

Letter to a Teacher

In your years as a teacher, you may only have one or two children with cleft lip and palate in your class. In the classroom, they generally should be treated like any other student. If a student with a cleft begins to exhibit any behavioral or learning problems, he or she should be approached and assessed as any other student would be.

There are a few potential problem areas for a child with cleft lip and palate of which you may need to be aware. First, because cleft palate increases a child's susceptibility to ear infections, he or she should be checked regularly for any hearing loss. A hearing loss may impact (1) where you should position yourself while teaching so that the student is certain to hear you, and (2) how you should arrange classroom seating, depending on your teaching style and the room arrangements.

Second, if the child has any visible signs of the cleft (e.g., a scar on his or her lip), you may want to keep a "third ear" attuned to whether the child is experiencing any harassment or teasing from other students. One of the preventative approaches you can take is to do an activity like a "magic circle," in which you lead a group discussion of the ways in which we are all different. This activity can lead to a more accepting attitude of differences among people. Also, if there appears to be a specific teasing problem between the child with a cleft and one or two other students, you might sit down with these few children to find a resolution (e.g., help them to talk about their fears and to learn what mutual interests they may have).

Third, sometimes a child with a cleft needs to receive speech therapy. As with all pull-out services, this can draw attention to the child and make him or her feel different. If you can help the child to leave the room in a subtle way, it will help to prevent negative attention from being directed towards the student at such times.

Fourth, it is important to remember that many children with cleft lip and palate have had repeated hospitalizations and surgeries prior to entering school. It is not unusual for them to need additional surgeries between the ages of 5 and 12 years. They may miss some school time. It is important to make every effort to help them keep up with the class so they do not fall behind and again become the object of negative attention. Support from you and their classmates at this time is also helpful. Teachers of older children might have the class make "Get Well" cards for the child having surgery. Funny cards are especially appropriate. Receiving these cards makes the child feel popular and more eager to return to school.

Fifth, because of the potential involvement of the ears, teeth, and speech mechanism, it is possible that the child will have many medical appointments. Although parents should try to schedule them during non-school hours, it is impossible for all appointments to be made around the school schedule. We, as teachers, need to be understanding, both with the child and the family. As much as possible, we need to cooperate in seeing that the child does not miss important instructional and informational materials presented on those days of absence. It helps to remember that these medical appointments are essential for the child's successful habilitation.



A child with cleft lip and palate will likely progress in a regular way through all the “normal” developmental stages. Generally, there is no connection between a cleft and a child’s intelligence. Most children with cleft lip and palate do quite well in school, although recent research has shown an increased risk of some learning disabilities in a small portion of that population (primarily in children with clefts of the palate only). Your approach to assessing a child with a cleft should be no different than with any other child. However, if the student is having difficulty learning, you should recommend a diagnostic psycho-educational evaluation immediately so that the appropriate educational planning can be done. Intervention at the earliest possible age can improve a child’s ability to learn and can prevent secondary problems with self-esteem and behavior, which often develop when a child is having difficulty keeping up in school.

As with all your parents, it is important to meet with the parents of a child with a cleft. They can share information with you about their particular child’s history of medical appointments, surgeries, etc. Keep in mind that the treatment process is different for each child, depending on the severity of the cleft and how the child’s physical development progresses as he or she grows older. When conferencing with these parents, try to remember that they must balance not only work, home, and family, but also many medical appointments, surgeries, insurance claims, and other unusual demands on their time and energy. At times, they may appear defensive or fragile; your encouragement can make a difference to them.

A child with a cleft needs to be seen from a holistic perspective. If you are understanding about occasional absences from school, supportive around surgery times, careful not to draw attention to him or her during pull-out times, and attentive to any social interaction difficulties, the child will move through the year in your classroom as smoothly as the other students will. If you are interested in more detailed information about cleft lip and palate, you may contact the Cleft Palate Foundation (see below).

Having a child with a cleft lip and palate in your classroom is another opportunity for you and the other students to learn about differences. The key to successful learning and social development for this child, as for any child, is a positive self-concept. You can contribute to that positive self-concept by offering your skill in teaching and the gift of your compassion to this child.

(Excerpted from *Cleft Lip and Palate: The School-Aged Child*, a publication of the Cleft Palate Foundation.)

For further information on cleft lip and palate, please contact:

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