

FASD IN ELEMENTARY SCHOOL

FASD is a lifelong, brain-based disability affecting core brain functions caused by prenatal alcohol exposure. Early identification and appropriate special education support are protective factors for children with FASD (CDC).

Do not wait for children to mature before assessing and providing support.



AREAS WHERE DIFFICULTIES MAY SHOW UP

ASSESSMENT MATTERS



EXECUTIVE FUNCTION

Starting, planning, organizing, shifting, sequencing, controlling impulses and completing multi-step tasks.



LEARNING

Reading, math, written work, learning concepts, word problems, retaining information and applying learning in new situations.



MEMORY

Remembering instructions, routines, rules, steps and previously learned information. What appears learned may not be reliably available later.



LANGUAGE & COMMUNICATION

Processing language, following directions, understanding abstract or complex language and expressing thoughts.



ADAPTIVE FUNCTION

Everyday independence may lag well behind intellectual ability. May need help with routines, transitions, belongings, problem-solving and knowing what to do next.



MOTOR FUNCTION

Fine and gross motor differences can affect handwriting, cutting, manipulating materials, coordination, playground activities and classroom participation.



SENSORY PROCESSING & INTEROCEPTION

Differences in processing sound, light, touch and movement. May have difficulty recognizing hunger, thirst, fatigue, pain, anxiety or the need to use the bathroom.

WHAT FASD MAY LOOK LIKE IN ELEMENTARY SCHOOL

THINK BRAIN, NOT BEHAVIOR



DEVELOPMENTALLY DYSMATURE

Development may be uneven. A child can be age-appropriate or advanced in one area and much younger in another. When tired, stressed or overwhelmed, functioning may become even younger.



REPEATS MISTAKES

May repeat the same mistake despite teaching, correction or practice. This can reflect difficulty with memory, cause and effect, generalization or accessing learning in the moment.



LEARNING IS INCONSISTENT

May know something one day and not the next, or demonstrate a skill in one setting but be unable to use it somewhere else.



NEEDS MORE HELP THAN IQ SUGGESTS

Strong vocabulary, academic strengths or average/high IQ can mask significant difficulties with adaptive functioning, memory, executive function and independence.



ACADEMIC DIFFICULTIES MAY BE UNEVEN

Math is frequently difficult, including number concepts, sequencing, calculation and word problems. Reading comprehension, written expression and handwriting may also be challenging.



OVERWHELMS EASILY

Too much language, too many steps, transitions, sensory input, time pressure or accumulated demands can lead to outbursts, meltdowns, withdrawal, avoidance, anxiety or school refusal.



MAY NEED SUBSTANTIAL ADULT SUPPORT

Knowing what to do differs from independently initiating, organizing and carrying it through. Students may need prompting, co-regulation, help with transitions and supervision, especially during unstructured times.

WHAT HELPS

BUILD A FOUNDATION



FASD-INFORMED ASSESSMENT

Comprehensive assessment should identify the student's strengths and brain-based difficulties. Base supports on actual functioning, not IQ alone. Consider special education eligibility early.



FASD TRAINING & UNDERSTANDING

Teachers, administrators, counselors, assessors, service providers and support staff need to understand FASD and how it affects learning and functioning.



RELATIONSHIP IS KEY

A trusted adult who knows the student can recognize changes in functioning, anticipate difficulty and provide support before the student becomes overwhelmed.



WORK WITH PARENTS & CAREGIVERS

Parents often know what the child can manage, where support is needed and what works. Consistent two-way communication reinforces approaches across environments and helps generalize learning.



MATCH EXPECTATIONS & SUPPORT TO DEVELOPMENTAL CAPACITY

Chronological age does not tell you what a student can manage independently. Adjust demands, environment, pace, supervision and adult support to the child's developmental functioning.



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1 in 20
may have FASD

<1%
diagnostic capacity

29% expulsion
25% drop out

Identification supports outcomes

