

# Empowering Every Learner

Supporting Students with  
Complex Medical Needs

Spin Conference March 2026



# AGENDA

1. Introduction & Welcome
2. Guiding Principles
3. Understanding Complex Medical Needs in Education
4. Inclusive Learning Environments
5. Assistive Technology
6. Collaborative Care & Support Systems
7. Community Resources
8. Talk Story



# Empowering the Learner: Guiding Principles



## Honoring Student Assent

Intentionally seeking and valuing a learner's readiness to engage through all communication forms.

## FOSTERING AUTONOMY AND AGENCY



## Cultivating Self-Determination

Prioritizing skills that enable students to set goals, solve problems, and self-advocate.

## EMPOWERING THE LEARNER

CORE VALUES:  
ASSENT,  
SELF-DETERMINATION,  
DIGNITY

## Recognizing the Whole Individual

Viewing students as complete people rather than defining them by their disability or support needs.



## UPHOLDING PERSONAL DIGNITY

## Creating Affirming Environments

Building safe spaces where student rights and lived experiences are respected and valued.



# Medically Fragile-Defined

Students with chronic, complex medical conditions requiring ongoing health care or monitoring that may impact their ability to attend school regularly or access learning without supports.



**Tracheostomy &  
Respiratory  
Support**



**Seizure &  
Neurological  
Disorders**



**Feeding Tubes  
(G-tube)**



**Mobility Needs  
& Complex  
Medication**

# The Circle of Care

Best practice is a comprehensive approach that wraps around your child in four interconnected layers, ensuring safety, growth, and access at every moment of the school day.



# The Core: Collaborative Teaming

Care and access thrive through clear, multidisciplinary collaboration among all stakeholders.

## The Ecosystem at the Table

Medical Professionals (Health & Safety)

Special Educator (Instruction)

Related Service Providers

Parents & Caregivers (Holistic history)



Teams that include families and clinicians show lower stress for caregivers and better adherence to routines. – *Journal of Child Health Care*, 2020

# Parents and Caregivers Are the Essential Partners



## Share Your Expertise

You know your child's micro-cues, fatigue thresholds, and best communication methods better than anyone.



## Establish Two-Way Logs

Utilize weekly communication logs and health-care pass-along notebooks with the school team.



## Collaborate on AAC

Work directly with your district SLP to model and trial low-tech and high-tech communication systems at home and school.



**Research Shows: Parent involvement is the strongest predictor of better academic outcomes and adherence to school supports. (PEARL Study, 2018)**

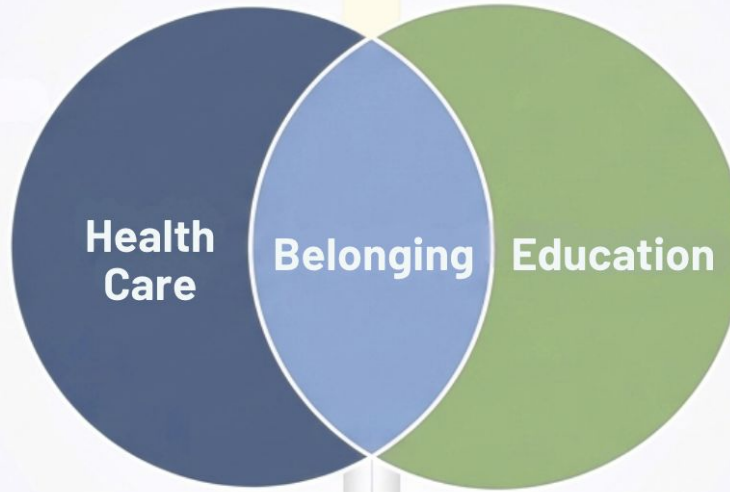
## The Medical Reality

Students with chronic, complex medical conditions requiring ongoing health care or monitoring that impacts their ability to access learning without supports (e.g., tracheostomy care, G-tubes, seizure disorders, respiratory support).

## The Educational Philosophy

Your child should have access to real learning, not just care.

Inclusion is not merely placement in a room—it is active participation and belonging.



**Research Shows: Students with chronic conditions benefit academically, socially, and emotionally when instruction is adapted but expectations remain high. (Exceptional Children Journal, 2021)**

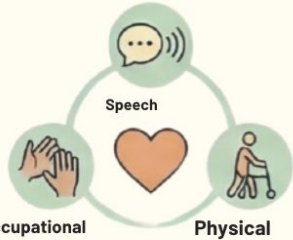
# IEP Support Services to Consider for Students with Intensive Medical Needs

## ACADEMIC & FUNCTIONAL SKILLS SUPPORT



### Individualized Special Education Instruction

Ensures access to meaningful learning tailored to specific student needs and abilities.



### Related Services

Includes speech, occupational, and physical therapies to support communication and mobility.



### Adult Support

Paraprofessionals ensure safety and participation when needed during the school day.



## HEALTH, ACCESS & PHYSICAL INDEPENDENCE



### Specialized Health & Nursing Care

Includes seizure monitoring and medication administration to maintain student safety and attendance.



### Adaptive Transportation & Aids

Specialized buses and assistive technology like AAC increase student independence and engagement.



### Coordinated Parent Support

Training and care coordination build essential consistency between home and school environments.



### General Education

Full inclusion with the necessary specialized supports.



### Specialized Programs

Targeted instruction within a dedicated school environment for at least a portion of their day



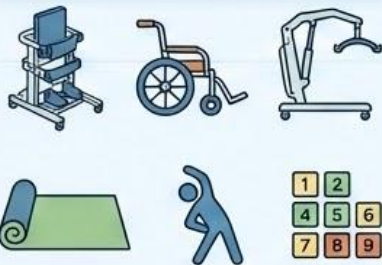
### Home/Hospital

Continued instruction for students unable to attend school physically.

# The Anatomy of Inclusion

## Flexible Positioning

Space for standers, supported seating, and safe physical transfers.



## Embedded Instruction Zones

Areas designed to teach skills during natural routines (e.g., counting during physical therapy stretches).



## Accessible Materials

Desks equipped with large print, adapted manipulatives, and mounted digital tools.



## Peer-Mediated Spaces

Desks clustered for peer buddies and cooperative learning.



**Research Shows:** Adapted instructional materials and peer buddies actively improve both academic outcomes and mental health. (Carter et al., 2016; Ertmer et al., 2014)

# Clinical Competency in the Classroom

Trained school health personnel create the safety net for academic participation.

## Essential Staff Competencies:



- Tracheostomy care & suctioning



- Gastrostomy feeding



- Seizure recognition & rescue



- Airway clearance & respiratory support



## Evidence

*Trained school nurses reduce emergency transfers.*  
— American Journal of Public Health, 2016

# Emergency Action Plan (EAP)

## Blueprint Checklist

- ✓ Daily Care Routines & Medication Administration
- ✓ Specific Staff Training Needs (e.g., Tracheostomy, G-tube, Seizures)
- ✓ Clear Emergency Response Protocols & Simulation Drills

## Shift in Paradigm

**Responding to Crises**  
(High anxiety, disrupted learning)



**Preventing Emergencies**  
(Pre-planned protocols, trained personnel, stabilized health)

Trained school health personnel and delegated care under nurse supervision actively increase a student's ability to participate safely in school.

# Physical Activity for Medically Fragile Children

## Standing & Weight-Bearing

Increases bone density, aids digestion, and improves cardiovascular responses.

(Moreau et al., 2001; Perry et al., 2000)

## Stretching & Range of Motion

Maintains joint flexibility and actively prevents secondary contracture complications.

(Ada et al., 2005)

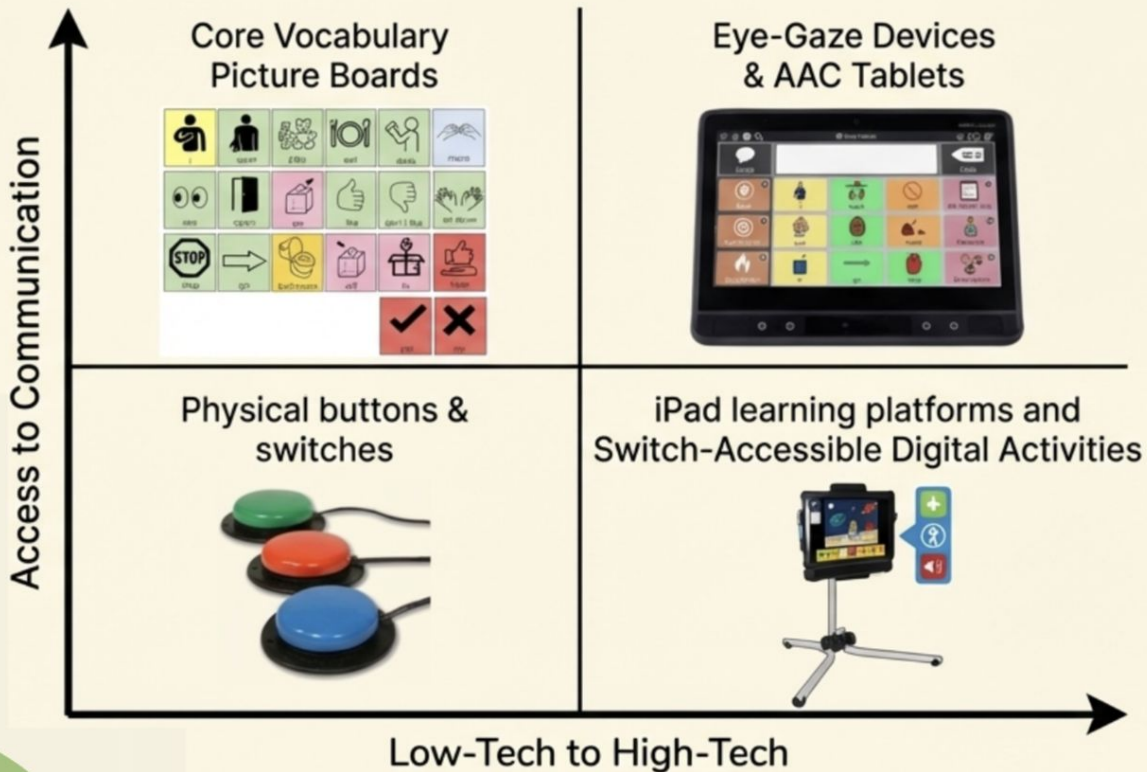
## Energy-Aware Instruction

Fatigue management dictates that demanding academic tasks must be scheduled during a student's peak alert times.

(Sankar et al., 2017)

**Physical activity isn't a break from learning;  
for medically fragile children, it is a prerequisite for engagement.**

# The Assistive Technology Spectrum



Note: AT is highly individualized. We find the precise tool for your child's cognitive load and mobility.



# Learn to Move

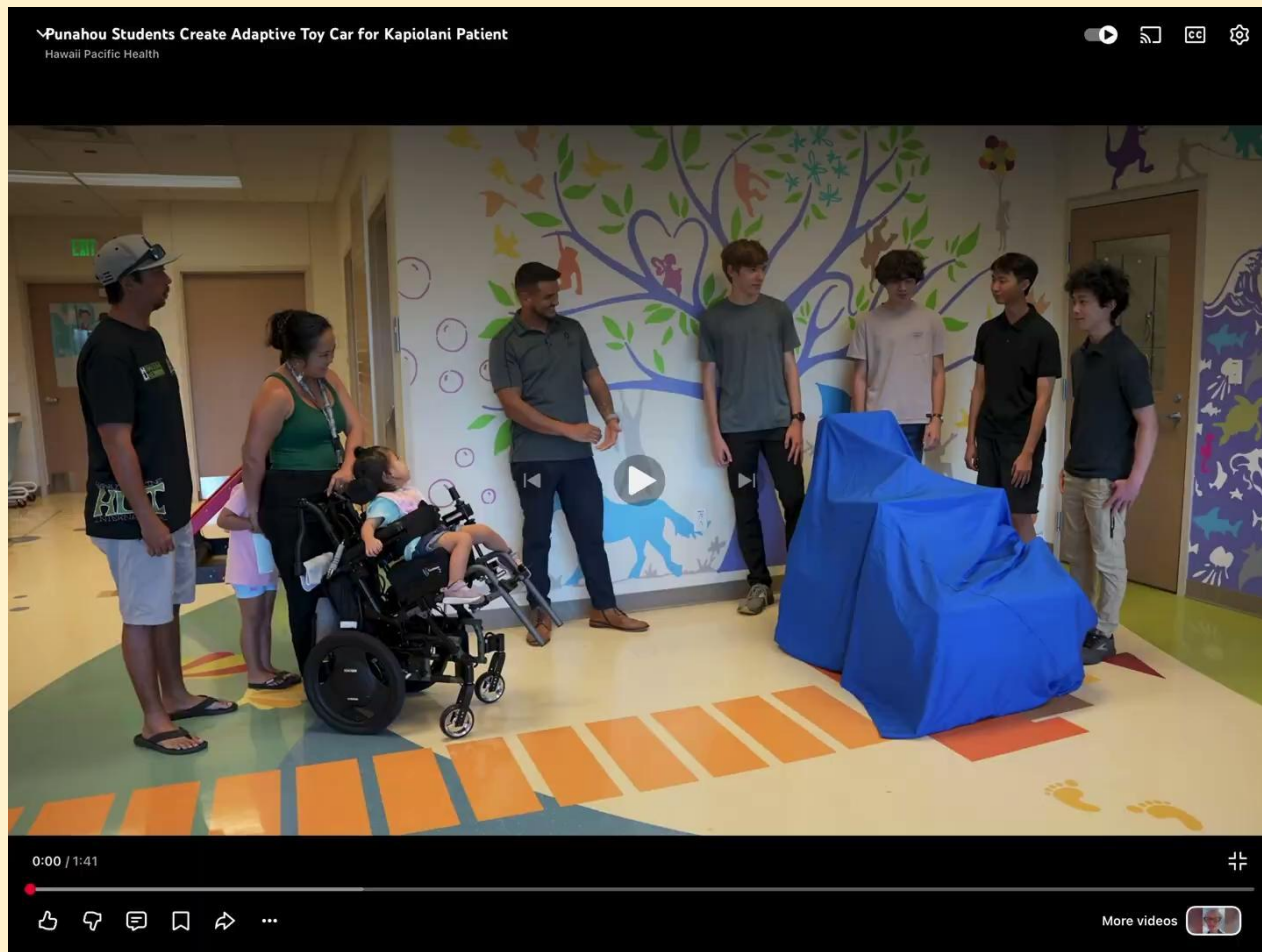


# Move to Learn



# On The Move!

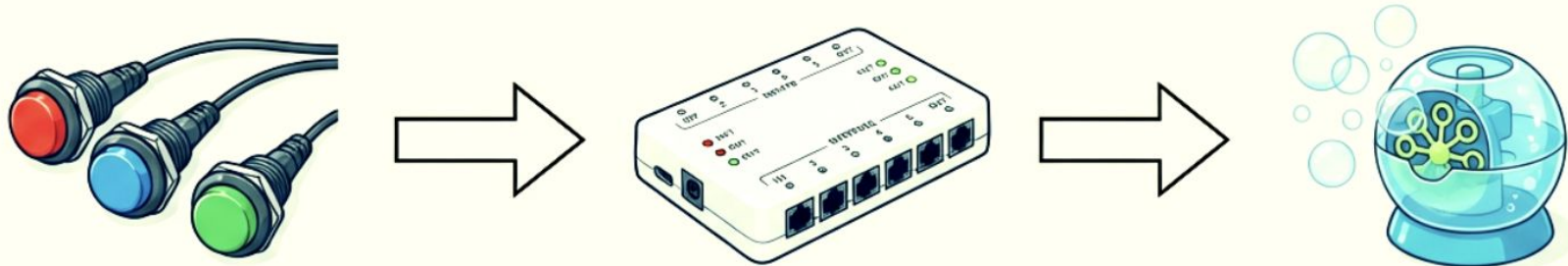
## Assistive Technology for Early Mobility



[Keiki Adapted Car Program](#)

# Accessing the World via Switches

Switches allow individuals with limited mobility to interact with technology using any part of their body (hand, head, foot).



## How it works:

A switch interface connects the physical button to the device.

Example: The PowerLink allows a switch to operate any standard electrical appliance.

### Pro-Tip

Use 'press and hold' switch toys (like a bubble machine) to clearly demonstrate the connection between cause (pressing) and effect (activating).

# Accessing the World via Eye Gaze

Eye gaze devices allow individuals to control a computer entirely with their eye movements.



## In Practice:

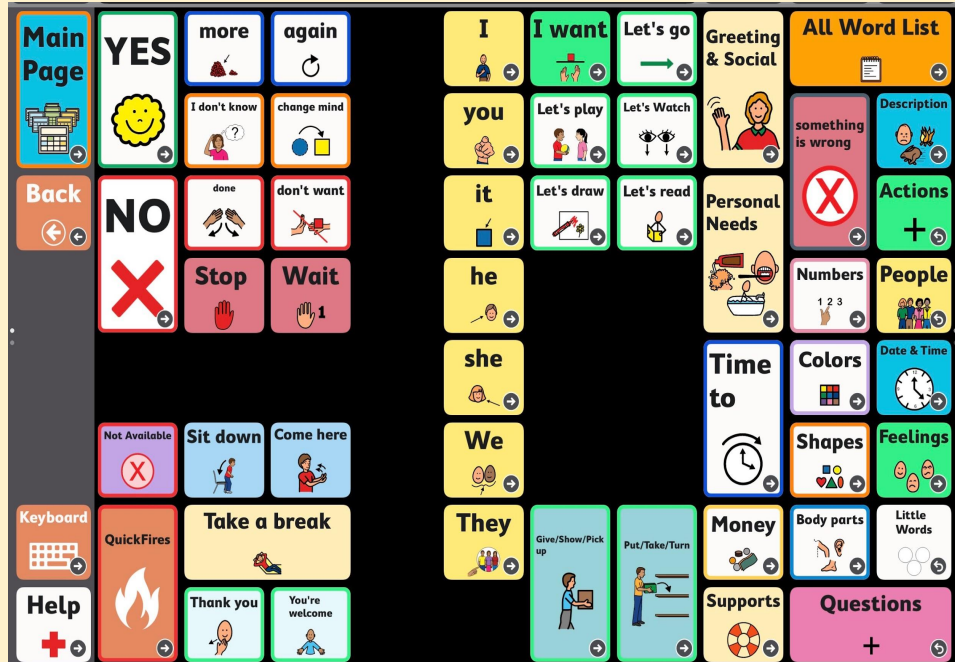
- Device must be carefully calibrated to the student's eyes.
- Eye fatigue is a major factor—schedule frequent breaks.
- Start with simple cause-and-effect digital games.

**Pro-Tip:** Stand behind the student or the device when assisting. Standing next to them will draw their eyes away from the screen and break calibration!

# Customization of Layouts and Vocabulary



Sample Eye Gaze Layout



Sample Predictive Navigation Layout



# Customization of Layouts and Vocabulary



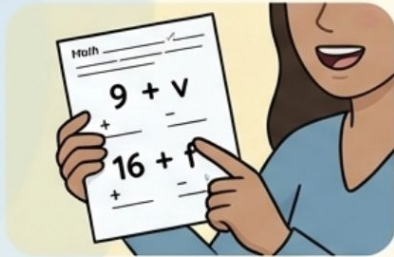
**Sample Emerging Communication Layout:**  
Build for progression, not maintenance

# Teaching with Technology

Integration, Not Isolation: We don't just hand a student a device  
We integrate it into math, reading, and interactive storytime.

## Modeling in Action

### Teacher Speaks



The teacher verbally explains the concept to the student.

### Student Points



Educators provide instruction on the AAC system as they speak, teaching language in context.

### Student Engages



Students use switches to turn pages or operate devices to actively participate in the lesson.

# A Day in the Life: The Ecosystem in Action

Uncompromised care and rigorous learning happening in the exact same moment.

## Health Pillar:

The PT/OT consults on a supported stander, managing the students' fatigue while ensuring proper alignment.



## Instruction Pillar:

The teacher utilizes a simplified text and a partial participation model during the group lesson.

## Technology Pillar:

The student uses an eye gaze device to actively answer a question about the story.

# Access in our Classrooms



Nanakuli-Waianae Complex Area



FKK Complex Area



Kailua-Kalaheo Complex Area



Nanakuli-Waianae Complex Area



# The Hawaii Community Support Directory

## In-School Support

- ✓ **Hawaii Keiki (Healthy & Ready to Learn):** RNs/APRNs in HIDOE schools ensuring continuity of care.
- ✓ **School Health Hotline:** Triage and telehealth visits directly with a nurse.

## At-Home & Transition Care

- ✓ **HIDOE Home-Hospital Instruction (HHI):** Educational continuity for students out 10+ consecutive days.
- ✓ **Cradles n' Crayons / HiNursing:** Pediatric home nursing, private-duty, and respite care (e.g., ventilator, oxygen).

## State & Specialty Advocacy

- ✓ **DOH Specialty Support Program (SSP):** Care coordination, nutrition, and specialist referrals (ages 0-21).
- ✓ **Community Children's Councils & Disability Rights Center:** Legal advocacy and cross-agency community support.

# Medical and Specialty Providers



Medical Care  
Doctor  
Primary Care  
Physician



Complex Care  
Providers  
Specialty Care  
Providers



Rehab  
Doctor  
Physiatrist



Developmental  
Pediatrician  
DBP



ATRC  
AT Resource  
Center



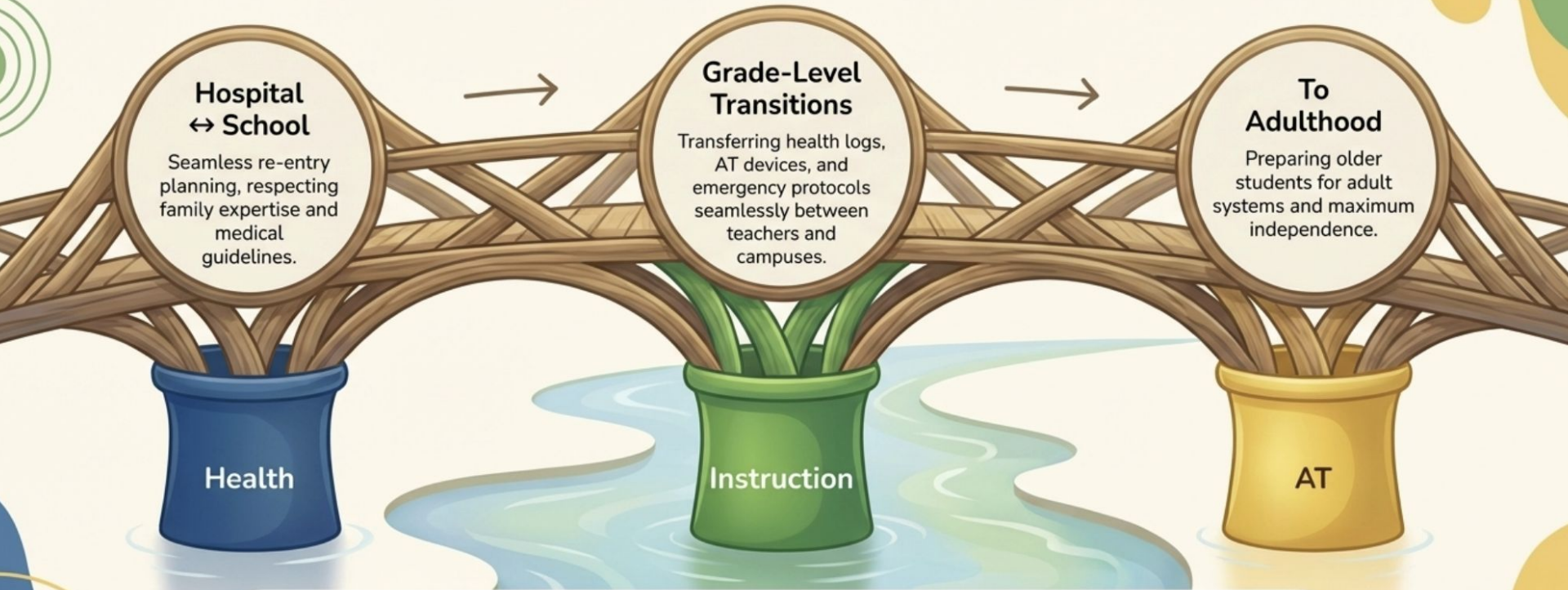
Rehabilitation  
Services



## Collaborative Care Team

A coordinated network of specialists is essential for addressing complex medical and developmental needs, ensuring holistic support for the student.

# Transitions & The Journey Ahead



**The Evidence:** Families who are actively included in team transition planning show higher confidence and better outcomes (Journal of School Health, 2019).

# Talk Story: Sharing Your Experiences

- What has helped you feel like a true partner with your child's school?



- What has made communication difficult at times?



- How can schools better partner with you moving forward?



# The Ecosystem Realized

Medically fragile students thrive when care is proactive, access is meaningful, and families are true partners.

## Key Takeaways:



**Coordinate over React:** Structured plans prevent crises.



**Pair Hard Skills with Easy Tasks:** Follow the low cognitive load rule for new AT.



**Embrace the Team:** Combine clinical safety with pedagogical access.



Grounded in Student Assessment, and Self Determination



Family & Home



Medical Plan



AT & Systems



Coordination

# Thank You

Your feedback empowers our learners.

**Scan to share  
your thoughts:**



**SCAN ME**

