

# Supporting Students with **EPILEPSY**

## in Schools

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### **WHAT IS EPILEPSY?**

Epilepsy is a medical condition that affects the brain, and can cause seizures. A seizure happens when the brain sends mixed-up signals. This can change how a student moves, thinks, feels, or acts.<sup>7</sup> Seizures can look different for everyone, but they typically look like jerky body movements or staring blankly into space. Epilepsy can affect anyone, no matter their background. It often starts in young children or adults over age 60, but it can happen at any age.<sup>7</sup>



### **EPILEPSY IN SCHOOLS**

You may have students with epilepsy in your school. About 6 out of every 1,000 students have epilepsy. Students ages 6–17 may miss more than 11 school days each year because of it, higher than most medical conditions.<sup>2</sup> Students with epilepsy may miss class often, have trouble focusing or remembering, and may need extra support in school. Some students may qualify for special education services or supports.<sup>2</sup>

### **COMMON MISCONCEPTIONS ABOUT EPILEPSY**

**Epileptic seizures only look like shaky and jerky movements.**

Truth: There are many types of seizures with different symptoms, including motor symptoms (jerking movements or muscles becoming weak, tense, or spasms) and non-motor symptoms (staring spells, changes in sensation, thinking or cognition or lack of movement).<sup>4</sup>

**People with Epilepsy are intellectually disabled.**

Truth: Though epilepsy affects the brain, it does not necessarily impact cognitive functioning. Many people with epilepsy have average or above intelligence and lead successful lives.<sup>6</sup>

**If you have a seizure, you should be restrained or go to the hospital.**

Truth: Not all seizures require a hospital visit. Typically, people will just need time to rest and recover. Restraining someone during a seizure is more likely to agitate or harm that person. A seizure will run its course and restraining someone will not stop or slow it down.<sup>7</sup>

### **COMMON CO-OCCURRING CHALLENGES**

The prevalence of childhood psychiatric disorder among children with epilepsy was found to be 31.2%.<sup>5</sup> Children with epilepsy are particularly vulnerable to mental health issues due to comorbid conditions like attention deficit disorder, hyperactivity, and learning disabilities, making them more susceptible to anxiety and depression.<sup>8</sup>

### **WHY SHOULD SCHOOLS CARE?**

Every child and student, regardless of their medical and psychiatric conditions, deserve and are legally entitled to appropriate education.<sup>2</sup> Students with epilepsy often report their schools knowledge on epilepsy was surrounded with stigma and restrictions, and reported their educational experience being impacted negatively, which parents agree with (e.g., memory, attention, physical and emotional wellbeing).<sup>8,9</sup> Teachers have also reported a lack of confidence and training in knowing how to support students with epilepsy.<sup>12</sup>

# SO WHAT CAN SCHOOLS DO?

## TRAINING



You should receive training in “Seizure Training” for their respective professions to learn how to respond appropriately when a seizure occurs. In addition, school nurses and personnel can get certified in Seizure First Aid.<sup>3,8</sup> School nurses who have received training have shown improvement in their own confidence in abilities to handle seizures and epilepsy in students at school.<sup>1</sup>

## DEVELOP A SEIZURE ACTION PLAN

A Seizure Action Plan includes vital information for you to help a student who has seizures. It includes information on first aid, parent, emergency, and health care provider contacts, and medications for that child.<sup>2</sup> Using a Seizure Action Plan will allow for smooth, consistent, and predictable care for impacted students.

## TIERED SUPPORT SERVICES

### Tier 1: Universal

For you: Seizure training (e.g., education on signs and symptoms, first aid). Many public schools lack education on epilepsy.<sup>8,12</sup>

School-wide: Safety protocols (physical and emotional)

For students: Education on what epilepsy is, how it can present, and reducing stigma (to prevent bullying).<sup>8,9</sup>

### Tier 2: Targeted Small Groups

Environmental adjustments (e.g., managing light sensitivity or other triggers in the classroom).

Collaboration with families on transition services and psychoeducation. Research has shown that parents not always feel like the transition and knowledge of their child’s needs are well implemented.<sup>8,9</sup>

### Tier 3: Individual

Special education (IEP or 504) plans with accommodations or modifications. Only 15% of students receive support, despite more than ¾ of students with needing them.<sup>7</sup> Majority of children with epilepsy also report their education being affected.<sup>9</sup>

Seizure Action Plan<sup>2</sup>

## NATIONAL RESOURCES FOR SUPPORT

[School Personnel Training for Seizures](#)  
[Seizure Training for School Nurses](#)  
[Seizure First Aid Training](#)  
[Guidance For Schools](#)

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