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**ASSISTING STUDENT CANCER SURVIVORS TO RE-ENTER  
THE SCHOOL SETTING**

by  
Rebecca L. Rothschild

A Dissertation

Submitted to the  
Department of Educational Leadership  
College of Education

In partial fulfillment of the requirement

For the degree of  
Doctor of Education

at

Rowan University

August, 2011

Dissertation Chair:           Hector Rios, Ph.D.

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## **Dedication**

For my daughter Maggie, my brave, strong, outgoing girl who entered kindergarten while undergoing treatment for childhood cancer. She was my sole impetus for undertaking this project.

For my children, Jonathan, William, Margaret, and Gregory. May you always know the value of education and the unwavering love of your mother. Even when you are adults, you will always be my babies.

## **Acknowledgments**

I would like to thank my doctoral committee Dr. Rios, Dr. Gourley, and Dr. Raivetz for their time, commitment, and guidance throughout this process. To my best friend, Dr. Michael Mimms, who relentlessly pushed and carried and strong-armed me through the doctoral program from beginning to end! To Betty Goins-Green for her tireless, insightful editing and proofreading skills. Finally, I would like to thank my mother, Martha Eastman, for her unwavering support, enthusiasm, and confidence in me.

## **Abstract**

Rebecca L. Rothschild  
ASSISTING STUDENT CANCER SURVIVORS TO RE-ENTER  
THE SCHOOL SETTING  
2010/11  
Hector Rios, Ph.D.  
Educational Leadership

The tremendous increase in the survival rates of children diagnosed with childhood cancer has created an ever-growing number of children who are re-entering school during or after treatment for childhood cancer. Furthermore, there are many long-term side effects following the treatment for childhood cancer. A study was conducted to assess the knowledge base and awareness of school staff members regarding assisting children re-entering school after cancer. Based on preliminary data, a professional development study was conducted and a professional development intervention was designed and presented to make all school personnel aware of potential educational problems that may be related to the cancer treatment so that they may assist the students with any long-term side effects.

Permission was sought from the principal of Saint Michael the Archangel School in Clayton, New Jersey, to conduct a minimum of 10 hours of observations, as well as to conduct staff interviews, pre-survey, a professional development seminar, and a post-survey. Additionally, several parent interviews were conducted. The study took place over a two-year period at Saint Michael the Archangel School in Clayton New Jersey. Twenty-eight school staff members consented to participate in the study.

Initially, participant knowledge regarding social issues and educational issues were low. According to pre-survey results, the rating of childhood cancer as it related to the school setting was poor. The majority of the staff, over 85 percent of the staff, indicated that a staff development workshop would be beneficial. Additionally, pre-survey results indicated over 95 percent of the participants would be interested in learning more about childhood cancer as it related to the school setting. Knowledge and awareness about childhood cancer in the school setting increased after the professional development intervention study. Staff members were more aware of the possible accommodations and modifications following the professional development intervention study.

General knowledge and awareness as it related to childhood cancer in the classroom setting increased after the professional development intervention. The research suggested that the staff was very willing to receive the information regarding general awareness, modifications, and accommodations for educators and felt it was very important. The research suggests that the required tools to increase knowledge, awareness, and methods of providing accommodations and modifications may be the implementation and regular utilization of a professional development seminar for all school staff.

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## Chapter 1

### Introduction

With an increased survival rate of childhood cancer patients during the past 30 years, society's attention must now be focused on the long-term effects that cancer treatment and diagnosis have on the children (Zebrack & Chesler, 2002). A drastic increase in the survival rates of children diagnosed with cancer has led to an ever-increasing number of children who re-enter school during or after treatment. The entry or re-entry of the children into school situations demands that adjustments be made for the children by educators who are, or will be, working with them.

Having experienced the trauma of having my child diagnosed with cancer and her having been successfully treated, I have a vested interest in her successful educational experiences, as well as those of all childhood cancer survivors. Through this action research project, I planned, developed, and implemented a staff development seminar for school personnel for them to effectively work with all children who are surviving childhood cancer and who are beginning, or are returning to, the classroom setting. The purpose of this action research study was to improve the quality of education for childhood cancer patients in a school setting by providing staff development for all school personnel. The first goal was to plan, develop, and implement a professional development program for school personnel. The second goal was to improve the knowledge base of instructional staff and school personnel in the area of childhood cancer as it relates to education and socialization.

## **Purpose of the Study**

The topic of children re-entering school during or after treatment for cancer is a relatively recent phenomenon for school personnel across the country. This topic simply did not exist 40 years ago due to the fact that the survival rate was so minuscule (Benner & Marlow, 1991). There were very few instances in which children were diagnosed with childhood cancer, endured the treatment process, and ultimately survived to return to school.

This action research project was important for a variety of reasons. Primarily, as the clinical trials and pediatric cancer research move forward, there are ever-increasing numbers of children who survive childhood cancer and subsequently return to school (Benner & Marlow, 1991). This project improved the quality of education for childhood cancer patients during and after treatment. I began the project specifically for the children attending Saint Michael the Archangel School in Clayton, New Jersey. Success made the project replicable in other schools and in other districts. Furthermore, the benefits followed the re-entering students long after their treatment ended due to the fact that long-term side effects last well into adulthood.

Additionally, as the survival rates continue to increase, the need for awareness and knowledge on the part of the school personnel is crucial to the children's academic and social development. The research suggests that returning to school is extremely important because of the major role that school plays in a child's life (Ross & Scarvalone, 1982). Successful school re-entry is essential for the child with cancer to return to the normalcy and routine of everyday life. Ross and Scarvalone also indicate that although the child may be well enough to attend school, there still exist numerous cognitive,

physical, and academic obstacles that hinder the student's re-entry into a school setting. Upon re-entering school, or as latent long-term side effects emerge, childhood cancer survivors require some special services under Section 504 of the Rehabilitation Act of 1973 (Keene, 2003).

### **Context**

The setting for this action research study was Saint Michael the Archangel School in Clayton, New Jersey. Saint Michael's is a Pre-K through grade 8 Catholic school. Every child who re-enters school during or after treatment for childhood cancer deserves the best possible chance for academic and social success. Success is often directly related to the school personnel's knowledge base regarding the side effects related to the educational setting.

I provided the school staff of Saint Michael the Archangel School with an awareness of the side effects, accommodations, and modifications necessary for academic and social success for the children who have had childhood cancer (Landier, 2008). By examining the scope of this action research project, both children and adults found that professional development for educators was extremely beneficial for one child or for many children in one small Catholic school. With a review of the overall picture and to take into account the ever-increasing childhood cancer survivors who are returning to school, the need for knowledge throughout schools, districts, states, and even nationwide was all too obvious.

### **Research Questions**

1. What educational issues are students who are childhood cancer survivors likely to face when re-entering school?

2. What are the social issues these students may encounter when re-entering school?
3. How can school personnel assist students who are entering the school environment during or after treatment for childhood cancer?
4. What are the professional development needs for school personnel in the area of childhood cancer as it relates to the educational setting?

### **Methodology/Data Collection**

The design of this action research study was qualitative. The population included all school personnel (28 staff members) at the Saint Michael the Archangel School in Clayton, New Jersey. Cycle 1 included observations at Saint Michael's and interviews of several members of the Saint Michael's staff.

Based on preliminary findings during Cycle 1 in the fall of 2009, I found that the data suggested further professional development was needed. As a result of the findings, I included in Cycle 2 a survey to capture a larger sampling by using all personnel at Saint Michael the Archangel School. I also conducted informal telephone interviews with parents of childhood cancer survivors to gather their insights and input regarding the re-entry process. As the results were similar to the previous samplings, I included the planning, development, and implementation of a staff development seminar in the area of childhood cancer in the classroom within Cycle 3. To measure the positive effects of the seminar on the Saint Michael staff members, I presented them with a post-survey. In Cycle 4, I examined my leadership role relative to this action research project, and I further examined the research questions.

## Chapter 2

### Literature Review

#### Introduction

Cancer strikes nearly 50 children almost every day in the United States. Two classrooms of students are diagnosed with cancer almost every day in this country. More than 12,500 children are diagnosed with cancer each year, and, in the early 90s, more than 40,000 children in this country alone were being treated for childhood cancer (Benner & Marlow, 1991). Benner and Marlow suggest that children are beginning to re-enter school during or after treatment for childhood cancer in larger numbers due to the success of the treatment protocols. For successful re-entry of children who have been diagnosed with cancer into a school setting, the entire school staff's acceptance and understanding of the illness are crucial.

The treatment of childhood cancer has a great effect on the education of a child. Children who are diagnosed with childhood cancer and children who are undergoing treatment for childhood cancer are frequently absent from school due to treatments and numerous, recurring infections. Quite often treatment of childhood cancer requires chemotherapy, which affects the child's central nervous system. This type of therapy affects memory and leads to learning problems, both short-term and long-term, according to Brown and Madan-Swain (1993). Both administrators and instructors need to be aware of the possible educational issues so that they provide assistance if needed. Children who have undergone treatment for leukemia and non-Hodgkin's lymphoma are especially at-risk for developing learning disabilities (Sachs, 1980).

As the mother of a 6-year-old girl who was re-entering school after a two-year treatment for leukemia, I had concerns regarding the administrators' and instructional staff's lack of information about childhood cancer at the elementary school level. As a result of my concerns, I was specifically interested in creating a professional development program to aid administrators and instructional staff in furthering their understanding of childhood cancer and the effects of treatments on the children's education.

This literature review encompassed four main areas: changing survival rates of children who have been diagnosed with pediatric cancer, the long-term side effects of pediatric cancer on the diagnosed children, the re-entry process of the students who have been diagnosed with pediatric cancer into the school setting, and the implementation of professional development opportunities for school personnel who work with childhood cancer survivors.

### **Survival Rates**

Cancer is the number one cause of death by illness in children according to the National Cancer Institute (2008). Cancer shortens the lives of young people under the age of 21 more than any other disease. One of every five children diagnosed with cancer dies, and three of five children with cancer suffer from long-term side effects (Benner & Marlow, 1991).

The survival rates of children who have been diagnosed with leukemia have increased tremendously during the past 50 years. Even with the growing annual rates of new childhood cancer cases, medical research offers a positive outlook on future survival rates (PR Newswire, 2011). The statistics on the 5-year relative survival rates for acute

lymphocytic leukemia (ALL) in children below 15 years of age, between 1964 and 2001, changed, according to the National Childhood Cancer Foundation (2008). Those children diagnosed with ALL leukemia in 1964 had a three percent chance of survival, which was paramount to a virtual death sentence. Conversely, 10 years later the survival rate ballooned from a meager three percent to an almost 53 percent survival rate from 1974 to 1976. From 1976 to 2001, the survival rate of children below the age of 15 showed a steady increase to a nearly 90 percent survival rate (Gaston, 2009). Gaston's optimism concerning the information from the cancer research center, which discusses the dramatic improvement in the survival rate of children diagnosed with ALL, is evident from the statistical information.

Cooperative research is one of the main causes of the drastic increase in the survival rate of childhood cancer patients since the mid 1950s, according to the Children's Oncology Group (O'Leary, Krailo, Anderson, & Reaman, 2008). The formation by the National Cancer Institute in 1950 of the first group of seven hospitals that agreed to cooperate through clinical trials to develop new treatments and combinations of treatments for the most common childhood leukemia, ALL, was one of the most important avenues to formulating the best possible treatment for children with cancer. Cure Search Children's Oncology Group is a network of more than 5,000 physicians, nurses, and scientists whose collaboration, research, and care have turned childhood cancer from a virtual incurable disease to one with a cure rate of more than 80 percent (O'Leary et al., 2008).

Society's attention, with the increased survival rate of children with cancer, can now become focused on the long-term effects of cancer treatment and diagnosis on the

children (Zebrack & Chesler, 2002). The increase in the survival rates, coupled with the information regarding long-term side effects on the children, has unveiled a need for professional development opportunities for school staff working with pediatric cancer patients.

### **Long-Term Side Effects**

Three of every five survivors of childhood cancer suffer from long-term side effects, as suggested by the research from the National Childhood Cancer Foundation (2008). Cancer and its treatment often produce both short-term and long-term side effects. The parents are totally consumed with the disease and the upcoming therapy when a child is initially diagnosed with cancer and is undergoing treatment. The parents are simply trying to get through each day during the initial diagnosis phase. It is only after the treatment ends that they can even begin to think of what comes next and what the possible long-term side effects of the treatment might be (Healthlink, 2008). Researchers further suggest that anniversaries of certain cancer events, such as diagnosis date or treatment ending date and major life-changing experiences, such as re-entry into school, can bring about many emotional feelings. These feelings range from relief and happiness to sadness and guilt (Healthlink, 2008).

Late effects of cancer treatment are defined as any physical, psychological, or social consequence of the cancer or its treatment, which can appear months or even years after the treatment for the cancer has ended (Bradwell, 2009). The overarching goals of the treatment for childhood cancer are survival and maintaining a good quality of life (Bradwell, 2009). Bradwell suggests that not all childhood cancer survivors will be cured in the holistic sense of the word. The need to identify and monitor the long-term side effects following the treatment for childhood cancer is an essential component of caring

for the child well into adulthood. The growing number of childhood cancer survivors has caused healthcare workers to turn their attention to the long-term side effects to evaluate, manage, and provide the childhood cancer survivors with the best possibility of being cured in every sense of the word. Due to the steady increase in the survival rates, healthcare professionals are beginning to view childhood cancer as a chronic illness, which will require management throughout the child's life.

Many of the long-term side effects related to the treatment for childhood cancer are directly related to the radiation and chemotherapy treatment that the children undergo. These treatments lead to many chronic physical illnesses, including accelerated changes normally associated with aging, osteoporosis, and cardio-vascular disease (Bradwell, 2009).

Landier (2008) recommends that children who have undergone treatment for childhood cancer be monitored closely by parents and teachers for any developing academic challenges. Some problems may not appear until years after the therapy was completed. Common educational related problems include handwriting, spelling, reading, concentration, shortened attention span and memory, completing tasks on time, and processing information. If a difficulty is identified, there are several special accommodations or services that can be utilized to help maximize the student's ability to achieve.

An additional finding of Landier's in 2008 was that the treatment for childhood cancer can affect the educational process of the child due to prolonged absences from school and a low energy level. These conditions are directly connected to the treatment for the cancer. In addition to the low energy levels and school absenteeism, many children

undergoing treatment for cancer receive medications that are meant to stop the cancer from spreading to the brain or to the central nervous system. This much needed life-saving therapy can also affect a child's memory and cause multiple learning disabilities.

Several factors increase the risk of educational issues related to the treatment of the cancer. The factors include diagnosis of the cancer at a very young age and prolonged school absences. An additional therapy includes treatment to the central nervous system. Furthermore, there are certain types of treatment or drugs that put children at risk for learning disabilities following treatment. The drugs include methotrexate, cytarabine, radiation to the head area, and carboplatin (Landier, 2008). As the child continues to grow and develop after the treatment for the cancer into adolescence and into adulthood, learning problems surface.

Some educational areas appear to be unaffected by the cancer treatment, according to the National Childhood Cancer Foundation (2008). The educationally unaffected areas include the ability to learn and retain information that is delivered orally, the ability to understand how math concepts are applied, and the ability to use speaking as a way of conveying the understanding of new ideas and concepts. Additionally, the ability to recall information, if given enough time, and the ability to be creative are other areas that appear to be unaffected (National Cancer Institute, 2008).

Special Education programs were designed for children with mental disabilities. Students who suffer from chronic illnesses do not have a service or program specifically designed to meet their unique needs. Most survivors of childhood cancer do not require special education; however, they require special accommodations or modifications in general education classrooms (Thies & McAllister, 2001).

Special accommodations or modifications put into place aid the child and help to maximize the child's learning potential while continuing to cure the whole child. Possible accommodations or modifications include seating near the front of the classroom, reducing the amount of written work required, use of listening devices for textbooks and lectures, use of computer keyboard to reduce the amount of written work, use of a calculator for mathematics, extra time for assignments, oral, instead of written tests, and a duplicate set of textbooks for home (Landier, 2008).

### **Re-entering School**

Eighteen percent of all children have a chronic illness, and 6.5 percent of these children suffer from a chronic illness that interferes with their normal school activities (Shaw & McCabe, 2008). The challenge for the educational and medical professionals is to develop and implement a hospital-to-school transition that best meets the needs of each child. Due to the improved prognosis for childhood cancer patients, many children are re-entering school during or after treatment. The re-entry into the school setting allows the child to enjoy some of the daily routines in life again. Brown and Madan-Swain (1993) found that some children attend school and require very few, if any, accommodations or program modifications. Children who have received radiation and/or treatment to the central nervous system are at the greatest risk for developing learning disabilities. In addition, children entering kindergarten or first grade who were diagnosed at the pre-school age are at greater risk. Brown and Madan-Swain (1993) suggest that it is imperative for children who are re-entering school after treatment to be tested to receive baseline data. Furthermore, the academic success and performance of these children

should be closely monitored to detect any learning disabilities that may arise as a result of their cancer treatment.

Children with chronic illnesses are absent from school approximately 16 days out of the school year. The average number of days absent for a healthy child is three days. However, some chronic illnesses play a larger role in the absenteeism rate of students. For example, children being treated for childhood leukemia are absent approximately 40 school days during the first stage of treatment. These children have intermittent school absences for three years following treatment (Prevatt, Heffer, & Lowe, 2000).

In order for the child to enjoy a smooth transition into the school setting after or during treatment, the school personnel and hospital personnel, along with the child's parents, must work together. Cancer is an emotional and sometimes frightening word in our society. Teachers and other school personnel probably have preconceived ideas regarding a child with cancer. The negative side effects associated with the treatment for cancer may cause negative responses from teachers or other school personnel. Teachers find it difficult to discipline the child, or they may have a different set of standards of what is acceptable. Conversely, teachers may be inflexible with the child who is re-entering school. They may penalize the child for the frequent absences by setting goals that are simply unattainable (Brown & Madan-Swain, 1993).

### **Professional Development**

After reflecting upon my hours of observations and the results of the interviews, coupled with the research regarding survival rates, long-term side effects, and re-entry to school, I arrived at a major conclusion. I found that there was a definite need for the teachers and school personnel at Saint Michael the Archangel School to receive

professional development on this topic. In addition to the professional development I provided, I felt that a quick reference guide that was easily accessible to the teachers, which they could have to complement or supplement the professional development session, would be very useful. School personnel may come into contact with a child with pediatric cancer infrequently. As a result it may not be a professional development tool that is used on a regular basis. However, a quick reference guide is a useful document that serves as an excellent supplement to any curriculum.

Based on my research, observations, and interviews, professional development enhanced the knowledge base of the school personnel of Saint Michael the Archangel School. As evidenced by my research, many of the staff members had very little experience or knowledge about childhood cancer. Their information was limited regarding the long-term side effects of treatment for childhood cancer, the survival rates of these children, and very limited on various issues regarding school re-entry. Whether it is professional development on a quarterly basis or presented at the beginning of the school year, the limited research that I conducted at this school suggested not only that it would be well received, but definitely needed. Deasy-Speneta (1980) further suggests that professional development be provided on a systematic or yearly basis for school personnel. The school is not waiting until there is a crisis involving the child to elicit the collaboration and feedback from the healthcare providers and parents regarding the student.

Research suggests that adults learn best when they are involved in the learning and when the new material is connected to information they already know (prior knowledge) (Krenz, 2009). This approach, as Krenz suggests, involves a very

collaborative, engaging process. As I began to contemplate the design and implementation of a professional development program for school personnel, I envisioned this same type of collaboration, engaging atmosphere, and trying to connect to my audience's prior knowledge to enhance their learning.

It was important for the school to foster a normal school experience for students who had been diagnosed with pediatric cancer. In order to accomplish this, the information that was delineated to the teachers and to other school personnel was presented in a knowledgeable, educational, engaging, and accepting manner that enabled all school personnel to grasp the new medical concepts, jargon, and pedagogy relating to pediatric cancer patients in a school setting. Though individual responses varied, teachers and others involved were able to anticipate, identify, and intervene to help to eliminate problems when they had knowledge of potential areas of difficulty for these students (Baskin, Saylor, Furey, Finch, & Carek, 1983).

I have been a teacher and literacy coach in a large urban district for 22 years. During that time I have easily attended at least 250 professional development seminars. In addition, I have personally presented at the national, district, and school levels on numerous occasions. With my past professional development workshop experiences in mind, my goal was to design, implement, and present messages to educators that were meaningful, thought provoking, collaborative, and engaging. All too often many of the workshops that I attended were 90 percent presenter-driven and not participant-driven. The components of the research-based professional development workshop that I designed included high participant engagement, cooperative learning, collaboration, and a goal to activate the participants' prior knowledge of the topic to enhance the learning.

Although this was my first attempt at designing a professional development program on the topic of childhood cancer, I was very interested in examining the impact of the workshop on the participants' knowledge, attitudes, and perceptions regarding childhood cancer and the school setting. In order that I accurately assessed their abilities to retain the information and its relative usefulness, I had them complete a very simple pre-survey and a post-survey following the conclusion of the workshop as a means of determining their gained knowledge base.

It was my ultimate goal that those individuals who participated in my workshop were able to gain factual information regarding the medical, emotional, and social impacts of childhood cancer in children. In addition, an important outcome of this workshop was for school personnel to feel more confident in their ability to deal with such children in the classroom (Baskin et al., 1983).

## Chapter 3

### Methodology

#### Purpose of the Study

Children who are diagnosed and treated for childhood cancer often re-enter the school setting with specific and special needs. These needs are addressed in the form of accommodations and modifications on the part of the school personnel. Some childhood cancer survivors are eligible to receive special services under Section 504 of the Rehabilitation Act of 1973 (Keene, 2003). By providing teachers and all pertinent school personnel with the information that is vital and specific to pediatric cancer patients as it relates to the educational setting, they are able to provide these students with the best possible academic care (Prevatt et al., 2000). The purpose of this action research study was to assist children who are entering or re-entering school during or after treatment for childhood cancer by providing professional development for pertinent school personnel.

#### Research Questions

1. What educational issues are students who are childhood cancer survivors likely to face when re-entering school?
2. What are the social issues these students may encounter when re-entering school?
3. How can school personnel assist students who are entering the school environment during or after treatment for childhood cancer?
4. What are the professional development needs for school personnel in the area of childhood cancer as it relates to the educational setting?

## **Context/Location/Population/Subjects**

The setting of this action research project was Saint Michael the Archangel Regional School in Clayton, New Jersey. Saint Michael's is a pre-kindergarten through grade 8 Catholic school in a suburban, middle class town. Saint Michael the Archangel Regional School was created as a result of the merger between St. Bridget Regional School and St. Catherine of Siena Regional School in November of 2007. The newly merged school opened its doors in September, 2008. Saint Michael the Archangel maintains the Middle States Elementary School Accreditation. The association with the Camden Diocesan Education Office and the National Catholic Education Association provides a framework to evaluate and utilize current and emerging educational programs, concepts, and practices.

Saint Michael's has 28 staff members and 18 classes at the school. The research encompassed all pertinent school personnel to include teachers, instructional aides, the principal, and the school nurse. There were two potential limitations to the study. The population was small, encompassing the staff at one small Catholic elementary school. The other potential limitation was that only two students in the school's history, which is only since September 2008, have been diagnosed with childhood cancer.

My connection to this project was personal in nature. My daughter required accommodations and modifications due to her treatment for leukemia and the unknown long-term side effects of the cancer treatment. Not unlike students in special education classes who require certain accommodations and modifications or children in wheelchairs who require ramps, many children re-entering school after treatment for childhood cancer require similar attention. It was my contention that this professional development

curriculum that emphasized special accommodations and modifications for children re-entering school was the equivalent to their wheelchair or their ramp that bridged hospital, home, and the school. The ramp that assisted my child and many children like her was this professional development curriculum and its implementation (Glesne, 2006).

### **Data Collection**

I collected the data for this action research project through a variety of instruments, including observations and interviews, as well as through pre-and post-surveys. I used my observations at Saint Michael the Archangel School and my interviews of key staff members to collect preliminary data during Cycle 1. I used a pre-survey during Cycle 2 to examine the knowledge base of the pertinent personnel at the school. I included all pertinent school personnel. Also, during Cycle 2 I interviewed parents of children who have re-entered school during or after treatment for cancer to gain the parents' perspectives on this topic. During Cycle 3, I used a post-survey to measure personnel gains of knowledge or changes in their attitudes concerning childhood cancer, relative to the school setting. I also determined the effectiveness of the staff development seminar.

### **Data Analysis**

My action research study was qualitative in nature. I analyzed the data collected during the course of this action research project through the use of the *Statistical Package for Social Sciences* (SPSS) software for the staff interviews. I used *Survey Monkey*, an open access online survey questionnaire program to analyze the results of the pre-surveys and the post-surveys during Cycles 2 and 3.

## Action Plans

The timeframe for Cycle 1 was from October to December of 2009. The data collection instruments utilized during Cycle 1 included staff interviews, observations at Saint Michael's, and the collection of artifacts pertinent to the research.

During Cycle 1, I conducted observations at Saint Michael's over the span of two full days. I conducted the field observations in various classrooms and in several common public areas throughout the building. I typed and coded the observation field notes (Appendix A) within 24 hours of my original observations (Glesne, 2006). Also the Cycle 1 interviews were conducted with key staff members to gauge the staff members' awareness of childhood cancer as it related to the school setting. The interview instrument I used consisted of seven questions (Appendix B). For each interview, I taped and transcribed the materials verbatim.

I included exploratory questions regarding student pediatric cancer patients in an educational setting in my interview questions. The results I obtained from these interviews indicated that the staff members did not have a thorough understanding of the topic of childhood cancer relative to the children's entry or re-entry into the school after or during cancer treatment. To analyze the data collected, I utilized the *Statistical Package for Social Sciences* (SPSS). During the analysis process, I coded the data as I looked for themes (Bogdan & Biklen, 2007). I analyzed field notes searching for similar themes. I also searched for themes in the interviews that I conducted with the instructional staff.

I chose a constant theme that presented itself throughout Cycle 1: the lack of pertinent knowledge on the part of school personnel regarding the social or educational

issues of childhood cancer as it related to the school setting (Glesne, 2006). Based on a consolidation of learning in the preliminary research and data collection and analysis of the interviews and observations, in Cycle 2, I designed and distributed a survey for all pertinent school personnel to focus on the topic of childhood cancer in the educational setting and possible professional development needs in that area (Appendix C). I analyzed the survey data utilizing *Survey Monkey* to determine emerging themes and specific areas of need (Patten, 2001). I also included interviews with several parents of childhood cancer survivors to gain insight into the school's re-entry process from the parents' point of view (Appendix D).

Cycle 3 was probably the most critical area of the research project since it encompassed the planning, designing, and implementation of the staff development seminar. I administered a post-survey to all pertinent school personnel to measure the gains in knowledge and changes in attitude toward childhood cancer as it related to the school setting (Appendix E).

For the staff development seminar, I included a PowerPoint (PPT) presentation, resource literature, and informal discourse (see Appendix F for PPT Title Slide). My vision was that these materials would be the basis for a stand-alone resource for introducing school personnel to the topic of childhood cancer as it related to the school setting (Fullan, 2007).

Based on the information I gathered during Cycle 3, I made all necessary revisions to the content and delivery of the staff development seminar that appeared to be needed. Revisions and suggestions included an annual staff development refresher for staff and the identification of the researcher as a point-of-contact to present the

professional development as needed in the future. Finally, I presented my personal reflections regarding the study. I examined the overall goals, research questions, and the successful conclusion of the study, and I reflected upon my leadership and the impact it had on this research project (Fullan, 2007).

## Chapter 4

### Findings

#### Cycle 1

I initially began Cycle 1 during the fall of 2009 (October-November, 2009). During Cycle 1, I formed a liaison with the school's principal, gathered field notes through observations at Saint Michael the Archangel School, and interviewed three staff members. I analyzed the data through coding and themes. I found one constant theme that presented itself throughout Cycle 1: a lack of pertinent knowledge on the part of school personnel regarding the social and educational issues of childhood cancer as it related to the school setting (Glesne, 2006).

**Observations.** I conducted 10 hours of observations during the span of two full days. I conducted my field observations in various classrooms and in several common public areas throughout the building. I typed the observational field notes and coded them within 24 hours of the original observations (Glesne, 2006).

On September 28, 2009, I visited the Saint Michael the Archangel Regional School for the purpose of conducting my field observations. As the day began, I felt a bit apprehensive while sitting in various classrooms in the school in which two of my children were in attendance as I took notes in my notebook. At first, I simply described the physical layout of each room in as much detail as I thought necessary. Soon, I paid attention to the lessons and tried not to focus on the usual lesson components an educator of 22 years could not help but notice. Instead, I concentrated while I wrote as much information, in as much detail as possible, regarding not only the lesson at hand, but

anything else that was happening inside the classroom. I found that I took a great many notes in which I quoted the teacher, the instructional aide, and the students.

As I moved from classroom to classroom and from the hallway to the cafeteria, I wondered what I would do with the notebook full of field notes. It seemed, at the time, that it was very disconnected from my research proposal, my interview questions, and my survey, about which I had learned in the previous course. Next, I began the daunting task of typing the field notes. It was then that I recognized themes as they emerged, which I had not noticed during the actual observations. The pages seemed to announce ideas as I discerned at least three themes that emerged from my field notes. I characterized the themes or common strands as respect pertaining to staff and students, a genuine sense of caring, and a religious theme, which seemed to be embedded school-wide.

Many times, I observed examples of respect on several different levels. I recognized a recurrence of respect between the staff and the students, among the students, among the staff, and there appeared to be overall respect for the Catholic faith. The kindergarten teacher and her instructional assistant showed a great deal of respect for the students as characterized in their kind, patient words and in their actions with the students. Students were never disciplined in a way that was harsh or domineering. Instead, through the actions and words of the adults, the students were positively encouraged, praised, and kindly redirected as needed.

I recognized a genuine sense of caring, most certainly on the part of the staff members at the school. One notable example encompassed both respect and a sense of caring, and it occurred during the kindergarten activity “Hokey Pokey.” The focus of the activity was to allow the children a physical transition in order to stretch, but also to

practice left and right. When one small boy was not participating in the activity, the teacher encouraged him and helped him to participate in the group activity. Instead of chastising the child or simply directing him to participate, she went over to him, got down to his level, and, with a smile on her face and laughter in her voice, held his hands, and did the “Hokey Pokey” with him. He, in turn, smiled and continued to participate in the activity even after she moved away.

I observed the school-wide and embedded sense of the Catholic faith and a deep respect for the Catholic religion as it was evident in each and every classroom. Each classroom contained a crucifix placed above the chalkboard and a table containing memorabilia of Mary by the door. However, the evidence of the Catholic faith did not end there. Students and staff prayed at the beginning of the day, before they had their snacks, before they were served with lunch, and at the end of the day. Staff members referred to the Bible and Jesus when talking to the students about being good friends, charitable siblings, or upstanding citizens. Even in Pre-K, attending Mass with the family was presented as a homework assignment.

During the many reviews of my field notes, the words of the school principal at Back-to-School Night resonated in my mind. She spoke of educating the whole child, physically, spiritually, emotionally, and educationally. As I gathered artifacts and conducted further observations, I eagerly discovered that the common themes became clearer as I searched to find if other common strands would emerge.

During the hours of observations, I discovered two very distinct themes that emerged. I characterized the two themes as respect as it pertained to staff and students, a genuine sense of caring, and a religious theme that was embedded in virtually every

activity throughout the school. I observed that this major school-wide theme of caring and respect was exemplified in several ways. Respect and a sense of caring were evident in both the actions and spoken words of the staff and students at the school at various grade levels and in multiple settings. Furthermore, there was an ever-present unspoken respect for the school environment. During my visit I took several pictures of the outside of the school, which included a large playground and blacktop area, the whole of which was enclosed with a black iron fence. The artifacts showed an immaculate school and a completely litter-free playground area and parking lot. The third theme, which I quickly discerned, was directly related to the topic of my research. It concerned a general lack of knowledge by the school personnel regarding the social or educational issues childhood cancer patients faced when re-entering the school setting.

In an atmosphere that was conducive to educating the whole child, I observed in the classrooms compassionate and caring staff members who fostered open, honest, and two-way communication. Students freely asked questions and were encouraged to explore the world around them. Each observation and accompanying field notes, as well as the responses to the interviews, suggested a culture embedded and vested in treating others compassionately and respectfully, living by the Catholic values that are the foundation of the school.

At all grade levels and in each and every classroom in which I visited, the nurturing, caring, and respectful climate was ever present. The tone and conversation of both teachers and students exemplified, over and over, the nurturing, caring, and respectful climate within the school. In every classroom, I observed the eye contact between child and adult, the physical proximity of the teachers to the students, and I

recognized the nurturing, caring, and respect in the tone and volume of the voices of both staff and students.

As an educator of more than 20 years in an urban school district, I have been privileged to observe the educational process at Saint Michael the Archangel School; it has been a unique experience for me. Prior to my observations and interviews, I felt that I was an involved and informed parent of a first grader at the school, and I thought that I had a good understanding of the way the business of education was conducted at her school. These observations have enlightened me, not only from the vantage point of a researcher focusing on the topic of pediatric cancer, but also as a parent. The care and respect shown school-wide among and between individuals as well as among students and staff are unparalleled to anything I have ever seen in all of my professional experiences.

From the time the students arrived at Saint Michael the Archangel School in the morning until the time they were dismissed at the end of the day, they were nurtured, cared for, and treated with respect by all school personnel, the principal, the teaching staff, and the support personnel. I clearly discerned from my observations that the children were the central focus of the staff. I looked forward to conducting the interviews to gain a better understanding of the school staff and of their understanding and awareness of how childhood cancer affected their classrooms.

**Staff interviews.** I initially made contact with the principal regarding the interviews in August, 2009 (Bogdan & Biklen, 2007). Early in October of 2009, I conducted three interviews at Saint Michael the Archangel Regional School in Clayton, New Jersey. Each interview was taped and transcribed verbatim. I conducted my first

interview with the school principal. Additionally, I held interviews with a kindergarten teacher and a first grade teacher.

I included seven questions in the interview instrument (Appendix B). In the interview, I made certain that it contained exploratory questions regarding student pediatric cancer patients in an educational setting. I asked the respondents questions regarding demographics as well as questions related to their understanding and knowledge of childhood cancer from a personal and professional perspective. I also included other interview questions consisting of information regarding their present positions, their years of teaching experience and/or educationally-related careers, their understanding or interpretation of the school's vision statement, questions related to the school and parent communications, and professional development opportunities offered throughout the school year (Bogdan & Biklen, 2007).

On Monday, October 12, 2009, I conducted three interviews at Saint Michael the Archangel Regional School in Clayton, New Jersey. Each interview was taped and transcribed verbatim. I had contacted the principal regarding the interviews in August, 2009. I met with the principal in August and provided her with a copy of the course syllabus in which I highlighted the observation hours and the interview requirements. On Monday, September 28, 2009, I spent the day at Saint Michael the Archangel School observing within various areas of the school. The principal and I discussed the interviews at that time, and we scheduled a time for her interview for October 12, 2009, at 12:00 noon. At the time of the scheduling, she gave me permission to make contact with the two teachers I wished to interview. I made informal contact with one of the first grade teachers and one of the kindergarten teachers on October 12, 2009, at the school. Both

teachers were amenable to the idea of participating in the interviews. I later visited the school on Thursday, October 8, 2009, and set up the interview appointments with the two teachers.

The first interview I conducted with the school principal was in her office at 12:00 noon on October 12, 2009. The interview lasted for approximately 45 minutes. The second interview I conducted was with a first grade teacher at Saint Michael the Archangel Regional School. I interviewed the first grade teacher at 2:30 p.m. on October 12, 2009, in the teacher's classroom. The third interview I conducted was with a kindergarten teacher at the school. I held that interview at 3:15 p.m. on October 12, 2009, in her kindergarten classroom.

Two of the three staff members whom I interviewed indicated that they had no contact with childhood cancer survivors either personally or professionally, other than with my daughter. When they responded to the second interview question, regarding the social or educational issues that needed to be addressed when working with students who are being treated or who have been treated for childhood cancer, two of the staff members indicated that they had no real knowledge or understanding of the multitude of both social and academic issues surrounding this topic. One participant discussed a personal experience with her niece who was diagnosed with leukemia as a child. During the interview the participant indicated that in her niece's case, the school staff did not have adequate information on childhood cancer. She further explained that she felt that her niece would have had a much easier time had the staff been more aware and knowledgeable about childhood cancer and the long-term side effects.

Two factors played a role in possible bias on the part of the researcher. As a parent of two young children who attended Saint Michael the Archangel, I was keenly aware that the role of a researcher and the role of a parent had to be compartmentalized into two separate entities. In conducting the interviews, I utilized a consent form and received approval to contact the staff from the building principal. I also limited my discussion during the interviews and observations to my coursework at Rowan University. As a second consideration, I was aware of the possibility of bias due to the personal nature of the topic of my research. The topic of childhood cancer was the focus of my attention. As a parent who had just endured two years of cancer treatment for my preschool-age daughter, I wanted to make certain that the information that was gathered via interviews and observations was as objective and as factual as possible so as not taint or skew the findings.

The observations and interviews I conducted at Saint Michael the Archangel School were invaluable to my research study. After conducting the observations and interviews in Cycle 1, I made several adjustments or refinements to my research project. By narrowing the focus of my project, I asked more specific, pertinent questions about enhancing staff members' understanding of childhood cancer as it related to the educational setting. Based on a consolidation of learning in the information I gathered during Cycle 1, in Cycle 2 for all pertinent school personnel, I designed and distributed a pre-survey, which focused on the topics of childhood cancer in the educational setting and professional development needs (Appendix C). I analyzed the pre-survey data to determine emerging themes and specific areas of need (Patten, 2001). Additionally, in

Cycle 2 I interviewed several parents of childhood cancer survivors to examine their ideas regarding the school re-entry process from the parents' point of view (Appendix D).

## **Cycle 2**

I included, in my data collection in Cycle 2, informal interviews with parents (see Appendix D) and a pre-survey (see Appendix C) for the staff at Saint Michael the Archangel School. My purpose for the parent interviews was to capture the re-entry process for childhood cancer survivors from the parents' point of view. My purpose for the pre-survey was to determine the need for staff development for school personnel in the area of childhood cancer as it related to the school setting. The important information and insight which I gathered from the interviews and the pre-surveys were utilized to design, plan, and implement staff development opportunities for school staff who worked with students who are entering/re-entering school during or after treatment for childhood cancer. Participation in this survey was voluntary. All responses were kept completely anonymous and confidential.

**Pre-survey participant recruitment and enrollment.** Early in this research study, I established contact with the principal of the school to gain approval for conducting the action research project at Saint Michael's School. The principal was quite open to the idea of my research study due to the fact that she had experienced childhood cancer in both her professional and personal life. She indicated immediately that she valued the study and thought it would be valuable to her teaching staff.

There are currently 28 staff members at Saint Michael's. I felt that it was important that I capture the pre-survey information from as many staff members at the school as possible. The principal made the process extremely simple. Her secretary

handed out a survey to each pertinent staff member as he or she entered school on Monday, February 14, 2011. I had included very clear instructions with the survey. The principal's secretary collected the pre-surveys from the staff members during the course of the week. By Friday, February 18, 2011, 28 staff members at Saint Michael's had completed the pre-survey.

**Pre-survey study design.** With the distribution of the survey, I introduced myself as a Rowan University doctoral student in a letter of introduction. I briefly explained my action research project and the purpose of the pre-survey. The introductory letter also contained very clear and simple directions for completing and returning the survey. I included, for each participant, an informed consent form, which indicated the general topics included in the pre-survey and an acknowledgment that the pre-survey was completely voluntary. In the survey, I included 13 questions ranging from demographics, knowledge and awareness of childhood cancer in the classroom, and an open-ended question. I gave all participants, after their attendance at the staff development seminar, a post-survey to determine changes in knowledge, awareness, or attitude regarding the topic of childhood cancer in the classroom.

#### **Summary of pre-survey results.**

*Understanding/knowledge of childhood cancer relative to classroom setting.* It was clearly evident as brought forth in the responses to the question that the level of understanding and knowledge of childhood cancer in the classroom setting was limited for the staff at Saint Michael the Archangel. An overwhelming majority of the staff indicated that their knowledge of childhood cancer in the classroom setting was poor.

None of the participants who responded to the survey indicated that they had an excellent understanding of childhood cancer as it relates to the classroom setting (see Table 1).

Table 1

*Participants' Understanding/Knowledge of Childhood Cancer*

N=28

Question #4 How would you rate your understanding/knowledge of childhood cancer as it relates to students in a school or a classroom?

Rating Scale Response	# of Responses
1 (poor)	3
2	9
3	3
4	1
5	2
6	5
7	1
8	3
9	1
10 (Excellent)	0

***Experience with childhood cancer patients in school/classroom setting.***

Similarly, the majority of the participants indicated that they had no experience or very little experience with childhood cancer in the classroom setting. Of the 28 participants, only one participant admitted to an above average experience in working in a classroom with students who had survived childhood cancer (see Table 2).

Table 2

*Participants' Experience with Childhood Cancer Patients*

N=28

Question 35 How much experience do you have with childhood cancer patients in a school or a classroom setting?

Rating Scale Response	# of Responses
Much	1
Some	10
Very Little	6
None	11

***Addressing social and educational issues.*** The staff at Saint Michael School clearly felt that it was important that they address the social issues and the educational issues of childhood cancer survivors in the school setting since 100% of the participants declared that it was important to do so. The participants responded identically regarding the importance of addressing both the social issues and educational issues related to childhood cancer in the classroom. Using the same Likert scale for both questions, that is, Very Important, Moderately Important, Somewhat Important, and Not Important, the staff responded unanimously, 28 participants out of 28 participants, declared that they felt each of these issues was Very Important (see Table 3).

Table 3

*Participants' Responses Regarding the Importance of Addressing Social and Educational*

*Issues N=28*

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Question #7 How important do you feel it is to address the social issues (i.e., hair loss, bonding with classmates due to high absenteeism, classmates' fear of catching the illness, etc.) that children with cancer may face when re-entering school during and after treatment?

Rating Scale Response	# of Responses
Very Important	28
Moderately Important	0
Somewhat Important	0
Not Important	0

Question # 8 How important do you feel it is to address the educational issues (i.e., learning disabilities, physical accommodations, etc.) which children with cancer may face when re-entering school during and after treatment?

Very Important	28
Moderately Important	0
Somewhat Important	0
Not Important	0

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***Staff Development Workshop.*** A large majority (86%) of the participants indicated an understanding that staff development in the area of childhood cancer survivors in the school setting would be very beneficial for all stakeholders. All 28 survey participants felt that a staff development workshop on the topic of childhood cancer in the classroom would be beneficial. Additionally, the staff at Saint Michael the Archangel School's overwhelming response indicated that they were very willing to make accommodations and modifications for childhood cancer survivors (see Table 4).

Table 4

*Participants' Responses Regarding Staff Development Workshop*

N=28

Question # 9 How beneficial would a staff development workshop be for school personnel regarding children with cancer in a school or classroom setting?

Rating Scale Response	# of Responses
Very Beneficial	24
Moderately Beneficial	4
Somewhat Beneficial	0
Not Beneficial	0

One noteworthy aspect of the demographics that represented the staff was that an overwhelming majority of the staff had between 16 and 21 or more years of experience in education. As an educator I perceived that the educational experience guidelines were good for, at the very least, two reasons. With 16-21 or more years of experience, the staff members were seasoned and experienced educators, yet they were open to new and different ideas in the educational arena. A veteran and willing staff had been the norm at Saint Michael's School since the day I initiated this project (see Table 5).

Table 5

*Participants' Years of Teaching Experience*

N=28

# of Years Teaching	# of Respondents
Less than 5 years	4
6-10 years	5
11-15 years	4
16-20 years	4
21+ years	11

Although I surmised from my observations last year that many of staff members had little or no experience with childhood cancer in a school or classroom setting, I did not have the statistical data to support my idea at that time. From the survey data, I have learned that more than 60% of the staff felt that they had little or no experience with childhood cancer in a school or classroom setting (see Table 2). Additionally, and equally important, more than 70% of the staff at Saint Michael's indicated that they had little or no personal experience with childhood cancer outside the school setting, as well (see Table 6).

Table 6

*Participants' Experience with Childhood Cancer (outside school setting)*

N=28

Question #6 Outside of the school setting, how much personal experience do you have with childhood cancer?

Rating Scale Response	# of responses
Much	3
Some	6
Very Little	8
None	11

One outstanding finding in the study was that each and every staff member who participated in the study indicated a willingness to make accommodations and modifications based on the needs of children who are entering or re-entering school during or after treatment for childhood cancer (see Table 7). However, based on ten hours of observations and previous interviews, along with the comments on the open-ended question # 13 in the survey, many of the participants were unsure of how to make the accommodations or modifications.

Table 7

*Participants' Willingness to Make Accommodations/Modifications*

N=28

Question # 11 How willing would you be to make accommodations/modifications based on the needs of children who are re-entering school during or after treatment for childhood cancer?

Rating Scale response	# of Responses
Very Willing	28
Moderately Willing	0
Somewhat Willing	0
Not Willing	0

***Participant comments regarding childhood cancer as it relates to the school/classroom setting.*** After reviewing the responses to the open-ended question #13, I was clearly reminded of the reason I began this study almost two years ago. It was evident that, with basic staff development relative to childhood cancer survivors' needs within the school setting, many of the questions the staff had about childhood cancer in the classroom would be answered. One of the more remarkable and thought-provoking responses from one of the participants was that some sort of staff development would help to answer other students' questions about childhood cancer, and it would make the teachers more aware of their roles in this particular situation.

Other responses from the educators at Saint Michael's were that a number of them indicated it was unfortunate that there was very little information about childhood cancer in the school setting. One participant suggested that even though she was a veteran

teacher of many years and even throughout her college years, she could not remember a course in which any of the childhood chronic illnesses had been addressed. As the vast majority of the staff at Saint Michael's indicated, a class, a workshop, or a seminar for educators would be very helpful in filling the void of information about childhood cancer survivors in the classroom or school setting (See Appendix G)

**Parent interviews.** As part of the research study, it was apparent that gathering information regarding the school re-entry process from various points of view was most beneficial in the planning of a staff development seminar. With this in mind, in April, 2011, I conducted three informal interviews with parents of children who have survived childhood cancer and have re-entered school. I included eight questions specifically geared towards the parents' point of view in the interview instrument (see Appendix D). In the informal exploratory questions, I included the parents' perceptions of the re-entry process, the academic challenges, physical challenges, and classroom modifications that were needed.

Prior to discussing the analysis or information gleaned from these interviews, it was important that the context in which I contacted the three parents be noted. All three parents had similar circumstances pertaining to having a child who had survived cancer. Having been in contact with these parents over a period of time, I felt that I had a good rapport with them. I felt comfortable asking them to share information regarding their children and their children's re-entry into school after cancer treatment. I felt fortunate to having made that connection once again with the parents. The process of interviewing the parents was very simple and most interesting, as I alluded to earlier. The logistics of coordinating the efforts among the three parents was no mean feat. Two of the parents

lived in Oregon, a three-hour time difference from New Jersey. Coordinating a time for the parent who lived on the east coast with the two parents who lived on the west coast proved to be challenging. After numerous phone calls and e-mails, I coordinated the interview schedule, repaired the conflicts in scheduling, and finally carved out suitable, common times for all three parents. One thing that was notable and most interesting was how a very simple eight-question, and usually, 10-minute interview translated into a vast amount of detailed information from the parents' point of view.

I discussed the discourse from the parent interviews by noting that two of the primary, and possibly most important, questions were concerned with how the school prepared for the child's re-entry into school and whether there was a program in place that addressed school re-entry after childhood cancer. Similar to Saint Michael's, the schools on the west coast and the school on the east coast did not have a program in place for school re-entry of childhood cancer survivors. What resonated through the parents' stories in the interviews and in my own personal experience was that teachers and administrators in the schools were not prepared, nor did they even know how to prepare, for school re-entry of cancer survivors. This was a unique situation or phenomena that the schools had never been confronted with in the past.

The parents described the reactions or attitudes of the school staff. The parents, in overwhelming agreement, indicated that the school staff had no idea of how to handle the situation of a childhood cancer survivor's re-entry into the school setting. The parents responded with words, such as "clueless," "blank stares," and "had no idea," when describing the staff's reactions to how to interact with childhood cancer survivors. The parents described similar scenarios in which they, the parents, attempted to inform the

teachers of their concerns about cleanliness issues and about infection control as well as to provide general information regarding the cancer, the treatment, and the side effects.

Finally, the parents responded to the question regarding the recommendations they had for school personnel about suggestions for making the transition of the childhood cancer surviving children's re-entry into school a smooth one. The parents' suggestions included having hand sanitizers available for use by children and adults as well as explaining to the staff and students why risk of infection or illness is so critical for these children. Furthermore, the parents strongly suggested some training for the school staff. The suggested topics the parents advocated were for school personnel to gain a general, overall awareness of childhood cancer and the trauma the children have endured, the general risks and complications that childhood cancer patients endure and are subject to, and, ultimately, and, the parents could not have said it better, "get some kind of training or information about childhood cancer survivors' needs." The parents referred to their children's needs in layman's terms; they do not use the pedagogy of educators. A number of issues became clear from the interviews. The parents suggested that formal training for the staff was important, specifically, as it dealt with the risk of infection and complications that affected the children's academic progress, as well as the need for staff information concerning the children's social and physical health.

Two important facets of the child's re-entry program, according to the parents who were interviewed, were (1) psychological and (2) physical.

(1) The parents shared similar psychological phobias. All three of the parents mentioned that the cancer was always in their thoughts. Although their children's hair had grown back and the children "looked" as if they were ready to return to school, the

emotional scars of the child, the parent, and the entire family were ever present. The parents also indicated that it was “scary” to send their children back to school with so many other children and adults, risking possible infection. They indicated that the trauma from the endurance of years of cancer treatment would always be with them. They felt that it was important for the staff to understand all that they, their families, and, particularly, their children had just endured.

(2) The parents indicated that they believed that school personnel unknowingly associated the cancer of a child with the sometimes eight-week radiation or chemotherapy treatments that adult cancer patients endure. The parents felt that it was important that school staff understand the extent and sheer number and amount of cancer treatments a child endured before returning to school. In the case of one of parent, the family had to literally carry the child every place the child went. They had to transport the child as an absolute necessity since the child had stopped walking due to the cancer treatments, which had caused acute joint pain. Similarly, in addition to a plethora of other physical limitations described by the parents, one parent indicated that the child moaned for days on end from extreme joint pain. The child could move up a set of stairs only one step at a time with a waiting period between steps due to the extreme pain. The parents, during the interviews, indicated numerous times that they believed that the teachers needed an awareness of where the children had been and the results of the treatments they had endured shortly before entering or re-entering the classroom. The parents described a necessary amount of prior knowledge that the teachers needed regarding the delicate situations and the condition of the children just to begin to comprehend the enormity of the children’s endurance. They thought that teachers needed that background information

to ultimately help the children to navigate the academic and social arenas as they entered or re-entered the school setting.

### **Cycle 3**

Cycle 3 included the designing, planning, and presenting of a staff development seminar on childhood cancer in the classroom. Additionally, in Cycle 3 a post-survey was administered to measure the knowledge of childhood cancer in the classroom as well as the staff's willingness to make changes or adjustments to accommodate childhood cancer survivors. Fifteen staff members attended the staff development meeting at Saint Michael the Archangel School on April 4, 2011.

**Study design.** The design of the pre-survey and the post-survey were identical with the exception of one additional open-ended question added to the post-survey. The additional question posed the query regarding what would be done differently for a child entering the classroom during or after treatment for childhood cancer. The participants were asked to write their responses to the question by describing how they believed they would respond if they were to encounter this particular situation in their own classroom.

**Analysis / discussion.** I created and completed a seminar on preparing educational personnel to accommodate children who are entering or re-entering school during or after treatment for childhood cancer at Saint Michael the Archangel School in Clayton, New Jersey. Fifteen educators, including 13 teachers, one support staff member, and one administrator, attended the entire seminar. The only question on the post-survey (see Appendix E) that was different from the questions on the pre-survey was extremely telling of the educators' involvement in the seminar. The different question: What would

you do differently to accommodate a child who entered your classroom during/after treatment for childhood cancer? (see Appendix H)

The educators' answers were almost totally reflective of the purpose of this action research project. They mentioned, almost as a body, that they would certainly accommodate childhood cancer survivors by modifying the curriculum for those who were entering or re-entering school during or after cancer treatment. Some mentioned using extra care in providing a more germ-free environment after learning that the immune systems of childhood cancer survivors were impacted by the illness and by the treatment medications. Others voiced the need for more frequent and more involved sessions with parents of childhood cancer survivors.

Still others of the educators wanted to devote more one-on-one time with childhood cancer survivors to assist in maintaining their self-assurance and self-confidence in being able to complete assignments. The professionals indicated that they would reduce the amount of written work for the children by substituting oral work and/or by allowing extended time for the completion of assignments. The educators determined that by reducing the number of problems that a childhood cancer survivor would be assigned, they would still indicate progress in learning the concepts that had been presented.

Finally, these 15 devoted educators who chose to attend the seminar on preparing themselves to accommodate children who are entering or re-entering school during or after treatment for childhood cancer determined that they would also accommodate the children's social and physical needs, as well as their academic needs. One suggested that the children be able to leave the educational institution after the morning session to

accommodate their physical need for rest and recuperation to be ready for the following day's activities. These educators wanted to institute activities where the other children in the classroom learned to accept the cancer survivors' illness without prejudice or suspicion. Since all children need social acceptance by their peers, childhood cancer survivors would be aided in becoming part of the group. One educator mentioned that the child's emotional needs also would be met in the classroom by making certain that the child was comfortable with the other children and with the surroundings. Another declared that the children were to receive honors for work well done, even when the work had been modified because of their illness. The children needed the warmth that a loving and caring school setting could provide for them.

## Chapter 5

### Discussion

#### Introduction

The problem identified in this action research study, Assisting Student Cancer Survivors to Re-Enter the School Setting, described a drastic increase in the survival rates of children diagnosed with cancer. The increase led to an ever-increasing number of children who re-entered school during or after cancer treatment each year in the United States. Through this action research study I planned, developed, and implemented a staff development seminar that effectively improved the quality of education for childhood cancer patients in a school setting. Additionally, this project improved the quality of education for childhood cancer patients during and after treatment.

This study answered four action research questions. Inquired topics included educational and social issues of childhood cancer survivors as well as the professional development needs of school personnel. Additionally, this study indicated the ways in which my leadership impacted the study.

#### Research Questions Answered

1. What educational issues are students who are childhood cancer survivors likely to face when re-entering school?

In my literature review, Landier (2008) indicated that children who have undergone treatment for childhood cancer should be monitored closely for any developing academic challenges. Common educational related problems included handwriting, spelling, reading, concentration, shortened attention span and memory, completing tasks on time, and processing information. Interviews with parents during this

study indicated that no real academic disabilities have surfaced yet. However, the children are young and the side effects could still surface in later years. Late effects of cancer treatment are defined as any physical, psychological, or social consequence of the cancer or its treatment that may appear years after the therapy was completed (Bradwell, 2009).

2. What are the social issues these students may encounter when re-entering school?

Conversely, the prevalence of social issues of survivors of childhood cancer were much more noticeable and caused immediate problems or issues upon re-entry to school. Prevatt et al. (2000) indicate that children who are re-entering school during treatment for cancer were absent approximately 40 school days during the first stage of treatment. The days absent caused the student to feel disconnected from the class and missed important classroom events.

Additionally, teachers and school personnel had negative responses regarding cancer (Brown & Madan-Swain, 1993). They suggest that school personnel, due to their preconceived ideas about cancer, found it difficult to discipline the child. During this research study, I found that school personnel simply did not have a thorough understanding of how to accommodate a child returning to school from cancer.

3. How can school personnel assist students who are entering the school environment during or after treatment for childhood cancer?

One of the most positive findings I gleaned from this study was the willingness of all school personnel to participate in the research study. Moreover, the school staff of Saint Michael the Archangel School overwhelmingly wanted to learn more on the topic

and expressed great interest in discussing the academic and social issues related to the school setting for a child entering or re-entering school during or after cancer. Whether it was in informal conversations in which I engaged before or after the seminar, in my staff interviews, in the pre-survey and post-survey open-ended comments, or in dialogue with the parents in interviews, all were eager to learn about this topic and showed a genuine interest in learning how to assist the students.

As part of the staff development seminar, examples of specific accommodations and modifications were defined and discussed. Some of these included a 504 Plan, allowing extended time for some tasks and tests, modifying assignments, setting a limited amount of time for homework, modifying the school day, allowing the student to keep a water bottle on the desk, and modifying physical activity. As I reviewed many of the answers on the open-ended questions on the post-survey, clearly the operative words utilized by the school staff were “accommodations and modifications.”

4. What are the professional development needs for school personnel in the area of childhood cancer as it relates to the educational setting?

After distributing the pre-survey and conducting staff interviews, it was evident, based on the responses, that the staff was not only willing to receive information on the topic, but more importantly, indicated that they had very little experience with, or knowledge of, childhood cancer as it related to the school setting. They needed specific information of how to accommodate a cancer surviving child’s needs upon returning to school. The data from the pre-survey clearly suggested that the staff development needs, specifically related to childhood cancer in the classroom, were not being met.

Cycle 1 included observations at Saint Michael the Archangel School as well as interviews with key staff members. The 10 hours of observations at Saint Michael's were truly awe-inspiring for the researcher. At the close of the observations, I felt pleased that my children attended this amazing school with such caring, conscientious individuals. Almost as important as the events I observed at the school, I realized that Saint Michael's was an ideal backdrop for my study due to the respect everyone exhibited. The staff and students were quite respectful of each other during the observations. The setting was ideal for another reason. The principal spoke of educating the whole child spiritually, educationally, and emotionally. One of the highlights of Cycle 1 was visualizing the themes that emerged; that is, a general sense of caring that permeated the building. One incident that made me feel confident about the selection of this venue for my research project was my first interview with the principal. During the interview with her, she shared with me that her niece was a survivor of childhood cancer. Having the support of the building principal helped keep the progress of the study on schedule. The fact that the principal had a vested interest in the study tenets and believed in the research study from the beginning made the logistics of coordinating the various aspects of the study very promising. With the principal's help, the interview process proceeded according to the research plan. Throughout Cycle 1, the two possible drawbacks were the simple logistics of carrying out a study in an organization that was not my own and my possible bias as the main researcher. The principal had prior knowledge and experience with childhood cancer as her niece was diagnosed with leukemia as a child. Her prior, personal experience helped to direct this action research study toward a successful beginning. The

principal, even during the planning stage, believed this to be a most relevant and necessary study.

Cycle 2 included a pre-survey for school staff members and interviews with parents whose children had experienced the re-entry process into school settings after having been treated for cancer. The distribution of the pre-survey, as well as the recruitment and enrollment process, proved to be a very easy process. One of the greatest effects of this entire process was the very cooperative nature of the entire staff at Saint Michael's. Saint Michael's is a relatively small Catholic school made up of administrators, support staff, and teachers. I recruited participants and gathered pre-survey information from 100 percent of the relevant staff. The results confirmed the beliefs which I held even before I distributed the survey; the staff as a whole knew very little about childhood cancer, yet they were willing to learn. I discovered, after examining the data, that a large number of staff members had little or no experience with childhood cancer on a personal or on a professional basis. I was encouraged that the staff indicated overwhelmingly that a staff development workshop on the topic of childhood cancer in the classroom would be beneficial. The fact that the majority of the staff felt that it would be beneficial to present staff development on the subject was the main impetus that helped me to move forward to plan the staff development seminar.

Of the people from whom I gathered information for this study, both formally and informally, I was most uplifted by the conversations with the parents of children who had already re-entered the school setting after surviving childhood cancer. Those conversations with the parents helped to solidify in my mind that this was a riveting, heartwarming part of the study. Not only the school staff thought a staff development

workshop would be helpful as indicated by their responses on the pre-surveys and during the interviews, but the parents wholeheartedly supported the idea as well. After I began the interview process with a parent, which I thought would last 10 to 15 minutes, did I find that we were still engrossed in our conversation an hour later. Then I knew that this was indeed an amazingly worthwhile endeavor. During the interviews I conducted with the parents, one common thread emerged from the conversations: Staff development was an invaluable part to the re-entry process, and it would help to level the academic and social playing field for these children.

Cycle 3 included the presentation of a staff development seminar and a post-survey. I was not quite certain how I would be received as this, my third interaction with the staff at Saint Michael's, to continue my research study. I hoped that the staff had not reached the saturation point in this research study process. As the staff had voluntarily given of their time, they were motivated and eager to learn more. Knowing the demographics of the staff members who attended the seminar, I was eager to discuss the results of the post-survey, specifically the open-ended question of what they would do differently if they had a child enter the classroom during or after treatment for childhood cancer. I immediately verified the transformation and comfort level that the staff exemplified regarding the topic. They exhibited open and honest dialogue during the entire course of the seminar.

I was pleased to note that they responded during the seminar and that they answered all of the post-survey questions. As I perused each of the comments of the participants, specifically about what they would do differently, I realized that a program such as this must be expanded as a part of the next steps in this process. Ultimately, I

realized these educators were not yet experts on this topic, nor would I expect them to be, after one staff development seminar. I truly believed that this staff seminar was a great foundation for more exploration, information, and discourse on the topic of childhood cancer in the classroom.

### **Limitations to the Study**

As I reflect on my research study, I recognize the limitations that impacted the study. The site from which the participants were drawn was Saint Michael the Archangel School, a small Catholic school. The pertinent staff of 28 consisted of administrators, teachers, and support staff. All staff members participated in the study; however, 28 participants in a research study are considered to be a very small sample. In retrospect, if I were beginning this project again, I would definitely have given considerable thought to the inclusion of the students' perspectives regarding childhood cancer survivors who are re-entering school during or after cancer treatment. This study focused on the instructional staff and how the members could better accommodate children in their classrooms who are childhood cancer survivors. Including the students' perspectives in the study would have widened the scope of information that I gathered, and it would have included an informational piece for the students in the classroom. If there was bias to recognize in this study, the focus on the instructional staff was a bias of this researcher who was a mother seeking professional help for her child and for other children in the same situation. I will say, with the overwhelming positive responses that I received from the administrators and from the teaching staff, that the design and implementation of the piece of the study consisting of the professional development seminar actually were geared toward informing teachers, but it was also designed and implemented for the

benefit of the students. Having a small sample for the study does present some limitations, although it also presented opportunities to easily infuse, edit, develop, and present the staff development piece to a small, close knit staff who gained the knowledge and understanding I conveyed in the seminar regarding children who are survivors of cancer and who are entering or re-entering the school or classroom setting. As I mentioned in a previous chapter, there may have been bias on the part of the researcher as the researcher plays multiple roles as an educator, researcher, and mother. Clearly, there are some inherent biases built into this scenario on each level.

### **Ideas for Future Research**

Future research on this topic would include several areas. Adding a component to this study from the student perspective would have been an invaluable addition to the professional development component that this study presented. Introducing this topic to the students even on the smallest scale could be beneficial in increasing their awareness and understanding of childhood cancer and the re-entry process. Taking into consideration appropriate grade-level materials, including the students in this research study would probably have proved to be beneficial. Often, when children with this illness are re-entering school, one of the first individuals to meet and greet the students is the school guidance counselor or the school nurse. Although the staff received a general overview of this process and the accommodations and modifications that are necessary, the school counselor and the school nurse would benefit from a more comprehensive professional development seminar, since they are more likely to interface with the students on a very personal level. The development of a module, specifically for these practitioners, would have been ideal.

Finally, the level of knowledge of most of the parents of childhood cancer survivors whom I have met and interviewed is phenomenal. Future research would include expanding the scope of the parent interview piece to include a larger number of parents. The parents' experiences and recommendations were extremely valuable and could be utilized further to help develop educational materials for both the instructional staff and for the students. As a result of these thoughts, I have several additional questions, which I would address in future research. They are:

- (1) What are the academic and social needs of the students when a child is re-entering school during or after treatment for childhood cancer?
- (2) What would be the impact of additional training for school guidance counselors and for school nurses on improving the transition of back-to-school for students with cancer?
- (3) What would be the impact on the study of utilizing a larger number of parent interviews to help shape the professional development piece for staff?

### **Implications for Best Practices**

The school principal, as the leader of the school, is responsible for providing the necessary accommodations for survivors of childhood cancer who are entering or re-entering the school. The principal must determine what needs to be in place for the security, comfort, and progress of the child as he enters the educational setting. The principal is responsible for deciding what the school leaders will do to assure the safety and acceptance of the student who has recently undergone treatment for childhood cancer.

The staff must be trained each year in the methods for assuring that the child's physical, educational, emotional, and social needs are met. The parents of the child must be invited to assist in the provision of the necessary information to provide for the child's needs, along with the principal, the counselor, the nurse, and the classroom teacher. The parents know best how to care for the child. The parents know the medications, the side-effects of the medications, and the necessities that will assure the best treatment for the child in the school setting.

The student's progress in all four categories of need must be very closely monitored with written reviews provided on a monthly basis. A list of accommodations and modifications that will help the child to progress physically, educationally, emotionally, and socially must be provided and enforced. The other students are a necessary component of the child's acceptance within the classroom and within the school. It is the principal's leadership that will assure the child's progress by setting the tone of the school.

The child's well-being must be in the forefront of all considerations. When necessary, the school must change the rules that will accommodate the child, such as the rule of no hats inside or no headscarves. The child might need a shorter school day to prevent over-tiring or over-taxing the youngster. There are many ways of assisting the child to adjust to the school setting.

### **Reflections on the Impact of My Leadership on This Study**

When I began this research study more than two years ago, I saw myself as a parent of a child with cancer. I identified my leadership style as that of servant. As this project began to unfold, my role as a leader and as a catalyst for change emerged.

Through the data I collected during the staff interviews, the parent interviews, and the staff pre-survey, I began to see my role as a servant leader solidify.

Autry (2001) suggests that listening refers to a deep commitment to listening to others. I found as the leader of this project that it was not only important to listen to what the school personnel and parents said, but it was just as important, in fact, it was crucial, to listen to what was unspoken. For example, although the school staff expressed great compassion, nurturing, and a caring attitude, it was the lack of discussion or comments regarding childhood cancer that was evident. It became clear that the staff did not have a substantial knowledge base on this particular topic, because one simply did not exist. In true servant leader form, it was vital to listen to what was not said.

I am an educator in an urban school district, as I have been for the past 22 years. During those years, I have established, and lived by, a set of core values. My core values include professionalism, integrity, empathy, trust, and the maintenance of the vision and mission of my organization. As a literacy coach, these core values have aided me by setting a professional standard for my career and by ensuring that my actions are always in-line with my values. I have learned in my experiences as an educator that it is difficult for a leader to accomplish anything meaningful alone. I believe that it is my duty as a leader to tap into the core values within each person and to spark an excitement, a motivation, and an intellect, which will help us, as a team, to accomplish the goals of the organization.

Michael Fullan (2001), in his discussion of the concept of moral purpose, proposes that in order to create a culture of trust, change, and success, a leader should be motivated with every decision and every action by his/her moral purpose. My guides, as a

leader in education, are directed by my own internal moral compass. As I make decisions each day regarding students, curriculum, professional development, classroom materials, and the continued implementation of the numerous literacy initiatives, as well as decisions in my own personal life, my own internal compass is at work. I look past the obstacles, hard work, possible short cuts, politics, and staffing issues and target the heart of my work, the children. My internal moral compass usually points me in the right direction and assures that I continually refine and develop each literacy initiative so that the students enjoy the best possible academic and social experience. I find that my internal moral compass tends to point me in the direction of that which is right and that which is just for the children. The quest for finding what is right and just has led me to the topic of my action research project.

### **Leadership Style**

Servant leaders do not place an emphasis on the leader but focus on collaboration, trust, and empathy (Greenleaf, 1998). Servant leaders are not interested in increasing their power. They make it clear through their actions of serving others and placing an increasing emphasis on teamwork that they are focused on the growth of the organization and its goals. The premise of leadership-service is in direct opposition to the traditional hierarchical model of leadership. Servant leadership provides a hope or promise of an effective educational leadership model (Crippen, 2010).

I find that the aspects associated with servant leadership best define and characterize who I am as a leader. I feel that my role as a servant leader has developed and solidified during the past year. My style of leadership has always been servant in

nature; however, my servant leadership style has become much more focused and prevalent as I continued my research project.

When I think of myself as a servant leader, I do not visualize serving the needs of the adults as much as I visualize serving the needs of the children. As the literacy coach, I am in direct contact with the instructional staff. I try to meet the needs of the instructional staff in the area of literacy by providing coaching, professional development, literacy materials, and support. My use of the servant leadership style, however, comes from my desire to serve the needs of the students. My goal is to promote the servant leadership style since it allows me to work with the adults to ultimately provide the leadership that will directly benefit the children.

I am growing into the leader that I would like to become. My action research project at Saint Michael's School exemplified one of the few times in my life when I have worked with a different institution. My research project was the catalyst for change at Saint Michael's School. As I worked with an organization and created sustainable change, I was becoming the type of leader I wanted to be. I was involved in the type of leadership project with which I wanted to be associated. Borrowing some of the key points and success stories from Rudolph Giuliani's book, *Leadership* (2002), I tried to take the time to investigate problem situations firsthand whenever possible to be able to assess the situation accurately. I also tried to surround myself with competent people who could get the job done under the best or worst situations (Giuliani, 2002). As a result of my field observations at Saint Michael the Archangel School, I have learned to truly listen during interviews and observations and objectively tried to find ways to better serve the institution where I was conducting my research. Ultimately, my servant

leadership style was developing, and my goal was to be able to make the changes that would better serve the children within the organization.

Kurt Lewin (1968) describes democratic leadership as being built on a triad of emotional intelligence abilities: a sense of teamwork and collaboration, conflict management and resolution, and influence. He also suggests that the best communicators are superb listeners (Lewin, 1968). In addition to my qualities as a servant leader, I also exemplified many of the characteristics of a democratic leader. The democratic leadership style includes having staff members involved in the decision-making process; however, the leader maintains the final decision-making authority. Leaders who follow the democratic leadership style do not pretend to know it all. They identify experts within their staff rosters and utilize the knowledge base of their employees. Democratic leadership allowed for more of a team effort, and, in my opinion, allowed for better and more informed decision making.

Additionally, I have found that staff input was an integral part of my leadership style. I often listened to the thoughts, concerns, and ideas from all team members. I took their information into account when I, as the leader, arrived at a final decision. Since the team contributed greatly to the decision-making process, experience has shown me there was less resistance when changes or adjustments were necessary.

As a leader, I often listened intently to staff members while they were discussing an aspect of the literacy program in my workplace or when they were simply complaining. I found that I could gather a lot of much-needed information by listening intently to the people whom I served. By listening, I determined vital needs in the area of professional development, saturation, and frustration points as well as alternative points

of view and innovative ideas. I have found, through listening, that I developed much anecdotal information. The information helped me to better serve the staff, and it helped me to map out the needs of the organization. I then had added information, which I needed as a leader to assist the staff and the organization.

To espouse one leadership theory over another was difficult, but I was more easily categorized in the servant leadership style. I noted, in my day-to-day activities, a plethora of the servant leadership style qualities, which I have previously mentioned, such as, collaboration, trust, and empathy. As an outsider working with a completely different organization, I found that I must utilize a democratic leadership style as I worked with, and made suggestions to, the principal and to other school personnel. Utilizing a democratic style of leadership, I was eager to listen and to take their information into account as I proceeded with this action research project that took place within this organization.

One isolated leadership style, or even a combination of two leadership styles, could not be determined to have completely influenced my way of thinking or my actions. I have also been influenced by the combined works and real life experiences of Michael Fullan (1998, 2001), Robert Evans (1996), and Rudolph Giuliani (2002) which have caused me to truly contemplate the qualities an effective and great leader should possess. Through Giuliani (2002) I came away with useful, real-life strategies, which I used as a leader in some of the most difficult of times.

As the mayor of New York City during the 9/11 attacks, Rudolph Giuliani was able to see firsthand how his style of leadership had prepared him to be able to lead under the most difficult of circumstances. From his book, I have not forgotten Giuliani's

mantras of preparing relentlessly, holding people accountable, under-promise and over-deliver, and surrounding oneself as a leader with competent people in their areas of expertise while seeing things firsthand as the leader. These concepts stayed with me as a leader, forever present in the forefront of my mind.

### **Change Philosophy**

I had an opportunity to utilize a change philosophy in a previous course entitled Changing Organizations. Prior to enrolling in that class, I really did not understand the concept of a change framework. During that course, I was able to use Heifetz's Seven-Step Change Theory in my current school as the Literacy Coach (Heifetz, 1998). It was extremely helpful to me, especially since I am a sequential learner. Using that process, I had a framework, which afforded me a step-by-step structure and the organization to assist me as I planned for the change and as I implemented the change. The most crucial step in the Heifetz process was making connections. Selecting a setting for the project that was outside of my own organization, I found making connections at Saint Michael's School was imperative to the success of the project. The connections came naturally, as I was a member of the community, and I have children who attended the school. However, in attempting to conduct action research and to implement a project in an organization other than my own, I found that the Heifetz step of making connections was vital to allowing me to conduct my research and ultimately to make a change. Additionally, I found the sixth step in the Heifetz model, consolidating the learning, most crucial and a good match for me. I needed some structure in place to internalize and examine the results of my preliminary observations and interviews and to determine the next steps in the research process. Having utilized, and having a firm understanding of, a change

framework, I felt comfortable utilizing it again as a catalyst for change at Saint Michael the Archangel School.

The area I targeted for my change project was the development and implementation of a professional development program for school staff members who have contact, or will have contact, with children who are re-entering school during or after treatment for childhood cancer. I planned to carry out the research and ultimately implement the change at the Saint Michael the Archangel School in Clayton, New Jersey, using the Heifetz Change Cycle Model as the foundation and structural component needed to implement the change (Heifetz, 1998).

The ultimate goal was to assist children who are re-entering school during or after treatment for childhood cancer. Children who are diagnosed and treated for childhood cancer often re-enter the school setting with specific and special needs. These needs were addressed in the form of accommodations and modifications on the part of the school personnel. By providing teachers and school staff with the information that was vital and specific to pediatric cancer patients as it relates to the educational setting, the educators were, in turn, able to provide the students with the best possible academic care.

The first step in the implementation of my plan was initiating the action through the school's principal. The first time I met formally with the principal, as it related to this project, was during the summer of 2009. At that time, I not only reintroduced myself as a parent but as a doctoral candidate attending Rowan University. It was my first real opportunity to present the plan of my project and to begin the discussion with her of my goals, strategies, and implementation design. It

was also an opportunity to examine and to solicit her level of interest, as well as to initially begin the connection process for the following steps in the change process.

Making and establishing a connection for my project was nearly seamless. I met with the principal several times during the summer to discuss my research project. In addition, I attended numerous school functions as a parent. My daughter has an outgoing personality, and the principal has taken a personal liking and interest in her since she enrolled in the school, which made the connection even easier.

Several of my colleagues spoke of the obstacles they needed to overcome to gain access, to get acceptance, and to make positive connections in their proposed organizations; however, these areas of resistance were virtually non-existent for me (Bogdan & Biklen, 2007). Because of the sensitive nature of my research topic, especially in a school setting, it almost automatically lent itself to acceptance, particularly to people who wanted to lend a hand and connected with the project.

I realized through my initial research that I needed to edit my survey instrument to ensure that the survey questions related directly to the topic at hand during my next cycle of research. If I was truly going to get a sense of the instructors' and all school staff's knowledge base of the topic of childhood cancer and professional development concerning childhood cancer patients, I needed to be quite specific. The only way that I accomplished that goal was to ask the staff more specific questions about professional development and childhood cancer in the classroom setting.

Heifetz's sixth stage, consolidating the learning, allowed me the opportunity to reflect upon the areas that needed revisiting prior to moving forward (Heifetz, 1998). For example, I previously knew when I began the interview process that I was not

initially getting the specific responses to several of the professional development questions. Upon further reflection and having had the opportunity to consolidate the information I gleaned from the preliminaries, I noted that I definitely needed to focus more heavily in the areas of professional development and the staff's knowledge of childhood cancer. Surprisingly, but not directly aligned to this research project, as a teaching veteran of 22 years, I found it amazing and intriguing to see firsthand how a successful school works. For example, Saint Michael the Archangel School has an overall aspect of caring and respect, coupled with the deep-rooted spiritual connections, that were truly an invaluable reflective piece worthy of noting.

Finally having spent numerous hours in this facility while talking, observing, and surveying the staff, I felt comfortable moving to the next cycle. I reworked my survey instrument (Patten, 2001). I realized that I wanted to expand the scope of the project to include the entire school staff. I was interested in examining some of the older artifacts locked away in the institution to get a better feel for the history and culture of the school.

My connection to this project was personal in nature. My daughter needed accommodations and modifications due to her treatment for cancer (leukemia) and the unknown long-term side-effects of the cancer treatment. Not unlike students in special education classes who require certain accommodations and modifications or children in wheelchairs who require ramps, many children re-entering school after treatment for childhood cancer require similar attention. The professional development curriculum that emphasized special accommodations and modifications for children re-entering school after cancer treatment was the equivalent to the wheelchair or the ramp that bridges

hospital, home, and school. The ramp that assisted my child and many children like her is the professional development curriculum and its implementation. The ultimate outcome was a leveled playing field in a school, such as Saint Michael the Archangel, with excellent and caring instructors, a dedicated administration, a home-school connection with involved parents, and a professional development curriculum that bridged the cognitive, physical, and social gaps that many childhood cancer survivors experienced when re-entering school.

I noted the importance of reflecting upon how I was growing as a leader as I continued to conduct the research for this action research project. I myself have grown from the initial knowledge of my daughter's diagnosis of the onset of cancer (leukemia). The vast parenting and coping skills, which I had to gather as my daughter lay ill in the hospital, helped me to grow immeasurably. Now, as a parent watching my child re-enter school and with my enrollment in the dissertation program, I saw that I had utilized, and will continue to utilize, a number of different leadership styles through the process of this project that will help me to grow as a leader (Fullan, 2001). Prior to Dr. Monahan's class where I learned to design, develop, implement, and analyze a survey instrument that would be a catalyst for implementing change, would I ever have imagined such a procedure. Negotiating with other teachers, working with the administration, and the leg work and expertise needed to conduct a quality study forced me to use various leadership skills. I have truly grown, not only as a leader, but as an organizer, a salesperson of the project, an advocate for children with pediatric cancer, a mother, and ultimately as a person in the educational leadership program.

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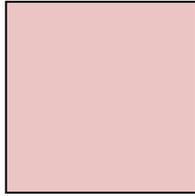
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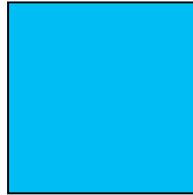
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**Appendix A**  
**Coded Field Notes**

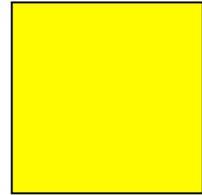
Field Notes  
September 28, 2009  
Saint Michael the Archangel School  
Clayton, NJ  
Rebecca Rothschild



**Religion**



**Childhood Cancer  
Awareness**



**Caring/Respect**

8:15 am  
As I pull into the parking lot of the Saint Michael the Archangel School I see there no students visible. The school day began at approximately 8:00, and there are no students lingering in the parking lot or anywhere around the school. The school is set back approximately fifty feet from the road. In front of the school there are two parking lots. The one to the left is for the Saint Michael the Archangel staff, and the one to the right is for visitors. The parking lot is newly paved, and there is a sign on a post at the road with the school's name.

Facing the school on the street to the right is a playground. To the right of the playground is the Saint

Catherine of Siena rectory and to the right of the rectory is the Saint Catherine of Siena Catholic Church. Both the church and the rectory play a major role in the daily routine of the school.

The playground and blacktop area (in which one needs to walk through in order to get to the main office) is enclosed by a large, black iron fence. The fence is approximately six feet tall. The gate must be unlatched by an adult for student safety. I unlatch the gate, which is approximately at my eye level and enter the blacktop playground area.

The door of the school is a double, glass door with a buzzer on the right hand side. I ring the buzzer, and the secretary immediately unlocks the door. As I walk into the foyer of the office, the secretary sits in office and is visible through a large, open window. There is a sliding glass door on the window, but it is open wide. She smiles and greets me warmly. She quickly comes out of the office and meets me in the foyer. She mentions that the principal is in a meeting but she has the list of the classrooms that I can observe. She tells me that all of the teachers are expecting me and asks me if I would like to see the kindergarten class first since it is closest to the office.

I agree and she opens the door of the kindergarten classroom for me and ushers me in.

8:30am

The teacher greets me with a smile and indicates that she knew that I was visiting today. I quickly move to the other side of the classroom and find a seat. The room is large and open. At the right of the door as soon as one enters, there is a small table with a statue of Mary in a white robe and a blue robe over the white one. She has a brown tie belt around her waist. The statue is approximately two feet high. Also on the table are three Bibles. The table is covered with a plastic teal colored tablecloth.

The 18 students in the classroom sit at one of four small, child size tables. There are two square tables in the back of the room, one rectangular table in the front right side, and one circle table in the front left side. There are five students sitting at each of the square tables in the back of the room, five students sitting at the square table in the front of the room, and three students sitting at the round table in the front.

The teacher's desk is located in the far back right corner of the room. There are two computers behind the back left

square children's table, and a round table in the far left back of the room where the aide is located. There is a chalkboard in the front of the classroom, and a television hangs over the entrance door. The room is carpeted, except for a tiled space of approximately three feet by thirty feet under the chalkboard.

As I viewed the lesson, the students were working with the capital R. All of the 18 students were in uniform. Six of the girls were wearing navy blue skorts with a white collared shirt. The shirt had the name of the school embroidered on the right chest. Four little girls wore a plaid jumper with a peter pan collared shirt underneath. Each of the eight little boys was wearing navy blue pants, white collared shirts, and black shoes.

Each student had a dry erase board and a marker. They were practicing writing the capital and lowercase r on the dry erase board. The teacher and aide were moving around the classroom going from student to student giving one on one attention. As the teacher moved from child to child she said over and over "good dear! good! Looks good! looking great! Good Gianni! You girls are doing a fantastic job!"

The teacher is not wearing a school uniform. She is wearing flat black sandals. There are two large straps. She is wearing a bright Kelly green short sleeve shirt and

black Capri's. As I look at the teacher, who is standing by the chalkboard, I notice there is an alphabet over the chalkboard. Above the alphabet in the middle of the chalkboard there is a crucifix. It is gold with a bronze Jesus.

The teacher moves to the front of the chalkboard and models how to write a capital R and a lowercase r. She says to them, "now students try. I'll come around and see how you do". She then moves throughout the classroom giving words of encouragement and direction. As she approaches one little boy, she notices his Rs are not quite right. She says, "look honey, down up try again...good! All right kiddos, we're doing great!"

The aide is moving around the room helping students and praising them. She wears a pale blue polo short sleeved shirt, solid brown pants, and red slip on shoes. One of the students seems to be disengaged for a moment. The aide walks over to him, leans down, puts her right hand softly on his back and says, "You're practicing right?"

The room is neatly decorated, large, open, and clean. By the entrance door, past the Mary statue table there are the months of the year on the wall at about eye level. Each child's birthday is written under the corresponding month. A sign hangs in the front of the room just to the right of

the chalkboard. It is labeled Centers. It lists the centers as board games, fine motor puzzles, kitchen, blocks.

The teacher tells the students that when they open the centers they will have a writing center with the dry erase boards and markers. She says in a sweet voice, "this is

one of the places you may choose to go at center time!"

The teacher directs the students one table at a time to return the dry erase boards to the back of the room. She says, "Come on kiddos" to encourage them to move along. The students are in an informal line returning the dry erase boards. They are smiling at me and waving. Two little girls are smiling at each other. There is low chatter in the classroom as the students converse. One little boy with very blond hair comes up to the aide to return his dry erase board. He holds it then flips it over to the other side as a trick before handing it into the aide. She says, "That's pretty talented! Very good!" as she takes the dry erase board and puts it away.

10:30

The principal comes into the classroom and comes right over to me. No one (teachers or students) even acknowledges that she has entered the room. They seem to be engaged in the lesson and don't notice her. She immediately greets me

and apologizes for not meeting me at the office when I came in the morning. She explains that she was in a meeting when I arrived. The principal has short, dark brown hair and wears glasses. She is wearing a blue navy pantsuit. As she speaks to me and waits for my response, I notice she tilts her right ear toward me. She wears a hearing aid. She turns and leaves the classroom.

Each student has a navy blue school supply zippered pouch in front of them at their table. Each of their names is neatly written on their pouches with black marker. There are four rectangular shaped windows at the back of the room. Each window has a blue shade. In the back corner of the room, behind the round table where the aide sits is a picture taped

11:00

The kindergarten class as they are beginning to get ready for their snacks. The students go table by table to the back coat closet and retrieve their snacks. There is low happy chatter as they get their snacks. One little boy comes up to the aide and says that his mommy did not pack him a snack. She kindly asked him if he liked animal crackers. He replied yes by shaking his head. She told him to get a paper towel and she would get him some nice animal crackers for his snack. No one touched their food

as they brought it back to the tables. Once they all had a snack in front of them, they stood up, crossed themselves, and said a prayer. They sat down happily to eat their snacks.

As I look around the kindergarten classroom I notice more details about the surroundings. Under the alphabet above the chalkboard is some student work. Each paper is entitled Marvelous Me and attached to the bottom of each page is a photo of the student.

11:30am

Meanwhile, the kindergarten students are still practicing their Rs. The teacher says the word beginning with r and the students repeat. The teacher says rrrrr read, and then the students say rrrr read. The teacher says rrrrr ribbon, and then the students say rrrrrrr ribbon. The teacher says rrrr rug, and the students say rrrrr rug, and so on. Next they are given a puzzle in which they must find capital and lowercase rs. The teacher reminds them in a kind, sweet voice, "find all of the Rs.. they are hiding!" Next, the teacher asks each student one at a time to say a word that ends in r and then each child gets up and puts his book away. She encourages them with phrases like, "good try honey! it's alright if you don't know, okay kiddos, you've got it now!". The teacher must redirect one little boy.

She says, "I gave you a direction, what did I say to do dear?" She moves closer to the little boy and reminds him nicely.

One little boy puts his book away and instead of going directly back to his seat, he walks over to the aide. He says, "Ms. Mascuili, does spider have an R? She repeats "yes spider ends in an rrrrr, do you hear it? " She then talks to him a little about the letter R and the sound r makes. She walks with the little boy back to his table.

The teacher is still having each student say a word that ends in R. She helps one student who is stuck by saying, "look up at the alphabet if you need help." Under the letter R was a picture of a rainbow. Another little boy was interrupting. The teacher said, "m.. put your finger on your lips. Be a good friend. M is trying to think of an R word." " Just a minute honey and okay kiddos"

12:00pm

The kindergarten students move from their tables to the rug. They sit in three rows in front of the teacher. The teacher looks back at the table and asks who left their pencil pouch on the green table. When a little boy raises his hand, she says, "Can you put that away for me?"

Next the teacher brings out flashcards with color words on them. The first word is red. Several students point out

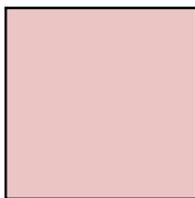
that red begins with r. The teacher says, "Very good! Oh there's a word with an R in it!" She asks one student to come up and touch the R in the word red. She says, "You guys are so good!" She calls on different students to read the flashcards of color words. She reminds one little girl who is stuck to look above her at the chart that lists the color words for a clue. She asks the students to stand up and tells them that they are going to shake their wiggles out!

Field Notes

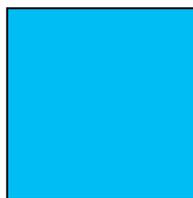
September 28, 2009

Rebecca Rothschild

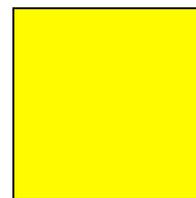
Saint Michael the Archangel Regional School, Clayton, NJ



**Religion**



**Childhood Cancer  
Awareness**



**Caring/Respect**

The students, after they moved to the rug, Mrs. DeBecchis said, "now we're going to get the wiggles out, let's get our wiggles out". She put on a song on an actual record player, she put on the Hokey Pokey. The teacher said

that she was checking to see if they remembered which was their left and which was their right. She reminded the students that the hand we blacked ourselves with is their right hand, show me your right hand and each child put their right hand out. As they did the hokey pokey, Mrs. DeVecchis, the teacher, went around to the students and they were really enjoying themselves. One little boy kept falling on purpose and wasn't really participating in the hokey pokey like the other students were and the teacher went over to him and nicely said, "sweety", and she physically helped him put his right hand in and his right hand out and she put his left hand in and left hand out with him, but smiling and laughing and making it fun and getting him involved. The teacher went over to another boy who wasn't also involved in the hokey pokey and she got him physically active. She helped him by clapping his hands with him and smiling the entire time. When hokey pokey was over the teacher said, "pretend you're a rabbit and remember, rabbit starts with the letter r. Hop back to your tables" and each of the students hopped happily back to their tables. There was a lot of happy chatter in the classroom as they went back to their tables.

The teacher gave each student an R paper and told them to write their name on it and she would say things again

like, "good job, Autumn", this little girl's name. Mrs. Masciulli went around helping the students. She said to one of the students, "you do have an r in your last name, good Gianna". The IA Mrs. Masciulli went over to help other students. She said, "remember, how do we make a r? How do we make a capital R?" The teacher went around to the students and would say things such as, "finish your paper please", "all right kiddos", "my turn now" and even when the teacher corrected students, she did it in a very non-threatening, kind way. For instance, she said to one student, "Did Mrs. DeBecchis ask you to trace anything yet? Wait until I give you directions dear". The teacher went to the board again to model writing the capital R and lower case r. She traced it incorrectly and asked the students what was wrong. The students the entire time had their eyes on the teacher while she was at the board. As I look around the classroom, I also see a pink milk crate full of wooden blocks, mostly wooden, blue, yellow and red. It looks like it is going to be an activity for a center and the pink milk crate is located, when you walk into the classroom, first is the table that has Mary the Blessed Mother, next is this crate full of wooden blocks. There is also a poster above the milk crate and the poster is entitled "How to Pray the Rosary". A little further down on this same wall

is a poster of classroom rules. Five rules were posted and under the five rules was written by the teacher, "I promise to follow the rules in our classroom". Each student signed his or her name with different color magic markers and they didn't sign all in a row, they signed anywhere under the promise that they wanted to sign. As I looked back to the classroom, the teacher is kneeling down next to one child. She's saying, "remember what we said about tracing. I can tell you didn't lift your pencil." One student sneezed and the IA said to the student nicely, "God bless you sweetie".

As I continue to look around the wall, the back wall where there are four windows, under those windows to the right of the computers are four leap pad stations. Each of the four leap pad stations are against the wall in a row and each pad is on a carpet square. The leap pad itself is square plastic, all white with a green round button on the left, a green round button on the right and a blue strip in the middle. There is one headphone on top of each leap pad square. The headphones are blue on the part that would go across your head to green earphones and a black cord. Each leap pad carpet square is a different color. The first is maroon, the second is beige, next is green and then to the far right is a light green. So this is a place where the students will go during center time as well. I also hear

the teacher, while looking at the leap pad station, say to the class, "that's okay, you're fine. Don't worry about it. If you can't do it, we'll keep practicing." The teacher tells the students to put their patches away into the basket in the middle of the table and the students get ready for their snack.

### 6th Grade Class

As I entered the sixth grade class, I see that there are desks lined up in the shape of a horseshoe. I will first describe the classroom itself. There are 13 students in the class, six boys and seven girls. As I walk in the room through the door to the left there is a chalkboard and under the chalkboard again are the tiled squares that are in front of the chalkboard. To the far back of the room on the left is the teacher's desk that is sitting cattycorner. Straight ahead in the back of the room, straight back from the door is a large dry erase board. To the right are two large windows and in the back of the room there are three computers against the wall. The carpet again is the same carpet that was in the kindergarten classroom, which is a blue Berber carpet with maroon flax in the carpet. Again above the chalkboard, just like in the kindergarten classroom there is a crucifix and, as I walk into the door

again to the right there is the table with the statute of the Virgin Mary. As I walk into the room I notice there is conversation between the teacher and a few of the students as they enter the room and the teacher has already said to one of the students, "good job". Mr. \_\_\_\_\_ said, "raise your hand please, don't call out". I noticed that there is a girl drinking from a water bottle that is on her desk and I realize as I look around the room that they have had their snack, the kindergarteners had a snack in their classroom, so the sixth graders have also had a snack, which was soft pretzels. I see an orange tray on the table by the door that still has the salt from the pretzels on it and several students have water bottles left on their desk, which is acceptable. The racial makeup of this class is that there is one boy who is African American and all the rest of the students in the classroom are White. The students in this class seem a little uninvolved or a little distracted. There are two more girls over to my left that I see also have water bottles on their desk. As the teacher goes over the homework from the previous day on the whiteboard in front of the room, she uses different color markers. This is a math class, and she's using green and red and blue. One of the boys in the class raises his hand and says, "I don't get that" and he is explaining to the

teacher that he got a different answer for his homework problem. The teacher comes over to him, looks at his work, goes back to the whiteboard and patiently goes through the problem again and explains to both the student and to the whole class, and he shakes his head yes, because he now understands.

A couple minutes later, the teacher is going through the homework still and she says to the class, "we only have a couple minutes left guys". The class is completely quiet, there are no interruptions. She asks the students for a math answer and the student says, "I don't know. Three?" The student is obviously unsure of the answer. The teacher says, "well, let's set it up and work it out together". She proceeds to work out the problem again on the whiteboard for the whole class.

I notice as I look around the room that there are a lot of motivational signs on the wall that are appropriate for a sixth grade classroom. The teacher is a lay teacher and not a nun who is wearing black pants. She is holding a black dry erase marker in her right hand and in her left hand she's holding a red dry erase marker. She's wearing a striped shirt with beige, black and white stripes in vertical lines and this shirt has elbow length sleeves. All of the boys in the class are wearing short sleeve white

polo shirts with the logo St. Michael the Archangel embroidered on the left chest. All the boys are wearing navy blue pants with a black belt. Some of the motivational sayings that are on the wall of the classroom, one example is "Be responsible, actions have consequences". Another motivational saying on the wall is "Never settle for less than your best" and yet another says, "I can do all things through Christ who strengthens me", "What happens tomorrow depends upon today" and finally, "Attitude is a little thing that makes a big difference". The sixth grade classroom is in an addition. I walked through a glass enclosed breezeway that connected from the main building to this annex. These classrooms have white tile drop down ceilings and also there is a Sharp TV flat screen on the wall. In the kindergarten class there was a TV hanging over the door of the classroom, but was not a flat screen. This is a Sharp flat screen TV on the back wall of the classroom. The teacher tells the students that for homework they are doing pages 19 and 20, even numbers only. She says to one of the students, "you may ring the bell". A large hand bell that has a wooden handle and a brass bell, which is approximately 8" high sits by the table, by the door. In this school, they do not ring bells to change classes.

There is no interruption the entire time from the office,

no one is calling back and forth, there are no interruptions in the hallway. So the student goes out into the hall and rings this large hand bell so that the other students in grade five, six, seven and eight will know that it is time to change classes. The other students that are in K, 1, 2, 3 and 4 cannot hear this bell, even a hand bell being rung because they are in a different wing of the school, which is separated by this breezeway. Each of the girls in this classroom are wearing plaid skirt uniform. The girls in the kindergarten class had a navy blue skort, which is a skirt with shorts underneath; but in the older classrooms, the girls no longer wear a skort. The girls in this class all had on a plaid skirt, blue knee-hi socks, black uniform shoes and a white polo shirt.

As I sit and watch the classes change, a new class enters the room. This is a seventh grade math class. The classes seem to change seamlessly. The hand bell is rung, the students from the sixth grade class get off happily with small conversation, walk out of the room and a new class comes in seamlessly. It took approximately 1 1/2 minutes to completely change classes from the time the bell rang and the sixth grade class leaving for the seventh grade class to come in and sit down in their seats. This seventh grade class contains 14 students, four boys and ten

girls. Again, the racial make-up of this class is one girl who is African American and all the rest of the students are White. As they enter the room and sit down, one of the students ask the teacher, "Do we have a quiz today?" She responds, "did you check Homework Now", which is their online homework, fast work, school connection website. The class is very quiet. You can hear across the hall another class is doing the hokey pokey and everyone in this wing is grades five through eight, so one of the students in the front of the room, a young lady, said "she never sings to us". The teacher across the hall is teaching another seventh grade class and it is a religion class and for some reason they're doing the hokey pokey. The student does the skill check with the students as they are doing division and multiplication. She does the skill check on the board and she says, "get started guys, on page 28 today, and its on the board". Someone sneezes and approximately six students all say, "God bless you", nicely and politely. All the students were working quietly on the skills check. The teacher is walking around checking the student's work and the teacher asks one of the students, "do you have the date?" The teacher says to the student, "where is the date supposed to be?" and she points over here. So the student had the date for his homework in the wrong place and as she

walks to the next student, the teacher says to him, "at least you do have the date on the page, David." One of the students asked the teacher, "are we doing a lot today?" and the teacher says, "we'll see". Another student asks quietly if the teacher has a bandaide and she says yes and hands the young lady a bandaide. One of the students asks if she can use the bathroom and the teacher says, "yes, quickly". The teachers says, "we should be able to get through this whole lesson today, its mostly review. If anyone's having difficulty while we're going over the review, please speak up because this is a direct reflection as to what our quiz is going to be tomorrow."

As I look around the room, again this is the same classroom I was in for the sixth grade class, so its the same classroom environment. The students are smiling and talking quietly back and forth with each other. As the teacher is going over last night's homework she says that one of the answers is 17 and she says, "did anyone not get 17?" One of the students said, "I got 18" and he looked a little perplexed. The teacher walks over and explains the problem and goes over the problem with the child at his desk. One of the things I noticed throughout the school at this point, I've been in a kindergarten class, I visited a sixth grade class and now I'm in a seventh grade class, is

that the students are not afraid to speak to the teachers, to converse back and forth and to admit when they got something wrong and ask for help or ask for an explanation. There is a mutual respect and not that feeling that you don't want to admit that you got something wrong as a child. The child who went to the bathroom, I noticed there is a sign-in, sign-out notebook right by the door of the classroom and she signed-out as she left the room and signed-in as she came back. One of the students, as they continue to go over the class work again, said to the teacher, she raised her hand and asked, "why is it 1,700?" She's questioning the teacher as to why she got it wrong and the teacher comes over and explains it to her. Again, another child who was not afraid or nervous or has enough confidence to ask the teacher questions and find out and explore why she had a math problem wrong. This same child worked the problem out and the teacher said, "very good". When she knew she got it right, she kind of cheered and said, "yes". Two of the other students had the problem wrong but only because they had the decimal in the wrong place but again, they weren't afraid to figure that out with the teacher and get the correct answer.

A little bit more about the teacher, she has brownish blonde straight hair and she's got her hair tucked behind

her ears and it is just about jaw length. She has a ring on each of her ring fingers, one ring on her left ring finger and one ring on her right ring finger. The teacher also says to the class that she sees a lot of errors in the student's homework in one particular area and she starts to do a sample problem on the white board. Each student sits in a green plastic chair with silver legs. Each desk is a wooden top desk with a space to the right to hold their books and supplies. The back of the room where I sit throughout the sixth grade math class and the seventh grade math class, there has been one student chair on top of one of the desks. I notice that no one knocks the chair over, no one touches it as the sixth grade and seventh grade classes move and get up and go to their next class, no one touches the chair on top of the desk to the back of the classroom. The teacher asks the students to put their homework in the center of each group of desks and she puts some transitions into the lesson for today. The class I noticed is very quiet and there really are no interruptions. The teacher models examples on the board of what she's teaching with the dry erase markers that are in different colors and she often refers to what they learned last year and what they learned the year before with her so it is evident that this teacher loops with her students. I

find out later that the fifth, sixth, seventh and eighth grade teachers do loop with their students. So they might have the same math teacher or the same social studies teacher for those years. So the teachers already know their strengths, weaknesses and personality.

I enter another classroom. This is the first male teacher I've seen at St. Michael the Archangel and it is an eighth grade social studies class. As I enter the room, I noticed the students were playing a game. It is a bingo game, which they are reviewing for an upcoming quiz. The quiz is today, after the bingo game. The room is situated with desks in rows. There are five rows of desk, there are 20 students in the classroom, ten girls and ten boys. The racial makeup of the classroom is there is one African American girl, one African American boy and all of the rest of the students are White. As I walked into the room, again there is a small table with the statue of Mary and a Bible on the table. Further down on the wall is a small flat screen TV and further down the wall on the right, against the wall are four computers. As I walked into the room to the left, on the left wall is a chalkboard and the tile in front of the chalkboard and, again, a crucifix above the chalkboard. Over on the far wall as I walk in, there is a dry erase board and the teacher's desk is cattycorner in

the far corner as she walked in. There is a big double file cabinet in between the dry erase board and the teacher's desk and I noticed there is a collection of rubber ducks. There must be at least 75 rubber ducks piled on top of this double file cabinet. As I look around the room and notice more rubber ducks, they all wind up on top of the computers, on top of the computer screen. The teacher is a male teacher approximately 50-years-old. He is wearing a white dress shirt, gray vest, a tie which is black with white flecks. He wears black sweat slacks, black sweat shoes and he has a short buzz-like haircut. He comes over to me and mentions that he has looped with this particular class since fifth grade and this is an eighth grade class. Once the students are finished the bingo game, he begins to administer the quiz. I noticed that during the quiz, the teacher goes around the room offering help and offering answers to questions. He doesn't walk around the room like a policeman or like he's trying to make sure they are not cheating. He seems to be really concerned about their welfare and that they're able to recall all the things they need to know for this quiz. Students often during the quiz raise their hands and ask for his assistance and ask him specific questions. He goes to each child and usually kneels down either next to the child or in front of the

desk to answer the question. I see this same Home-School Connection folder is on the desk of every student in the class. Each child at the St. Michael Archangel school received a Home-School Connection folder and that is their way of communicating with the parents every day for students in grades pre-k all the way to eighth. The folder is very thick, heavy plastic on the front of the folder is the student's name and, when the folder is opened, on the left hand side are all of the things, it is labeled "return to school" so anything the parents want to send back to the school or anything that the teacher wants to send home that must be returned goes in that left side. The Home-School Connection folder on the right hand side is labeled "stay at home" and those are things that the teachers send home to the parents that they do not have to return to school. Again, I noticed that each child in the kindergarten class, each child in the sixth grade class, each child in the seventh grade class and now each child in the eighth grade class, all have the Home-School Communication folder visible on their desk.

This class again is an eighth grade class and the racial makeup of the class is there are two African American girls, one African American boy and all of the rest of the students are White. Again, as I saw in the

other sixth and seventh grade class, I can see the remnants of the soft pretzel snack as there is an orange tray on the table to the side of the room, which still has salt on it from their snack. The teacher stands at a podium in the front of the room during part of the class and he has a red pen in his left hand and then he walks over to his desk and is busy gathering papers during the quiz. I notice as I look around this eighth grade classroom that this floor is very clean. Students have backpacks on the floor next to their desk and on the four computers to the left of where I am sitting along the wall, there are mouse pads and each mouse pad says St. Michael the Archangel Warriors. The teacher is still going around to each of the students during the quiz, helping them out. I notice as I look around the room more rubber duckies. There are rubber duckies lined up on top of the TV, on top of the white board and one of the students, during the quiz, sneezes and only the teacher says "God bless you". I also see that several students during the quiz are going freely into their book bags and backpacks, etc. during the quiz. They are very quiet. Once they finish taking the quiz, before they even turn it in, a few students went into their backpack and got different papers out and there is no feeling of cheating or they're not allowed to move or do

anything during the quiz. Its a very comfortable atmosphere in the classroom. Again, as you walk into this room to the right, there is a small table with a statue of Mary, which is about 15 - 16" tall and then there's a smaller Mary statue next to it and a Bible on the table as well. To the right of the chalkboard there is an American flag and at the top of the flag pole, there is another rubber ducky. During the quiz I see two girls sitting in the first row and the girl in the front is lending note cards to the girl behind her. The girl in the back responds to the girl in the front and says, "six please" and the girl in the front got six note cards out of her backpack and hands it to the girl behind her in the first row, during the quiz. Again, during the quiz and during the class there is a very comfortable atmosphere with the teacher and the students seem very comfortable and at ease with teacher. They ask questions during the quiz. They are very respectful in the way they speak to each other and there is a lot of eye contact between the teacher and the students. The teacher, during the quiz, walks up to one child, a young man, and encourages him to put some more examples on the quiz and not just stop and give up before it's finished. When the student does hand in the quiz, the teacher looks at it and remarks and he says, "I knew you could do it Richard, I

knew it", happy that the student had taken the extra effort and finished the quiz. When the quiz was over and collected there was chatter between the classmates. They're mostly talking about the quiz and specific questions on the quiz. I notice in the eighth grade classroom there is no cursing, there is no name calling or teasing among the students, even when they had down time. I heard one of the students say after the quiz, "its easy the way he teaches it."

Again, the hand bell rings outside of the classroom door and there is a transition again, which is smooth. All of the students in this eighth grade class, except for one child pushes his or her chair in before they leave the room. As a seventh grade class enters and sits down in their seats, I then time this transition and notice that it took 54 seconds from the time the hand bell rang to the time that this new seventh grade class entered and was seated in their seats. As soon as they sit down, one of the students eagerly raises his hand and asks the teacher, "did you grade our tests yet and can we play the guessing game?" Another one of the students asked, "did we all do good?" The teacher corrects the child nicely and says, "did we all do well, you mean." There are 18 students in this seventh grade Social Studies class. There are 12 girls and 6 boys, all white. There is one girl in the front of the room who

is not wearing a uniform and I wonder if it is her birthday, because I think the students in the school can have no uniform on their birthday or if she is new to the school. I am not sure. The teacher does a review with the class and the students are obviously eager to know what their score was on the quiz from the previous day. The teacher says to them, "what did we review for the test? Before I give you the test back with a grade, let's talk about some things that we talked about before the quiz. What were some of our review questions?" I noticed that the girls in the class, there are 12 girls in this seventh grade class and, out of all 12 girls, only three of them wear earrings. All the rest have no earrings on at all and, of the three that are wearing earrings, they are very, very small post earrings. All the boys in the class, all six boys, have very short haircuts. There is no physical makeup on any of the girls and two girls in the classroom have very subtle highlights in their hair.

Next, I walked out into the hallway of this sixth through eighth grade wing and I see the same blue Berber carpet with the maroon flecks in the carpet. There are blue lockers lining one side of the hallway and they look very new. There is a poster that has two hands holding hands and the title reads, "Friendship has no color". I walked

through the breezeway, which connects this sixth through eighth grade wing to the main building. The breezeway again is carpeted with the blue Berber carpet with the maroon flecks. There are white walls and there is a wooden white railing on each side of the breezeway. The breezeway is on a slight incline, slight ramp. I do know because my daughter attends this school that there is one child in the school who is in a wheelchair. The hallway itself and the breezeway is immaculately clean. There is not one piece of trash, paper, graffiti, it is extremely clean and well kept, both the hallways, the breezeway and the individual classrooms that I visited on this day.

Next I entered the lunchroom of the St. Michael the Archangel school. The lunchroom is actually the gym and the lunchroom altogether. There is a double door to the outside to go to the parking lot and inside this large gym/cafeteria, there are seven long rows of tables that have the benches attached to them. Seven rows of table that are in one half of this large gym. In the back area of the gym is still a gym area. Also, along one wall there are six classrooms, six classroom entrances there. Actually inside the gym is where they enter their classrooms. There is a table with benches lined up in the back of the cafeteria and that is where I sit. The cafeteria at this time is

feeding lunch to students in grades kindergarten, first and second grade. The students are spread out across the seven long tables. Each row has approximately three tables lined end to end, to give an idea of how many rows and how long the tables are. There are ten adults in the cafeteria. Two of those adults are cafeteria workers and seven of the adults are staff members of St. Michael the Archangel school. The students are eating lunch that they brought from home and some students are eating lunch that they bought at the school. Today's lunch choices to be pizza or meatball sandwiches. None of the students are running in the cafeteria. It's not overly loud. No one is on a microphone or none of the ten adults are disciplining the children. They are simply eating and talking to their friends at their own table. The principal does come into the cafeteria and she has a small microphone and she nicely and quietly says, "excuse me, there's a black Nissan parked in the bus lane, if that is your car, you will please move it" and she walked out. I noticed that the children had pizza on their tray, a whole apple, green beans and a drink. Over in the side where they are serving the lunches, there is a very, very large bowl filled with apples. There must be approximately 50 apples in this very large bowl, which students can choose from. I also see a man who works

at the church and he also works at the school and bingo. I see him in the cafeteria delivering boxes and I also noticed that he was in front of the school when I got here this morning, in and out of the cafeteria, delivering things and moving things. The adults are walking around and speaking to the kids and smiling. I noticed that one of the aids is going around helping the kids open milk cartons and it is a very well run, very organized lunch time. The kids are happy because they are smiling, they are talking to each other and eating food that looks good and healthy.

I leave the cafeteria and I follow the students outside for recess. The big blacktop area and the playground that had the iron fence surrounding it is where the students go out for recess and I see two girls playing with a basketball. There are three girls on the blacktop playing with a kick ball. There are five boys on the blacktop playing with a bouncy ball and there are lots and lots of students out on the playground equipment. The playground equipment is brand new. St. Michael the Archangel school has recently, this is the first year, has merged with another Catholic school in Glassboro, named St. Bridgets. So with the merge of the school, a lot of improvements were made and they needed a lot more space, so the blacktop area is brand new, the playground equipment is

brand new and the iron fence around that whole area is new for this year as are both of the brand new parking lots and the extra classrooms that I spoke of where I walked through the breezeway, those new classrooms were added to support the new students that came from the school's merging. I noticed that there is, at this point, one adult out at the recess time and she is over by the playground equipment.

## Appendix B

### Saint Michael's Staff Interview Protocol

1. Tell me a little bit about yourself. What is your job title at the school? How long have you worked here? Tell me about your past professional experience.
2. How do you see the connection between the school and home at Saint Michael the Archangel? Do you feel there is a strong connection between the parents and the school? If so, how is this connection exemplified or carried out in the daily/weekly routine of the school?
3. The principal's message on the school website states, "Welcome to St. Michael the Archangel Regional School We are a newly formed community of faith, educating children in Pre-K through 8<sup>th</sup> grade. Our qualified and dedicated staff members carry a wealth of experience and gifts to their students. They strive to inspire and nurture our students cognitively, spiritually, physically, and socially through a variety of instructional methods." How do you see this message exemplified at the school level, classroom level, and on a personal level?
4. Tell me a little about professional development opportunities at Saint Michael the Archangel.
5. What types of professional development workshops suit you best? What makes a professional development workshop most meaningful and useful in your opinion?
6. Have you ever had any professional or personal experience with children with cancer? What was the extent of your involvement? Tell me about that experience.
7. Students who are re-entering school during treatment for childhood cancer or just ending treatment may have special social or educational issues related to the illness. What do you feel may be some of the social or educational issues that may need to be addressed?

## Appendix C

### Childhood Cancer in the Classroom Staff Pre-Survey

#### Rowan University Dissertation Project

My name is Rebecca Rothschild. I am a doctoral student at Rowan University in Glassboro, New Jersey. As part of my dissertation in the Educational Leadership Doctoral Program, I am conducting this survey of the school staff of Saint Michael the Archangel School in Clayton, New Jersey. The purpose of this survey is to determine the need for staff development for school personnel in the area of childhood cancer as it relates to the school setting. The important information and insight that is gathered will be utilized to design, plan, and implement staff development opportunities for school staff who work with students who are entering/re-entering school during or after treatment for childhood cancer.

I would like to ask you to participate in this survey. Participation in this survey is voluntary. All responses will be kept completely anonymous and confidential and will not present any risk to you. The survey will only take a few minutes to complete.

Thank you in advance for your time and cooperation. If you have any questions concerning your participation in this survey, please contact:

Rebecca Rothschild (Rowan University Student)

Telephone: (856) 275-4396

E-mail: [r2rothschild@yahoo.com](mailto:r2rothschild@yahoo.com)

#### Steps for completing and returning the survey:

1. For survey items 1-12, please circle your response to each statement.
2. For survey item 13, please include any comments you may have regarding childhood cancer as it relates to the school / classroom setting on the lines provided.
3. Place the completed survey in the envelope provided and kindly return to Mrs. Donovan in the Saint Michael's School office by the end of the school day on Friday, February 18, 2011.

Thank you for participating in my project.

Respectfully,

Rebecca Rothschild



8. How important do you feel it is to address the **educational** issues (i.e. learning disabilities, physical accommodations) which children with cancer may face when re-entering school during or after treatment?

Very Important   Moderately Important   Somewhat Important   Not Important

9. How beneficial would a staff development workshop be for school personnel regarding children with cancer in a school or classroom setting?

Very Beneficial   Moderately Beneficial   Somewhat Beneficial   Not Beneficial

10. How interested would you be in learning more about childhood cancer as it relates to the school or classroom setting?

Very Interested   Moderately Interested   Somewhat Interested   Not Interested

11. How willing would you be to make accommodations/modifications based on the needs of children who are re-entering school during or after treatment for childhood cancer?

Very Willing   Moderately Willing   Somewhat Willing   Not Willing

12. How interested would you be in participating in a school committee to gain additional knowledge regarding childhood cancer in the classroom?

Very Interested   Moderately Interested   Somewhat Interested   Not Interested

13. Please include any comments you may have regarding childhood cancer as it relates to the school/classroom setting.

14. Staff Comments: Please include any comments you may have regarding childhood cancer as it relates to the school / classroom setting.

## Appendix D

### Parent Interview Protocol

1. How did the school personnel prepare (what steps were taken) in preparation for your child's entry or re-entry to school?
2. How would you describe the reactions / attitudes of the school staff and students?
3. Did the school have a program in place that addressed childhood cancer or returning to school after cancer? If so, tell me a little about it.
4. Overall, how would you describe your child's transition back to school?
5. Looking back, what recommendations (if any) would you have for the school personnel in order to make the transition back to school better.
6. What academic challenges, if any, needed to be addressed upon your child's re-entry to school?
7. What physical or social challenges, if any, needed to be addressed upon your child's re-entry to school?
8. What classroom / school accommodations or modifications were necessary during this transition period?



7. How important do you feel it is to address the **social issues** (i.e. hair loss, bonding with classmates due to high absenteeism, classmates' fear of catching the illness), that children with cancer may face when re-entering school during or after treatment?

Very Important    Moderately Important    Somewhat Important    Not Important

8. How important do you feel it is to address the **educational** issues (i.e. learning disabilities, physical accommodations) which children with cancer may face when re-entering school during or after treatment?

Very Important    Moderately Important    Somewhat Important    Not Important

9. How beneficial would a staff development workshop be for school personnel regarding children with cancer in a school or classroom setting?

Very Beneficial    Moderately Beneficial    Somewhat Beneficial    Not Beneficial

10. How interested would you be in learning more about childhood cancer as it relates to the school or classroom setting?

Very Interested    Moderately Interested    Somewhat Interested    Not Interested

11. How willing would you be to make accommodations/modifications based on the needs of children who are re-entering school during or after treatment for childhood cancer?

Very Willing    Moderately Willing    Somewhat Willing    Not Willing

12. What would you do differently to accommodate a child who entered your classroom during/after treatment for childhood cancer?

13. How interested would you be in participating in a school committee to gain additional knowledge regarding childhood cancer in the classroom?

Very Willing    Moderately Willing    Somewhat Willing    Not Willing

14. Please include any comments you may have regarding childhood cancer as it relates to the school/classroom setting.

## Appendix F

### Staff Development PowerPoint



# Childhood Cancer in the Classroom

Rowan University Dissertation Project

Staff Development Seminar

Rebecca Rothschild

April 4, 2011

## Presentation Overview

- I. Introduction
- II. Problem Statement / Purpose of Study
- III. Pre-Survey Results
- IV. Survival Rates
- V. Side Effects
- VI. School Re-entry
- VII. Accommodations/Modifications
- VIII. Closing
- IX. Resources

## Introduction



Children who are diagnosed and treated for childhood cancer often re-enter the school setting with specific academic and social needs. These needs can be addressed in the form of accommodations and modifications with the assistance and cooperation of school personnel.

## Problem Statement / Purpose of Study

### **Problem:**

1. There has been a drastic increase in the survival rates of children diagnosed with cancer.
2. As a result this has led to an ever increasing number of children who re-enter school during or after treatment.

### **Purpose of the Study:**

The purpose of this action research study is to provide staff development training to school personnel, to better assist children who are re-entering school during or after treatment for childhood cancer.

## St. Michael's Pre-Survey Results



- **100%** felt that addressing the **social issues** was very important
- **100%** felt that addressing the **educational issues** was very important
- **86%** indicated that a **staff development workshop** would be beneficial
- **97%** indicated that they would be **interested in learning more** about childhood cancer as it relates to the school or classroom setting

## Literature Review: Survival Rates



- Survival Rates/Drastic Increase [Gaston,2009]
  - 3% - 1964
  - 53% - 1974
  - 90% - 2001



- Tremendous progress has been made in the treatment of childhood cancer

## Literature Review: School Re-entry



- Healthy children are typically only absent from school – **3 days**
- Children with chronic illnesses are absent from school an average of – **16 days**
- Children re-entering school during treatment for cancer are absent from school – **40 days**
  - ✦ Clearly these students may require special accommodations and modifications

[Prevatt et. al, 2000]

## School Re-Entry Issues

- Frequent absences
- Fatigue
- Side effects to medication
- Prone to infection (low white blood cell counts)
- Hair loss
- Social issues
- Educational issues

## Improved Cure Rates/Treatments



- But treatments have risks



## Long-Term Side Effects

- Learning difficulties may affect as many as 50% of survivors (Armstrong, Blumberg, & Toledano, 1999)
- Some may not appear until years after treatment has ended



## Examples of Long-Term Side Effects

- Attention span
- Processing speed (timed tasks)
- Handwriting
- Memory issues
- Concentration
- Visual-spatial skills
- Fine motor speed/coordination issues
- Executive functions
- Difficulties with math
- Difficulties with reading comprehension

(Landier, 2008)

## Examples of Accommodations/Modifications

- 504 Plan
- Allow extended time for some tasks and tests
- Modify assignments (i.e., do “even” problems only)
- Set a limited amount of time for homework
- Allow student to dictate or keyboard assignments
- Modify school day
- Allow student to keep water bottle on the desk
- Modify physical activity (i.e., sit on cushion instead of cross-legged)

## Closing



- A child completing treatment may seem very much like his/her peers in terms of abilities or development. As time goes by, some abilities may develop more slowly. A gap may occur which may widen over time.
- My hope is that the information presented today will be the ramp that begins to connect the hospital, home and school. Additionally, the seminar will help to bridge the academic and social gap that many childhood cancer survivors experience when re-entering school.



## Resources for Teachers:



- **Learning and Living with Cancer (avail. in Spanish and English)**
  - Available from the Leukemia-Lymphoma Society Information Resource Center: 1-800-955-4572 and <http://www.lls.org/#/resourcecenter/freeeducationmaterials/childhoodbloodcancer/learninglivingwithcancer>
- **Educating the Child with Cancer: A guide for parents and teachers. Edited by Nancy Keene**
  - Available through [www.candlelighters.org](http://www.candlelighters.org) or 1-800-366-2223
- **Hats with Hair:** [www.hatswithhair.com](http://www.hatswithhair.com)
- **The Trish Green “Back to School” Welcome Back program**
  - Available from the Leukemia-Lymphoma Society Information Resource Center: 1-800-955-4572

## Appendix G

### Open Ended Responses to Pre-Survey

#### Question # 13: Pre-Survey Results Participant Comments

Some years ago, I have a (child)-student with Leukemia in the classroom. It was very sad to see that child struggling with that disease. With God's grace. This child is cured today.

I believe it would be most beneficial to a faculty and staff to have professional development workshops on childhood cancer. It would help us answer questions from other students in the class and make us more aware of our role in making a child feel comfortable and make the atmosphere in the classroom for the child with cancer, most conducive to learning

My experience with childhood cancer in the classroom is non-existent. However, I would surely like to be educated on the topic in case the situation arises. Thank You

I have taught children in remission before, a lot of times parents are unwilling to share and I feel it would be easier to make modifications if the parents are upfront, this way we know they may have problems due to medications they are taking.

As an educator I truly feel that being educated in illnesses etc. of what my students are facing is important. All children deserve the chance to receive the best education that can be provided.

I have never had a student with cancer. However, I believe my own experiences with leukemia and a bone marrow transplant make me more sensitive to this issue. I realize the importance of this issue and I'm aware of the effects of cancer treatments.

Having worked closely with 2 families whose children were cancer survivors, I have found honest education and communication with ALL was the best for the children. Also we tried our best not to treat the ill child any differently-not to be singled out etc.

I do not have very much experiences working with children with cancer. I did have a child in my class a few years ago and depended on the parents for any information they could give me to make my student feel as comfortable as she could with the academic curriculum and the socialization. (I soon found out that she was lacking in neither). If I did not know about this child's health concerns-I would never have imagined she had cancer. She was a loving girl full of excitement and always had a smile on her face. She was very bright and enjoyed learning. She was one of my shining stars. She got along with everyone and never complained about her illness. We all should learn from her.

I saw the results first hand with a niece. Friends were lost because of the ignorance of parents. Parent education should be a component as well.

I feel that all faculty, staff, and administrators should work closely with the parents of a child with or recovering from cancer to make sure all academic, social, emotional and medical needs are achieved.

I feel it should be discussed with the parent - how much information they want revealed about their child.

I have taught children that had cancer and returned to school and understand how difficult that can be for the child. I also have a friend whose child had leukemia and the boy was so appreciative at how well the school handled his illnesses (such as hat day to make him feel included.)

It is unfortunate that there is so little information regarding childhood cancer in a school setting. Even through college I can't remember a class where it was addressed. I believe a class, workshop, seminar, etc would be very helpful.

The experience of having a child with cancer in the class can be a very positive experience for the healthy classmates if dealt with properly. It can also be of great support for the child with cancer. However, the family and school must monitor the situation. As the child grows, there may come a time when the school setting is no longer beneficial.

I feel the more awareness teachers have on the issue the better we can accommodate the student. Especially in the learning and social circuits.

If professional development hours were to be offered to address this topic, I would recommend the session be split grades K-2; grades 3-5, grades 6-8. Most children, thank God, have never encountered a child with cancer and reaction would vary due to age and maturity levels.

As a parent I had a 3yr. old son who was diagnosed w/Leukemia in 1991. I learned a great deal about children with cancer at that time. He was eligible for pre-school because of his illness. He did not receive radiation, Just chemotherapy. His learning was effected in other ways but not w/his academic capabilities. Many children who receive radiation have learning disabilities. It is a traumatic experience for the entire family. All the support the family can get is beneficial. One thing that needs to be done and society

informed about is the loss of hair and how children & adults react to this. Education is the key. If you have any other questions contact me. Just to let you know, my son is now a healthy 22yr. old!

Any child undergoing treatment or returning after treatment would certainly need social & academic modifications to attain success in the classroom. As I work with children who require academic modifications, I see how hard it is for teachers to implement these in the classroom. What needs to be done? How much? How little? How to meet these needs without calling undue attention to the child, or detracting from the rest of the class. All of these would be concerns that would need to be addressed.

Children are resilient for the most part. When a child is absent, even for long periods of time, I have found that classmates are positive and caring to include and help the student in any way they can.

It would be beneficial to all faculty, I believe, to have a workshop on this topic, with a questions section, and also the possibility of knowing students in school who have cancer. \*Also to educate classes in school. I as the counselor would like to be able to do more.

Who will be made aware of this child's condition and how will the concerns be addressed. (i.e. students, staff, support staff, special area, etc.)

In my limited experience - there is very little discussion about how to balance between maintaining confidentiality and educating peers/staff; that would be very helpful to not only the nurse but all the staff.

## Appendix H

### Open Ended Responses to Post-Survey

#### **Question #12. What would you do differently to accommodate a child who entered your classroom during/after treatment for childhood cancer?**

Help them feel that we are their extended family and we love them and want them with us.

Continue to make accommodations and modifications for a child with cancer. Working in a partnership with parents is very important for the child's success.

For Circle Time I would make sure she/he was comfortable. Limit work coloring & cutting pages. I would make the child as comfortable as possible and confident. Build self confidence

I would talk to the parents and the child to enhance the child to have a very positive experience in school and in every way possible. I had the pleasure of being with Maggie in Kindergarten. We became very attached and I treasure every moment I had with Maggie. Maggie is in second grade now and we still hug and I tell her how great she is every chance I get. I continue to pray for Maggie's good health each and every day. Jo-Anne Drolet

I would certainly offer a child with cancer additional one on one learning time. I would make sure the child had all the information they would need in order to succeed. Lastly, close contact and updates with the parents would also be beneficial.

I would make accommodations to help the child feel more comfortable in my classroom. I would lessen the work load and permit extra time for completion of work. I would also try to make the environment as germ free as possible.

Peer Partner Extended time for assignments Education of class - what to expect - changes in mental, physical, emotional Accommodation (technology use vs. pen and paper - oral testing vs. written)

Constant communication between parents, teachers, administrators & school nurse so side effects are well known. Reduced workload may be important. I would see if county

and state agencies offer any help and assistance in helping get the child through treatment. Education for staff, teacher, and administration should be mandatory.

I would contact the parents and arrange to sit down w/them, the student, principal, etc. to address any social/educational issue. Especially on how to accommodate the student or deal with "situations".

Having witnessed this personally with my niece, I know how difficult it can be for children who strive to achieve honors. I believe teaching teachers to be tolerant is critical, as they sometimes forget.

I would make sure to accommodate the child's needs both academically and socially. After my experience with a student who had cancer, I would be willing to do whatever I needed to do as a teacher to make this child comfortable in my class. As for what I would do differently is to see if I could provide a curriculum where the child could leave earlier (lunchtime), after completing the "required" elements for his/her grade level.

I would provide the students with my own Grammar Handbook to facilitate their progress through our classes. I also might consider providing alternative reading assignments. These might be selections which would be easier to read and/or might involve themes/subjects the students could more easily relate to than their peers.

I would be in touch with parents and do anything possible to make the child comfortable and loved in the classroom environment

I would read up on the subject, make the accommodations indicated. - make the child comfortable. -communicate directly with the parent as to the child's needs - and to other colleagues as well. To coordinate the same accommodations as Counselor. I would also meet with the child to discuss and work on emotional/academic needs if necessary.

I would make any accommodations that are needed to help the student feel successful in my class. ex: extra time, less problems