Parents are encouraged to share the report with their child's school.

References

American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <u>https://doi.org/10.1176/appi.books.9780890425787</u> Wisconsin Department of Public Instruction (Accessed January 2025). *Specific Learning Disabilities*. Special Education Disability Categories. <u>https://dpi.wi.gov/sped/program/specific-learning-disabilities</u>

*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

Medical Disclaimer

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