

Managing Health Issues at School

Marcia: Welcome, either good morning to you or good afternoon to you depending on where you live and where you're coming in from. I am Marcia O'Brien. I'm from Mason, Michigan, and that is near the capital of Lansing. So, if you are familiar with Michigan, we usually use our hand to kind of tale tell where we're from. And that's where I am. So, I am very happy to be here today and to have the opportunity to hopefully give some information that will be helpful regarding school and also give you some contact information later on too. In case you have any further questions, or are to answer your questions at the Q&A. So first, this is an activity disclaimer that is in every presentation that you're going to see today. Basically, what it's telling you is that the PKD foundation is utilizing these presentations for educational purposes only.

And it's not my what I'm sharing is not representing PKD, or are they promoting anything or, or saying that all of this is exactly what they would say it's just my interpretation of things that I can share for you that hopefully, are helpful. And so just wanting to make sure that people are aware of that. The other disclosure is that the people who are presenting today had to sign a conflict-of-interest form prior to participating, and basically that what that saying is that I'm not getting any financial gain, nor is the foundation for this presentation. I'm not trying to sell anything or do anything that's going to have any kind of financial ties to this presentation. The bio for me, is really basically what you see, I believe in the that you could have already seen before.

But basically, my experience is primarily with ADPKD. My spouse, and two of my three adult children have ADPKD. My husband had two transplants a year of peritoneal dialysis, right is secondary complications. My kids have not had symptoms at this yet point yet. But they have both participated in studies. I donated a kidney in 2009, on behalf of my sister-in-law through a chain. So, that's my PKD background basically. And as far as education, this is my past 40 years in education. So, I've been in public schools as a teacher and administrator. I've worked with the State Department and the Office of Special Education. And I've taught some classes at Michigan State University. So, I'm no expert in anything. But I do have a lot of background

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knowledge and have a lot of resources that I've been able to acquire and accumulate over the years.

I also have the great privilege of being on the PKD Education Advisory Panel, and also on the advisory panel for the upcoming ADPKD centers of excellence. So today, what our objective is, is to kind of first talk a little bit about the possible educational challenges associated with chronic kidney disease. Again, this is not my area of expertise. I have some information that I've acquired and done a little bit of research on. But there'll be a little discussion of that. We're also going to explore a variety of support systems available in the school setting including 504 plans and IEPs edge individualized education programs. And then lastly, we will talk about some potential steps and communication strategies to ensure that your child is set up for success. So, as I said this, this first portion is my least area of expertise, and that is talking about educational challenges associated with chronic kidney disease. We'll talk a little bit about what we do know and what we don't know.

So, I am just going to read this slide because I think that it's going to be better than me trying to summarize it. I my slides do have more words than one would recommend for a slideshow, but because I also wanted people to have the information's to look back on I've included more words than sometimes you've might for a regular presentation And before I read it, just kind of note that I've bolded the words that can, and if present, because these are just some potential things that might be associated with a policy with a renal disease, and not necessarily are going to be present for all students for all children, certainly. So, these are just some potentials. There are multiple neurological conditions that can be associated with renal disease. These include a central nervous system condition, such as Uremic encephalopathy. I know I said that wrong.

And I knew I was going to when I got here, seizures, movement disorders and strokes, which can occur at alarming rates, sleep disorders, and a variety of peripheral nervous system conditions, such as polyneuropathy. There are also neurological symptoms that can be associated with dialysis procedures

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and transplants. All of these neurological conditions, if present, can and will contribute to neurocognitive deficits and dysfunction in children with ARPKD. So, this was from a 2017 study. And we will see that the 2017 study is really the only systemic investigation of neurocognition and children with ARPKD, at least it's the only one that I found. So again, the disclaimer that I don't know at all, but that's the only one that I was able to see that there's been one. So, there's not been a ton of research, I can say that for certain. Even if there's more than one that's not a lot of research that tells us about neurocognition, and children with ARPKD. But there are some things to consider.

I have in bold and bold in the title of this slide that all children are individuals. And I feel this is something that we need to focus on in schools, regardless of someone's medical condition, or cognition, or social emotional conditions. We have things in education that can provide some parameters for us that can provide some suggestions, but each child is going to present differently and have different needs from each other regardless of any common traits.

So, I think when approaching all aspects of a child, we need to think of them as individuals, what might work for one child might not be the same for another. So, children with ARPKD may not manifest neurocognitive difficulties. However, in addition to the limitations of available literature, medical risk factors, it's likely that they're at an elevated risk for this. And of course, there are other risk factors that may contribute to neurological dysfunction and educational challenges. So, some of the things that these risk factors may impact education is high levels of absenteeism, if you have medical concerns, you may have multiple doctor's appointments, or you might have surgeries or things like that, we know that absenteeism is going to impact the student's ability to engage with the with their educational experience.

The child may have low stamina, long or short term, cognitive functioning depth decreased, there might be some physical challenges, immune systems might impact the engagement with their peers. And then anxiety and stress with any medical condition. But also knowing that anxiety and stress is a

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factor that we see in in as an increase for all children right now in society. And then social emotional factors. Again, I think to going back to all children being individuals, these risk factors may be true for any student at doesn't necessarily mean that it's because of the medical conditions. So, there might be a situation where there's anxiety and stress and it's not related to PKD, or you have low stamina and it's not related to PKD. So, all of these things are just potential factors and things to consider as we're moving forward. So, we'll talk about three different types of educational supports. They blend, they move together, there's a variety of ways of connecting those.

We're going to talk about Multi-Tiered System of Supports, which is a concept that is meant to be utilized in all school districts for all children. And depending on a district, it's better or worse than others. So, we'll talk about Section 504 Plans. And then we'll also talk about IEPs or Individualized Education programs. So, in regard to Multi-Tiered System of Supports, there are a variety of ways of presenting it. A lot of times people show triangles, or there's this or there's just a variety of ways of showing this. I thought maybe the most efficient way of letting us see what a Multi-Tiered system of support is, as I have a little three minute video that we can watch. So, I'm going to stop sharing this slide for a second, and I'm going to pull up the video and you can watch that together.

[Video Recording plays]

MTSS one system of support for all students, what is universal support? When a school uses a Multi-Tiered System of Support, or MTSS, all students achieve better academic and behavior outcomes, MTSS efficiently matches measured student needs with evidence-based practices for teaching and learning. Schools rethink how to use their space personnel, materials and schedules, so that all students can learn together within the core curriculum. And with high quality instruction. All students participate in universal instruction. While a small portion of students receive additional support, and a few students receive intensified support students move fluidly between these three tiers. For example, a student may receive additional math or for

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just a few weeks concept and receive intensified English language support for the whole year.

Universal support relies on a core curriculum aligned with academic standards and uses the principles of Universal Design for Learning or UDL. UDL helps teachers provide instruction in diverse ways. UDL allows students multiple means of showing what they know and can do. And UDL motivates students to tackle difficult subjects and skills in a variety of ways. UDL helps each and every student experience full membership in the classroom and school. Universal support integrates the academic curriculum with a school wide behavior on social emotional support systems. This integrated system is proactive in teaching social behaviors that emphasize positive goals and expectations so all students can successfully manage their behavior while learning. universal support applies differentiated instruction, which matches measured student leads with evidence-based practices.

Differentiated Instruction is provided through co teaching, collaboration, and peer learning, school and grade level teams plan, implement and continually evaluate curriculum schedules, personnel and resources have universal support to meaningfully engage each and every student without segregating them from their classmates and friends. While some students will still need additional and intensifying support, universal support can meet many of their needs. Every adult in the school is involved in providing universal support, including general and special educators, administrators, staff, family, and community members. universal support is designed for all students, including those who struggled to learn and those who accept those who are learning in a new language and those who are affected by other circumstances outside the classroom. Learn more about MTSS and SWIFT at www.swiftschools.org.

Marcia: Oh goodness. Okay, so that was just an overview of MTSS working perfectly and it doesn't always work perfectly, but you can get a sense that the Tier one is the support that all students get, and in a good system with universal design for learning, that modifies and gives multiple opportunities for demonstrating their knowledge. It can handle a lot of things and you may not need some of

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the extra supports. Tier two and Tier three interventions are also things that are just available for all students doesn't require a 504 or an IEP for these kinds of supports. In a in a solidly functioning system. Obviously, there are times when a student's needs exceeds the Multi-Tiered system of support. And the couple of options that we'll be talking about are the 504 Plan, which is probably the next step up. And then an IEP. The 504 plan is based on the section 504 Rehabilitation Act of 1973.

And an IEP is based on the Individuals with Disabilities Education Act, or IDEA, which is a federal special education law for children with disabilities. For 504 plans, primarily they it's functioned off of the federal act, but with the IEPs states also have regulations of their own to kind of refine some of those areas that are in the federal government. IDEA, it can enhance it can give more expectations. But it certainly the state rules cannot reduce any expectations. Everybody is covered with ide a regardless of what their states do. So just again, I there's more words on here than typically, we would want for a presentation. But I wanted these to be available to YouTube, after the presentation. So, I'm just going to kind of highlight the things in here. So, section 504.

What it defines is that it protects individuals from discrimination based on a disability. And this is not just for school aged children section 504 covers people throughout life. And they define individuals with disabilities as a person with a physical or mental impairment, which substantially limits one or more major life activities. And it's pretty broadly open for people. Basically, telling the school district to take the child has a disability. Often, it's accompanied by a doctor's statement of some sort of disability. But what if but it's not a huge analysis of what their needs are at that point in time, it's really just identifying that they have a disability. And then in the school setting, it's meant to remove barriers to learning, so that they have success at school, and often include a variety of accommodations specific to the unique needs of the individual. I want to go back actually to that one when I was, I couldn't remember if I gave more detail in the next thing. So, variety of accommodations that might be come with a 504 plan is just not being

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penalized for attendance, for instance, because they're going to have medical needs, or that during times of health issues.

There might be some cognitive delays or cognitive processing issues because of medications or whatever. So, maybe there's a need for extended time and tests or maybe there is a need for a up here buddy to be notes or something like that. So, there's a lot of accommodations that could be considered for a 504 plan. If accommodations and removing barriers to learning are not enough, then we can consider special education. There is a referral process. And the referral process can be made by a parent, by an educator like a teacher could do it could make a request. There could even be a community member that says, hey, we noticed that this student is having some troubles. Is there a potential need for a special education evaluation? Community member could also be a doctor, it could be somebody at somebody's church. It's not typical, but it's a possibility. However, regardless of who makes the referral, an evaluation cannot happen unless the parent consents to it.

So, I think sometimes part of what happens with districts is they wait for parents to make a referral, even when they know there's a need. It really is on the response, the responsibility of an educator to give a referral if they think there is a need for that. And then a special education evaluation is conducted to see if the student has a disability as defined by Ida and state rules. And then find more information about what their needs are as a student, and then talk about educational programming. So, the assessment is going to the comprehensiveness and the timing of an evaluation is going to depend on the individual and their risk factors. And so, it's just going to be an individual decision about what is needed and how much is needed. Like there might just be a cognitive assessment for some students to find out how they're functioning.

But there might also need to be some achievement tests, there might need to be some behavioral tests, some social emotional assessments, maybe there's a need for occupational therapy assessment. So, all of the assessment needs that are considered are individualized. And eligibility is based on two tiers. One, Does the student have an identified disability? So, if your child, for

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instance, just has medical needs that are impacting school, they might qualify under the category of other health impairment. But just having a disability alone doesn't give them an individualized educational program. The second tier is does the disabilities substantiate an educational need that must be met through special education provision of specialized instruction, like do they need to have time in a resource program do they need to have physical therapy?

And in the school setting, so and so those are the things that are going to be considered the eligibility areas per IDEA are listed here in the third bullet. Each state has their own rules about eligibility areas, they can't be less than this. However, they might be named differently, they might be considered in a different like, in Michigan, for instance, emotional disturbance is called emotional impairment. So, there's just little tweaks in this but these must be addressed and in all states.

It's really essential that you have what their present levels are of academic achievement and functional performance. So, the functional performance piece is often something that people need to advocate for. Also, it makes sense that you're going to consider academics when you're in school setting, but how a disability impacts a student's socially and emotionally and behaviorally or whatever, must also be included, if those things are impacted. So, it's how they're doing in school process. And they can include test scores, observations, work samples, medical information, anything else that impacts school performance. I think this is a really important factor in IEPs, because it really provides a basis for what things need to be considered when developing an IEP to support the student.

There are goals and objectives included, that identify really specific skills or set of skills that need to be taught. Now, obviously, when a student is in third grade, for instance, there are 1000 things that you're going to be working on. The IEP goals are really what are those things that we really have to target for this student to improve in this in school success. The goals must be reasonable and achievable to accomplish in a year, and they must also talk about how the student's progress on these goals will be measured. An IEP

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must address the student's participation in state and district tests including accommodations. Students are required to participate in state assessments and are expected to participate in district wide assessments.

I am a strong proponent of if it's an assessment that's available to all students. We should also find ways to make sure that we are considering those assessment needs for students with special needs to for students with the very most significant cognitive disabilities stay it may offer alternative assessments based on alternate content expectations. But this is something that varies from state to state. And it would be something that you would talk about you with your own state. I mean, I do know what other states are doing somewhat, but I would certainly defer to the experts in your state. Probably very essential, not probably the very essential part of an IEP is talking about what kind of special education and related services might be needed. And I've put in here just some examples, there's a lot of related services that are available in school settings that are beyond this too. But if the student is has an IEP, and it specifically is because of I'm just going to go off the medical piece for a minute, but maybe reading is a major area that shows a strong deficit.

And so that's what they've qualified for is a reading disability, or if it is medical, that it's the medical piece. Once you have an IEP, it needs to address all of the students' issues. So, if a student just has an IEP specifically for reading, but they are exhibiting some really significant social emotional issues or behavioral issues, the IEP must address those needs as well, even if that's not a qualifying area. So, just make sure that the IEP when you're working with a district encompasses all the needs of the student supplementary aids and services or accommodations. And also, just really a big strong consideration about ensuring that the student is in their least restrictive environment, meaning that they have access to their peers as much as they possibly can throughout their day.

And then, there's obviously a projected start date for services. In bowls I have here that IEP is most minimally be conducted annually. However, if something changes within that year, they can be reconvened more often than

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annually. And then every three years, there needs to be consideration of are there changes that have been made? Or do we need additional assessments do we need additional lists, change information about the student to help us develop a better IEP.

And then, as far as kind of communication strategies, and I know that this is going quickly for me, but we will wrap up just with some strategies, and then open it up for questions. But potential steps, steps and communication strategies to make sure your child is set up for success. Obviously, the 40 years that I have been in education, I have had the opportunity to interact with many parents and very strong advocates and parents who are very timid about advocating for their students. And so, these are just my ideas of kind of what is going to be the best avenue for interactions with staff. Being open, specific and transparent. Obviously, presenting it as kindly as you can be, I know that there are lots of frustrations. And so, trying to just keep the focus on the child. And be clear about what you think is needed. Be clear about what you think is missing.

Be clear about things for the district, the better, you clearly are sharing what the needs of the sooner the better outcome you'll have. I would ask lots of questions. Is this a possibility for my child? Is this little team thing that they're doing? Is it going to be beneficial? Put requests in writing, don't count on sharing with a teacher, hey, I think that this would be helpful. Or, hey, I think we need an IEP. Put things in writing, it's helpful to have that to go back on. If you are engaging in an IEP, get to know the act, procedural specifically the procedural safeguards, which outline legal rights and protections during the evaluation and IEP process, know what there are, know what those are. Get to know the policies of your state and local district. And then again, keep asking questions and seek information.

Seek an advocate if you need assistance. All states have of advocacy groups that are available at no cost to parents, sometimes people prefer finding that an advocate or a lawyer or whatever if they need to. But there are advocacy groups available, disability right groups. And sometimes it's just nice to have somebody present with you that maybe knows something about education in

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a different way than you, and also helps help to keep you objective, because I'm a parent too. And I know that it's, I'm not always the most objective person when it comes to my children. So, and just stay strong. It's a general just an act of perseverance and find your support team for that. Whatever it might be. So, I think we are just a minute over what I was supposed to do. We've got nine minutes left. And it's time just to open this up for questions.

Event Staff: All right, okay. Thank you, Marcia. As a reminder, please keep your microphones ladies and gentlemen muted and type any questions you may have into the chat box. So, let's begin the Q&A question. So, Marcia, we do have a question from Monica Guerrero. She states that any tips to make teachers better understand that her child needs more frequent restroom breaks?

Marcia: It's just funny that you even ask that question to me, because as an educator and a teacher for 18 of those years, I'm like, why would you have to explain that? Like, but I think if you have a teacher who is not understanding that or not giving those breaks, or not setting it up in a way that's beneficial. That's why you have things like 504 Plans and IEPs. Obviously, you're not going to have an IEP for a bathroom break only.

But a section 504 could include a bathroom break, and then when you have those documents, it's there, they're legally bound to provide them. I would hope that when you think about the whole multi-Tiered system of support piece, that you wouldn't have to have a 504 Plan for that. Just sharing with the teacher in general, something from a doctor, if you needed to, I mean, if I were the teacher, I would think I don't even need a doctor's statement, you tell me your child has PKD and needs more frequent breaks, I'm going to give them more frequent breaks. But if you but I think just you might need a note from a doctor saying that the student has this condition. And here are some of the things that need to happen in school. And that should be enough. But if it doesn't seem to be happening, I would suggest thinking about a 504 Plan.

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Event Staff: Monica that was a great question. Thank you, Marcia, for explaining that. I totally agree with you as well. I don't think that an educated she even have an issue with that.

Marcia: Right.

Event Staff: I mean, I'm totally behind you, 200% with that. So, Monica, I hope that answers your question. Ladies and gentlemen, are there any other questions that you would like to for Marcia to add to answer? If so, please type them in the chat. Okay, oh, great. Great. So, Monica Guerrero, Marcia. She says, how do you better make school educators understand gaps between high cognitive ability, but also high emotional fears and anxieties because of previous medical history? She said she always described Marina which is her daughter as having an invisible chronic illness. Oh, that is a great question. I love that. Oh, my goodness. And Marcia, if you need me read it again. I can.

Marcia: Well, I it gave me chills when you said invisible illness. There actually are a lot of articles out there today about invisible illnesses, and the impact that it has on students. Matter of fact, I met my class at MSU. Last semester, we showed a video that MSU put out about students at MSU with what they consider to have invisible illnesses and how that has impacted them. So, I think if you look, I'm not prepared at this moment in time, but you could email me and maybe I can find that video and send it to you too. But there's just such a wide variety of those and sometimes, because I've had my frustration with educators too, and I would say that if you're not getting through to the person that is the teacher or the primary person, don't be afraid to go above them like to say, I have shared this with the teacher, and they don't seem to be getting it.

So, talking to the assistant principal or talking to the principal, or engaging with the school counsellor or a school social worker. You can also provide them with articles you can give them. Here's an example of what this means and the impact that it has. I mean, it really shouldn't be on you to educate them. However, I understand that that's often the case. So, engage other people, I would say.

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Event Staff: I've definitely loved that. Yeah, Marcia that gave me chills as well. So, I'm quite sure Monica have received chills also. So, I think it's great that you're able to provide this information. So, ladies and gentlemen, are there any more questions for Marcia? We will give you a few more minutes. Marcia, would you like for me to put your email in the chat if you're not able to access the chat?

Marcia: Sure, you can. I also feel like I have it right here.

Event Staff: Perfect, perfect.

Marcia: Contact information is here on this slide. And then everybody has access to the slideshow do you have as well, right?

Event Staff: I believe so. If I'm not mistaken. Yes.

Marcia: On the last slide, just and I'll go back to my contact information too. But I have put some sources in here too. So, I put on the top the Center for Parent Information and Resources. It's a great website that you can just find a lot of information in there. The study that I talked about, this is the resource for that I put down Michigan Alliance for Families, because I'm in Michigan is what I'm familiar with. But it has a lot of information that are written for parents to read. And there might be specific to Michigan. But I think there's a lot of things there that would be applicable for anybody in any state. And then a couple others national dissemination center for children with disabilities and the US Department Health of Human Services. They also have a ton of resources available. So, those are just obviously there's lots more as well. But those are just kind of some key ones that people might be interested in looking at.

Event Staff: Oh, that's great. Thank you, Marcia. Monica says she says thank you. That was great info. We have another question. Ladies and gentlemen, please keep the questions coming. I love it. This is Joe, at I hope I pronounce your last name right Rinnai. He says, are there any suggestions for encouraging activities rather than just allowing them. He states that his daughter has a 504

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and it can bring her water bottle with her anywhere but often comes home with a full bottle? He says so, are there any suggestions? And keep in mind. She's five years old.

Marcia: Again, I would that might be worth a meeting with the teacher and such. If so, one question I would have is, are they just filling her water bottle up before she gets on the bus to go home? And that's just a nice thing. But it looks like she hasn't drink any water? Or are they? Is she really not drinking any water all day long when you want her to? So, it might be something that they need to strategize? How do we get if the goal is her for her to drink a full water bottle during the school day or two water bottles or whatever it might be? How can we set that up so that we're monitoring that and encouraging that? So, you could I mean, you could go back to the old-fashioned sticker system where every time she takes a drink of water, she gets a sticker, put marks on the bottle, like when you get to this line, you get two stickers.

But stickers may not be motivating for everybody. So, that was just a silly example. But there are some things that you could do that reward behavior or and that they could participate in in the school setting. I don't know if that answers it completely, but they're there. You can't just expect a five-year-old to do things that are good for them because you've asked them to. So, it seems like you probably just need to have a meeting with the teacher and find out why is the water bottle coming home and how can we help her to drink more water if that's what needs to happen.

Event Staff: If I would like to offer a suggestion, you know how, I have a water bottle that you know for every amount that I drink. It says good job, great job, you're almost there, you're at the aim. So, I mean and later on I'm not licensed to give you an advice, but I can offer that as far as probably encouragement. So, Joe, I think that probably fun for your daughter, that's five-year-old. Maybe a decorated bottle, I will say, and maybe that kind of encouraged her more. I mean, I do that for my grandkids. That's just a little personal innuendo for me.

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Marcia: I appreciate that too, because I think that, I'm not listened to give this information about water bottles either. So, I think it's just coming up with a variety of things, brainstorming ideas, and I think brainstorming ideas with a five-year-old, make sure we engage them and help them understand why it is that they're needing to do something different. And I think sometimes, I don't think drinking water necessarily is one that's going to make kids shy. But when they're doing things that are different from their peers, sometimes it's harder to get them to do things because they don't want to stand out. And so, kind of working through those things with the child and helping to reinforce that everybody is different, and we all have different needs and in feeling positive about what they're doing. I think is good, too.

Event Staff: Thank you, Marcia. I appreciate that. Joe, so he liked it. Thank you, Joe. I hope we both were helpful. I mean, I just kind of threw it out. I appreciate it. So, we have to kind of wrap it up. There is one more question if we're allowed to. This is from Ashley, Ashley just jumped on earlier. She said her daughter has ADHD with a significant executive function delay, since she's six years old, and home-school. But she goes to a co-op once a week. She said I don't want to put too much on the teachers. But I'm still mostly reminding her to ways to take care of herself throughout the day. She said, do you have any tips for helping her create patterns and habits that will manage her health?

Marcia: I have a couple, one my first thought on that is I believe that the PKD Foundation has a parent group. That I don't know if it's a Facebook group, or if it's monitored through PKD foundation for parents to get ideas from other parents. And there's probably going to be way more information in that group than I'm able to provide I because I would probably just say that there are a lot of things that are available for behavior modification type things, that's an old school term, but ways of helping students to change behaviors that kind of have reward systems or other types of things that are motivating for them. So again, think it would be even though your daughter is only six, engage with her in that conversation about what might be helpful.

Do you think a checklist would be helpful for you? Do you think that if you were a watch with a little alarm that would be helpful to you, like, try to find

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out what she thinks would be helpful? And obviously, you're probably going to have to come up with this on your own to some extent too. But I would encourage you to kind of connect with an ARPKD group or if that's not what she's dealing with. It's just the ADHD and executive functioning delays. There's a lot of resources out there for parents. And I just think it's probably I'm not going to be able to give you a lot of details with this sort of time. I do see the last chat about is it always best to tell the school about PKD.

Sometimes you feel like the children get targeted afterwards. And that's just such an individual call. I don't think there's ever an always, I think that if you feel like so I will just give an example of that my oldest son has ADHD. And we didn't address it through the schools. We just addressed it at home, because I also didn't want him. I didn't want the school to think of him that way because I didn't want him to have his behavior excused either. Had it been worse? I might have needed to, but I think that's an individual family decision about how significant is that? At this point in time, are we able to handle these things just through asking for accommodations and not necessarily tying it to PKD but just saying very briefly, like my doctor has said that my child needs to have more frequent bathroom breaks and drink water during the day.

Do you have any issues with this? And If you can work with the school and you're more comfortable in that sharing about PKD, that's fine. You may get to a point where it seems like now might be the time to tell the school because of something else that's happening. So, it's there's there are no real answers for those. So, we've just been told that I need to get up here.

Event Staff: I'm sorry. I mean, occasionally we do have to wrap it up a march I will say this. You did this answer the next question. Ladies and gentlemen, I encourage you all to reach out to Marcia. You have her information, her phone number and your email. Marcia, you killed like eight shots with one stone. I appreciate that you could fly with a sledgehammer. Ladies and gentlemen, thank you for thank you for joining us for PKD con 22. We are have to sign off right now. But please reach out to Marcia. We are so happy

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for the engagement here and that's what makes this thing wonderful. Everyone enjoy your time. Thank you so much. We appreciate you.

Marcia: Good luck to everybody. All right. Bye-bye.

[Audio Ends] [00:53:12]