# Designing Individualized Education Programs (IEPs) for Children with Trauma: Addressing Trauma Through an IEP

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## ABSTRACT

The authors will review what trauma is and strategies for developing Individualized Education Programs (IEPs) for students who have experienced trauma and have resulting emotional and behavioral challenges.

## INTRODUCTION AND BACKGROUND

Research shows that traumatic experiences can impact a child's cognitive, social-emotional, and academic development. Traumatic experiences can lead to attention problems, lower cognitive functioning, decreased school attendance, repeated grades, achievement problems, challenging behaviors, low academic performance, and low reading ability.[1] Students who experience trauma may withdraw from peers, distrust or disconnect from adults, become more anxious or nervous, exhibit somatic symptoms, exhibit changes in behaviors, and experience a decline in school performance.

This white paper will address the effects of traumatic experiences and trauma-related symptoms on a child through an IEP, identify federal eligibility categories children who have experienced trauma may be eligible under, and outline supports and services that help a child access their education to better understand the role that trauma plays in a child's development and academic performance, and to better understand what tools can be utilized to address the impacts of trauma through an IEP.

## TRAUMA AND STUDENTS WITH IEPS

Within the United States, recent research confirms that 60-70% of children and adolescents are exposed to potentially traumatic experiences (PTEs) by age 17.[2] PTEs take the form of maltreatment (e.g., physical, sexual, emotional abuse and neglect), witnessing or being a victim of community violence, bullying, traumatic loss or death of a loved one, and other frightening and overwhelming events.[3] Such traumas have been described as a national epidemic and perhaps the most impactful public health concern of our time.[4] From a mental health standpoint, PTEs may lead to crippling psychiatric syndromes such as posttraumatic stress disorder (PTSD), depression, anxiety, and

[1]Frieze, S, How Trauma Affects Student Learning and Behavior, *Brandon University Journal of Graduate Studies in Education*, 2015, Volume 7, Issue 2, 27-34.
[2] McClaughlin, K.A., Karestan, C.K., Hill, E.D., Petukhova, M., Sampson, N.A., Zaslavsky, N.M., & Kessler, R.C. (2013). Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 52(8), 815-830.
[3] American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM5-TR). https://doi.org/10.1176/appi.books.9780890425596.
[4] van der Kolk, B. A. (2014). The Body Keeps the Score Brain, Mind, and Body in the Healing of Trauma. Penguin Books.

others. But many children and adolescents do not develop serious mental health concerns after such events, and the onset of PTSD is relatively infrequent.

It is essential to define the word “trauma” as clearly as possible, given its many connotations in public discourse. The DSM-5 criteria for trauma leading to PTSD necessitates “exposure to actual or threatened death, serious injury, or sexual violence” encountered either personally or through learning of details indirectly.”[5] For the purpose of this paper, we suggest the United States Substance Abuse and Mental Health Administration (SAMSA) definition that is broadly accepted as being applicable to children’s traumatic stressors: “Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”[6]

A key marker for whether an experience can be considered “traumatic” is whether the experience directly causes symptoms or measurable effects in a child or adolescent’s functioning and well-being. The neuroscience of trauma describes a “flight, fight, or freeze” reaction to severely stressful or life-threatening occurrences which are deeply rooted in the human brain. Traumatic exposures and reminders lead to a cascade of signals from the mid-brain or alarm-sensitive regions. Chronic overstimulation of the sympathetic nervous system that occurs in repeated trauma leads to long-term negative effects on memory, concentration, emotional, and behavior regulation.[7] [8] The emotional and behavioral outcomes may include one or more of the following: (a) intrusive and disruptive memories of the traumatic event(s); (b) avoidance of people, places, or other reminders of the traumatic event(s); (c) a generally over-aroused state resulting in overactivity, risk taking, anger or rage; (d) negative emotion, sadness, depression and anxiety; and (e) dissociation-- “zoning out” or numbing feelings such that the child may be in their own world or not attuned to surroundings. If the child or adolescent has experienced early and longstanding abuse, neglect, or violence, these reactions can set the stage for developmental trauma that disrupts learning, interpersonal attachments, and self-concept.[9] As trauma impacts children and adolescents in multiple ways, it can manifest in an array of psychiatric diagnoses in addition to PTSD. These may include oppositional defiant disorder, generalized anxiety disorder, depressive and other mood disorders, learning and neurodevelopmental disorders, and others.

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[5] American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM5-TR). https://doi.org/10.1176/appi.books.9780890425596.

[6] SAMHSA (2019). Substance Abuse and Mental Health Service Administration’s concept of trauma and guidance for a trauma-informed approach. https://nhchc.org/wp-content/uploads/2019/08/samhsas-concept-of-trauma-and-guidance-for-a-trauma-informed approach-july-2014.pdf.

[7] Shalev, A., Dayeon, C., & Marmar, C.R. (2024). Neurobiology and treatment of posttraumatic stress disorder. American Journal of Psychiatry,181:705-719. doi: 10.1176/appi.ajp.20240536.

[8] van der Kolk, B.A. (2003). The neurobiology of childhood trauma and abuse. Child and Adolescent Psychiatric Clinics of America, 12(2): 293-317.

[9] Ford, J. D. (2023). Why we need a developmentally appropriate trauma diagnosis for children: a 10-Year update on developmental trauma disorder. Journal of Child and Adolescent Trauma, 403-418.

When children and adolescents are traumatized by events, attention, learning, and behavior in the classroom may be significantly compromised. For example, the student preoccupied with a flood of negative memories or exerting constant effort to avoid or manage feelings associated with traumas will be less available for learning. The traumatized student who is quick to angry flare-ups may be responding to an internalized sense of distrust or fear of adults. These difficulties require careful analysis of the sources of the student's problem, which may or may not be a result of trauma reactions.

IEP accommodations for a student with trauma should be based on an assessment of specific traumatic events in the child's life, combined with known effects, diagnoses, or symptoms that are observed to co-occur or arise from the traumatic event(s). This will allow the student, family, and team to make specific plans for addressing the individual student's needs.

## IEPS

Federal law requires that local educational agencies (LEAs) provide students with disabilities a free appropriate public education (FAPE) in the least restrictive environment (LRE).[10] Additionally, to meet the obligation of a FAPE, the student's IEP must be tailored to their unique needs.[11]

## IEP eligibility categories

Students who have experienced trauma can potentially be found eligible for special education and related services under any federal eligibility category. There are 13 federal eligibility categories under the IDEA, including autism, deaf-blindness, developmental delay, emotional disturbance, hearing impairment (including deafness), intellectual disability, multiple disabilities, orthopedic impairments, other health impairments, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment (including blindness).[12] Anyone can experience trauma, but not all students who experience trauma are eligible under the IDEA. A student must have a qualifying disability and by reason thereof, need special education and related services.[13] For students who are not eligible for special education and related services under the IDEA, LEAs should consider whether the student is eligible under Section 504 of the Rehabilitation Act.[14]

## The evaluation process

Parents or LEA staff may request an initial evaluation to determine whether a child is a child with a disability.[15] The initial evaluation must be conducted within 60 days of

[10] 34 C.F.R. § 300.8(a)(1).
[11] 34 C.F.R. § 300.320(a)(2)(i)(B).
[12] 34 C.F.R. § 300.8(a)(1).
[13] *Id.*
[14] 29 U.S.C. § 794.
[15] 34 C.F.R. § 300.301(b).

parental consent for evaluation.[16] LEAs must use a variety of tools and assessment strategies to gather functional, developmental, and academic information about the child.[17] LEAs must use technically sound instruments that assess the relative contribution of cognitive, behavioral, physical, and developmental factors.[18]

Trauma assessments should include a standardized measure that obtains information from caregivers as well as self-report from the student, regarding both exposure to traumatic events (PTEs) and resulting symptoms or life difficulties. Several measures are helpful in this regard. The authors recommend the following questionnaires: Child and Adolescent Trauma Screen (CATS);[19] UCLA Posttraumatic Stress Disorder Reaction Index for DSM-5 (PTSD-RI).[18]

**Trauma assessments**

LEAs must assess a child in all areas of suspected disability.[20] Assessments cannot be discriminatory on a racial or cultural basis and must be "...provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer."[21]

Common school-based assessments include psychological, psychosocial, educational, speech and language, occupational therapy, physical therapy, and assistive technology assessments, and functional behavior assessments (FBAs). However, any assessment should be performed in a trauma-informed manner, preferably based on knowledge of the student's trauma-related symptoms (e.g., intrusive thoughts, anxiety, depression, etc.).

A school psychologist can complete a trauma exposure and symptomology assessment as part of a broader psychological assessment. Many trauma assessments include both caregiver and student self-report scales.[22] With any of these assessments, the student's age group, cognitive ability, and literacy level should be accounted for.[23]

There are trauma-sensitive strategies to include during the assessment process for students who have experienced trauma.[24] These strategies include conducting the

[16] 34 C.F.R. § 300.301(c)(1)(i).
[17] 34 C.F.R. § 300.304(b)(1).
[18] 34 C.F.R. § 300.304(b)(3).
[19] Sachser C, Berliner L, Holt T, Jensen TK, Jungbluth N, Risch E, Rosner R, Goldbeck L. International development and psychometric properties of the Child and Adolescent Trauma Screen (CATS). J Affect Disord. 2017 Mar 1;210:189-195. doi: 10.1016/j.jad.2016.12.040. Epub 2016 Dec 27. PMID: 28049104.
[20] 34 C.F.R. § 300.304(c)(3).
[21] 34 C.F.R. § 300.304(c)(i-ii).
[22] National Center on Safe Supportive Learning Environments, *Trauma-Sensitive Assessment and Planning Checklist,* 3 (last visited November 18, 2025), Building_TSS_Handout_6assessment_and_planning.pdf.
[23] *Id.*
[24] *Id.*

assessment in a private space, informing the student and family about what to expect, giving the student and family choices about the conduct of the assessment (i.e., form of expression or consideration for reading or writing limitations), and staff members considering potential safety issues, triggers, cultural norms and expectations when engaging with the student and family.[25] The student and family should always be given options to stop the assessment and continue at a later time if they begin to feel uncomfortable or overwhelmed.[26] Additionally, assessments are relationship-oriented and should maintain a strengths-based focus.[27]

**Interpreting trauma assessments**

Assessments must be administered by trained and knowledgeable personnel.[28] When interpreting evaluation data, LEAs must" Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior...".[29]

The school psychologist should guide the IEP team in interpreting the results of any trauma assessments. When interpreting these results, the IEP team should pay particular attention to elevated symptom categories such as dissociation, the presence of potential trauma-related disorders such as attention-deficit/hyperactivity disorder (ADHD) or generalized anxiety, and the level and types of exposure to traumatic events (e.g., one very severe traumatic event, several years of neglect/abuse, etc.). The IEP team should look to see whether the student identified any trauma triggers at school when reviewing assessment results.

It is important to consider how a student's cognition (e.g., difficulty thinking clearly, problem solving, planning and acting accordingly, acquiring new skills and taking in new information, and with language development and abstract reasoning skills) and behavior (e.g., self-regulation, impulse control, and engagement in high-risk behaviors) might be impacting the student in the school setting.

**Mandated reporting**

States receiving certain federal grants must enforce a state law that mandates "an individual to report known and suspected instances of child abuse and neglect..."[30] All states have laws governing mandated reporters.[31] Most states have identified

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[25] *Id.*
[26] *Id.*
[27] *Id.*
[28] 34 C.F.R. § 300.304(c)(iv).
[29] 34 C.F.R. § 300.306(c)(1)(i).
[30] USCA § 5106a(b)(2)(B)(i).
[31] Family and Youth Services Bureau, *Mandatory Reporting and Keeping Youth Safe, (last visited December 9, 2025),* https://www.govinfo.gov/content/pkg/GOVPUB-HE23_1300-PURL-gpo219468/pdf/GOVPUB-HE23_1300-PURL-gpo219468.pdf.

professionals as mandated reporters who are responsible for reporting suspected child abuse.[32] Teachers, social workers, principals, nurses, counselors, and therapists are some of the most commonly mandated reporters.[33] However, all adults are mandated reporters in some states.[34] People who are not mandated reporters can be permissive reporters and voluntarily report child abuse or neglect.[35] Reporters do not need to have witnessed suspected abuse.[36] Therefore, if information supporting known or suspected child abuse is shared with the IEP team, some or all of the IEP team members may have a legal obligation to report the information to child protective services.[37] This must be weighed with the need for LEA staff to be able to appropriately program for the student's needs. If educators do not know that a student has experienced trauma, then educators may inadvertently retraumatize the child without knowing that they are doing so.

## DEVELOPING IEPS FOR STUDENTS WHO HAVE EXPERIENCED TRAUMA

### Present levels of academic achievement and functional performance (PLAAFP)

The PLAAFP lays the groundwork on how the IEP is designed and must be individualized to the unique needs of the student.[38] The PLAAFP section of the IEP is informed by assessments, classroom observations, student work samples, school testing, parent input, etc.[39] This information describes the impact of the student's disability, and each area of impact should be addressed within the IEP.[40] Common areas of impact for children who have experienced trauma are learning behaviors, social skills, speech and language, reading, and self-management. It is important to include information both on a child's strengths and weaknesses.

It is important to consider where specifically students who have experienced trauma are struggling and how these areas of need are impacting them in the school setting.

### Special considerations and accommodations

Special considerations and accommodations may include supplementary aids, supports, and accommodations that support the student's access to grade-level

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[32] National Association of Mandated Reporters, *What is a Mandated Reporter?* (last visited November 19, 2025), https://namr.org/news/what-is-a-mandated-reporter.
[33] *Id.*
[34] *Id.*
[35] Readiness and Emergency Management for Schools Technical Assistance Center, *Policies and Procedures for Mandated Reporting,* (last visited December 8. 2025). https://rems.ed.gov/ASM_Chapter2_Reporting.aspx.
[36] *Id.*
[37] *Id.*
[38] Maryland State Department of Education, *Maryland Statewide Individualized Education Program (IEP) Process Guide*, 58-59 (2025), Maryland Statewide Individualized Education Program (IEP) Process Guide July 2025.
[39] *Id.* at 58.
[40] *Id.* at 59.

material.[41] Classroom accommodations related to the student's anxiety, working memory, social skills, and behavior can all be implemented to address the student's trauma. The following lists are not exhaustive and are based on the authors' experience working with children and need to be individualized as appropriate for each child.

Potential instructional and testing accommodations include redirection, a human reader, a scribe, small group, frequent breaks, reduced distractions to self or others, monitor test response, extended time, and a separate or alternate location.

Potential instructional supports include checking for understanding, frequent/immediate feedback, limiting the amount of work to the copied from the board, monitoring independent work, paraphrasing questions and instruction, peer tutoring or paired work arrangement, a picture schedule, providing alternative ways for the student to demonstrate learning, providing the student with a copy of student or teacher notes, repetition of directions, and providing assistance with organization.

Potential program modifications include altered or modified assignments, breaking down assignments into smaller units, deleting extraneous information on assignments, limiting the amount of required reading, modified content, modified grading system, different exam format (e.g., open book, oral, reduced length, fewer questions, or fill in the blank), reduced number of answer choices, pictures to support reading passages, and simplified paragraphs and sentences.

Potential social supports include adult support, advance preparation for schedule changes, checking for understanding, crisis intervention, encouraging and reinforcing appropriate behavior, home-school communication system, manipulatives and sensory activities, social skills groups, and use of positive or concrete reinforcers.

Potential school personnel and parental support include consultation from related service providers and special educators, coordination of support services for crisis prevention and intervention, and parent counseling or training.

Potential physical and environmental supports include adjustments to sensory input, extra time for movement between classes, environmental aids (e.g., classroom acoustics, heating, and ventilation), preferential locker location, preferential seating, reduced paper and pencil tasks, a sensory diet, and a picture schedule.

**Goals and objectives**

The goals (and in some states, objectives) section of an IEP addresses the student's needs identified in the PLAAFP and is designed to help the student be as independent

[41] Maryland State Department of Education, *Maryland Statewide Individualized Education Program (IEP) Process Guide*, 74-86 (2025), Maryland Statewide Individualized Education Program (IEP) Process Guide July 2025.

as possible in the LRE.[42] The IEP, including its goals, must be "reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances."[43] The IEP team should work with the school's social worker and psychologist to develop appropriate goals based on how the student's trauma manifests in the academic setting.

**Services and placement**

LEAs must ensure that children with disabilities are educated with their nondisabled peers to the maximum extent appropriate.[44] Removal of children with disabilities should only occur "if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."[45] IEP teams should carefully discuss who will provide special education and related services, where they will occur (e.g., inside or outside of the general education setting) and the frequency and duration of the services.

The placement decision must be made by a group, including the parents, who are knowledgeable about the child and placement options.[46] LEAs must ensure that a continuum of placements is available for children with disabilities.[47] The continuum must include "...instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions; and make provision for supplementary aids and services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement."[48]

**Behavioral intervention plans (BIPs)**

The IDEA does not provide a definition of an FBA. Federal guidance notes that an FBA is used to understand the function and purpose of a child's specific, interfering behavior and factors that contribute to the behavior's occurrence and non-occurrence for the purpose of developing effective positive behavioral interventions, supports, and other strategies to mitigate or eliminate the interfering behavior.[49]

Common characteristics of FBAs are a description of behavior, data collection, a function-based behavior review, and skill development.[50] A BIP may be developed upon

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[42] Disability Rights Maryland, *Special Education Rights,* 14 (2020), 89563-4-DRM-SE-Handbook-english.pdf.
[43] *Endrew F. v. Douglas Cnty. School Dist. RE-1*, 580 U.S. 386, 403 (2017).
[44] 34 C.F.R. § 300.114(a)(2)(i).
[45] 34 C.F.R. § 300.114(a)(2)(ii).
[46] 34 C.F.R. § 300.116(a)(1).
[47] 34 C.F.R. § 300.115(a).
[48] 34 C.F.R. § 300.115(b)(1-2).
[49] U.S. Department of Education, *Questions and Answers: Addressing the Needs of Children with Disabilities and IDEA's Discipline Provisions* (July 19, 2022), https://sites.ed.gov/idea/files/qa-addressing-the-needs-of-children-with-disabilities-and-idea-discipline-provisions.pdf (Discipline Provisions).
[50] U.S. Department of Education, *Using Functional Behavioral Assessments to Create Supportive Learning Environments* (November 2024),

completion of an FBA. BIPs may include a description of the interfering behavior(s), contributing environmental factors, the function of the behavior, behavior support strategies, skills that the student will be taught, who is responsible for implementing the BIP and how it will be implemented, and information about progress monitoring.[51] FBAs and BIPs may consider environmental factors, which can include trauma history.[52]

## SCHOOL DISCIPLINE FOR STUDENTS WHO HAVE EXPERIENCED TRAUMA

### Restraint and seclusion: federal law and considerations

The IDEA does not contain language banning restraint or seclusion. Federal guidance includes a statement from the USDOE that restraint and seclusion should not be used except in situations where a child's behavior poses imminent danger of serious physical harm to themselves or others.[53] The guidance stresses that LEAs should make every effort to prevent the use of restraint and seclusion and that restraint and seclusion should never be used as punishment or discipline.[54] It is important to review state laws for additional parameters and reporting requirements around the use of restraint and seclusion in public schools.

It is important to consider not only whether the use of restraint or seclusion will be traumatizing to a student, but also a student's trauma history. Use of restraint may be particularly traumatizing, for example, to a student who has been, or is being, physically abused.

### Exclusionary discipline

When students with disabilities are removed from the classroom setting, they miss valuable educational and social time with their peers.[55] There are many types of informal removals. Exclusionary and informal removal measures may include repeatedly suspending a student from school, a pattern of office removals or other extended time away from instruction, extended restrictions in privileges, informal or undocumented suspensions (e.g., LEA staff call a parent to pick their child up from school or send the child home without a suspension), shortened school days, improper placement on home and hospital teaching (e.g., if LEA staff are struggling to manage challenging behaviors in the school setting), and repeatedly sending children home from school with a condition for return (e.g., threat assessment or a psychological evaluation).

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https://sites.ed.gov/idea/idea-files/using-functional-behavioral-assessments-to-create-supportive-learning-environments/#_edn23.

[51] *Id.*

[52] U.S. Department of Education, *Restraint and Seclusion: Resource Document* (May 2012), https://www.ed.gov/sites/ed/files/policy/seclusion/restraints-and-seclusion-resources.pdf.

[53] Discipline Provisions (page 10).

[54] *Id.*

[55] National Disability Rights Network, *Out from the Shadows: Informal Removal of Children with Disabilities from Public Schools* (Jan. 2022), https://www.ndrn.org/wp-content/uploads/2022/01/Out-from-The-Shadows-1.pdf.

When students with disabilities are informally removed from the classroom without the use of suspension or expulsion procedures, it potentially circumvents important procedural protections that follow formal removals from the classroom, such as a manifestation determination meeting or suspension bans. Though school staff are supposed to document removals from the classroom, parents should also document the presence of any informal removals, so when an IEP team considers the efficacy of an IEP, the number of days the student is removed from the classroom is known to all parties. It is important to document all instances of removals, especially informal removals, so that the time of instruction missed may be most accurately calculated to ensure a student is accessing a FAPE. Thus, documenting informal removals may help address the efficacy of a student's IEP, or determine whether an IEP must be created to meet the unique needs of the student. Informal removals may also indicate that the needs of the student are not properly accommodated in their current IEP. Furthermore, 10 or more consecutive or cumulative days of disciplinary removal may trigger a manifestation determination meeting.

**Manifestation determination meetings**

Students with disabilities under the IDEA can face disciplinary action like their non-disabled peers. However, if a school suspends, removes to an interim alternative educational setting (IAES), or removes a student to another setting for more than 10 school days, the IEP team must consider whether the behavior that gave rise to the removal is a manifestation of the student's disability.[56] This includes a determination of whether the conduct in question was either caused by or had a direct and substantial relationship to the student's disability or if the student's conduct was a direct result of the LEA's failure to implement the IEP. If the IEP team determines that the student's conduct was a manifestation of the student's disability, the IEP team must (1) conduct a FBA and implement a BIP, if the student does not already have one, (2) if the student has a BIP, review and modify the BIP as necessary to address the behavior, and (3) return the student to their previous educational placement, unless the IEP team and the parent agree to a change in placement.[57]

The right to a manifestation determination meeting is an important procedural right for students with disabilities. It helps ensure that students with disabilities are not excluded from the school environment for disability-related behavior that the IEP should address through behavioral support. In many schools, students with social, emotional, and behavioral challenges are poorly understood and the response to their behavior impedes their access to FAPE. Disciplinary exclusion is used to deny the opportunities of public education to students with behavioral health conditions and disproportionately impacts students of color with behavioral health conditions.

**CASE STUDIES**

[56] 20 U.S.C. § 1415(k)(1)(E).
[57] 20 U.S.C. § 1415(k)(1)(F).

**Justin**

Justin is an eight-year-old boy who attends the third grade in a large urban school district. He has been diagnosed with ADHD and anxiety. Prior to living with Vera, Justin lived in a suburban area about an hour away. There was a long history of physical and verbal abuse in the household. After his parents separated two years ago, Justin lived with his mother, Maxine, and two older half-siblings, who subsequently moved in with their father.

One year ago, Justin and Maxine were evicted from their home after Maxine attempted to set it on fire while experiencing hallucinations caused by a mental health condition. They were living in parks until Vera learned about the situation. Maxine agreed to let Justin live with Vera, but Maxine did not want to move in with her mother. Vera enrolled Justin at the school near her house. School staff quickly relayed that they did not know how to respond to Justin's challenging behaviors. He tore items off the walls, hid under his desk, screamed when staff asked him to do anything, and refused to complete work.

He was suspended for a total of 20 days in the first six months of school for false activation of a fire alarm, assaulting a classroom teacher, kicking, and hitting classmates, throwing items at classmates, and attempting to stab another student with a pencil. School staff members also frequently called Vera to pick up Justin from school due to difficulty managing his challenging behaviors. After one suspension, school staff told Vera that Justin could not return to school until he underwent a threat assessment from his outpatient mental health provider.

**Jamal**

Jamal is a seven-year-old child who has recently been placed into foster care after experiencing abuse within his birth family. He is delayed in his developmental milestones, including speech production. School report cards and testing show that he is not demonstrating grade-level reading and math skills. He frequently cries in the classroom and attempts to elope. He also has aggressive outbursts (e.g., throwing classroom items and tantruming) when he is directed to non-preferred tasks.

**Shelby**

Shelby is a 15-year-old girl who is diagnosed with ADHD, and she is eligible under the IDEA as a student with an other health impairment (OHI). Her father and primary caregiver recently passed away, and she now finds herself homeless. She appears distracted at school and is showing new signs of anxiety, which makes it hard for her to participate in class. While she has always been impulsive, she is rushing through her work, interrupting instruction, and getting into more arguments with other students. She also has been skipping class recently.

**CONCLUSION**

Trauma-informed accommodations are based on a thorough assessment of the child's history of traumatic exposures, subsequent emotional and behavioral expressions as a result of the exposures. Students often respond best when they have a reliable check-in plan and freedom to access supportive services during the school day. Teachers and administrators are likely to be most successful at supporting a traumatized child when they balance consistency and clarity of expectations, while validating and taking the child's needs and concerns seriously.

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