



**Commission for Accessibility  
Meeting Minutes  
January 12, 2026  
Via Webinar**

**Webinar online access:** *pending*

**5:05 PM CALL TO ORDER**

In Attendance: Maureen Culhane, Debbie Prieger, Debra Francseshini, Divya Dorairrajan, Tony Phillips, Don Ciota.

**N.B. There was one motion made during this session.**

**APPROVAL OF MINUTES: December 8, 2025**

**MOTION:** To approve minutes from December 8, 2025.  
Motion made by Debbie, second by Divya.

Approved Unanimously.

## **PUBLIC COMMENT**

NONE.

## **The Individuals with Disabilities Education Act (IDEA) and Individual Education Plan (IEP): A summary of family rights under IDEA and IEP.**

### **Presentation on ADHD-Related Behavioral issues and the Schools January 12, 2026**

#### **Presented by Don Ciota, Chairman**

The topic for discussion in this meeting is derived from a meeting with a mother of a 12-year-old boy who had been sent home from his public school (not in Ridgefield) due to persistent behavioral issues. The child has been diagnosed years ago with ADHD, is taking medication under the care of a physician, and has an Individual Education Plan (IEP). He lives with his mom, a single working mother, who expressed being overwhelmed in dealing with this circumstance. After listening to her explain this dilemma, I told her I would do research and share the results with her. What follow is the information I found and provided to her.

Over the years the Commission has discussed the many disability-related laws in the sense of an overview how they were designed and what they are meant to accomplish. This inquiry encouraged me to delve into the specific workings of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act, 1975. In the course of our discussion I will reveal what was found and how I believe the results fit into the role of the Commission.

### **Background on the Rehabilitation Act of 1973 and the IDEA Act 1975.**

**The Rehabilitation Act of 1973** was the first federal civil rights law in the U.S. protecting individuals with disabilities from discrimination,

while the **Individuals with Disabilities Education Act (IDEA)**, originally passed in 1975 as the Education for All Handicapped Children Act, guaranteed a public education to all children with disabilities.

### **The Rehabilitation Act of 1973**

The Rehabilitation Act of 1973 was a product of the disability rights movement and earlier vocational rehabilitation laws. Before its passage, individuals with disabilities faced significant barriers. President Richard Nixon signed the Act into law on September 26, 1973. The Act prohibits discrimination based on disability in federal programs, federally funded programs, federal employment, and by federal contractors. Section 504 is a key part, prohibiting discrimination by recipients of federal funds.

### **The Individuals with Disabilities Education Act (IDEA)**

Passed in 1975 as the Education for All Handicapped Children Act (EAHCA), IDEA addressed the exclusion and inadequate education many children with disabilities faced in public schools. Influenced by advocacy and court cases, the EAHCA guaranteed children with disabilities a **Free Appropriate Public Education (FAPE)** in the **Least Restrictive Environment (LRE)**. Renamed IDEA in 1990, the law has been amended to include early intervention and transition planning and to align with general education.

These laws were foundational for disability rights in the U.S. and influenced the Americans with Disabilities Act of 1990.

### **Attention-Deficit/Hyperactivity Disorder (ADHD)**

is a common **neurodevelopmental disorder** that affects brain development and function, characterized by an ongoing pattern of inattention, hyperactivity, and/or impulsivity that interferes with daily functioning or development. Symptoms typically begin in childhood (before age 12) and often continue into adolescence and adulthood.

### **Key Characteristics**

- **Neurodevelopmental:** ADHD is a brain-based condition, not a result of laziness or a lack of discipline. Differences in brain structure and lower

levels of neurotransmitters like dopamine and norepinephrine are associated with the disorder.

- **Lifelong Challenges:** While some symptoms may change with age (hyperactivity often lessens), the condition generally persists throughout life, though effective treatments can help manage symptoms.
- **Impairment:** For a diagnosis, symptoms must be more severe than typical for a person's age and cause significant problems in at least two settings (e.g., home, school, work, or social situations).
- **Variable Presentation:** Symptoms present differently in different people and can vary by gender and age. Boys are more commonly diagnosed with hyperactive-impulsive types, while girls are more likely to have inattentive symptoms, such as daydreaming or disorganization.

### Types of ADHD

ADHD is categorized into three main presentations based on the predominant symptoms:

- **Predominantly Inattentive Presentation:** The individual primarily struggles with attention, focus, and organization. They may overlook details, have trouble staying on task, seem not to listen when spoken to, and frequently lose items. (This used to be known as ADD).
- **Predominantly Hyperactive-Impulsive Presentation:** The individual primarily exhibits excessive movement and impulsive actions. Symptoms include fidgeting, difficulty staying seated, running or climbing inappropriately (or feeling restless in adults), talking excessively, and interrupting others.
- **Combined Presentation:** The most common type, where an individual displays a mix of both inattentive and hyperactive-impulsive symptoms that meet the diagnostic criteria for both categories.

### Diagnosis and Treatment

Diagnosis is a multi-step process involving a medical history, physical exams to rule out other conditions, and standardized symptom checklists. There is no single test for ADHD.

Common treatments include a combination of:

- **Medication:** Often stimulant medications, which help balance brain chemicals to improve focus.
- **Psychotherapy:** Behavior therapy or cognitive behavioral therapy can teach coping mechanisms and organizational skills.
- **Education and Support:** Training for parents, school-based support (such as an Individualized Education Program or IEP), and workplace accommodations can be very helpful.

This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes

## **Guidelines for ADHD Behavioral Issues**

For children with ADHD and behavioral issues, guidance focuses on **Parent Training in Behavior Management (PTBM)**, using consistent routines, positive reinforcement (praise/rewards), clear/brief commands, calm discipline (timeouts/removing privileges), healthy lifestyles (sleep/nutrition/exercise), and collaborating with schools (behavior plans, accommodations like IEPs/504s) to manage symptoms and build skills, often alongside therapy and sometimes medication for older kids, emphasizing a team approach for best results.

### **Key Strategies for Parents**

- **Structure & Routine:** Establish consistent daily routines for chores, homework, and bedtime using checklists or planners.
- **Positive Reinforcement:** Praise good behavior frequently (5x more than criticism) and use reward systems (like token economies) for desired actions.
- **Clear Communication:** Give short, simple, direct commands, making eye contact to get attention. Limit choices to 2-3 options to prevent overwhelm.

- **Calm Discipline:** Avoid yelling/spanking. Use timeouts, removing privileges, or ignoring minor misbehavior. Discuss issues calmly when both are settled.
- **Healthy Habits:** Ensure good nutrition, adequate sleep, and daily physical activity to help manage symptoms.

### **Working with Schools & Professionals**

- **Collaboration:** Communicate regularly with teachers and school staff.
- **Accommodations:** Advocate for accommodations via 504 Plans or IEPs (extra time, modified assignments, movement breaks).
- **Behavior Plans:** Request a Functional Behavior Assessment (FBA) and Behavior Intervention Plan (BIP) for persistent issues.
- **Behavior Therapy:** Seek Parent Training in Behavior Management (PTBM) from therapists to learn skills; for older kids, social skills training and CBT can also help.
- **Medication:** For significant struggles (older children), medication can be a helpful tool in combination with therapy, but the decision involves the family's values and a healthcare team.

### **Core Principles**

- **Focus on Strengths:** Find and encourage activities where the child can succeed to build self-esteem.
- **Team Approach:** Involve healthcare providers, therapists, and the school for comprehensive care.
- **Evidence-Based:** Prioritize approaches with strong evidence, like PTBM, especially for younger children.

### **Attention-Deficit/Hyperactivity Disorder (ADHD)**

is a common **neurodevelopmental disorder** that affects brain development and function, characterized by an ongoing pattern of inattention, hyperactivity, and/or impulsivity that interferes with daily

functioning or development. Symptoms typically begin in childhood (before age 12) and often continue into adolescence and adulthood.

### **Key Characteristics**

- **Neurodevelopmental:** ADHD is a brain-based condition, not a result of laziness or a lack of discipline. Differences in brain structure and lower levels of neurotransmitters like dopamine and norepinephrine are associated with the disorder.
- **Lifelong Challenges:** While some symptoms may change with age (hyperactivity often lessens), the condition generally persists throughout life, though effective treatments can help manage symptoms.
- **Impairment:** For a diagnosis, symptoms must be more severe than typical for a person's age and cause significant problems in at least two settings (e.g., home, school, work, or social situations).
- **Variable Presentation:** Symptoms present differently in different people and can vary by gender and age. Boys are more commonly diagnosed with hyperactive-impulsive types, while girls are more likely to have inattentive symptoms, such as daydreaming or disorganization.

### **Types of ADHD**

ADHD is categorized into three main presentations based on the predominant symptoms:

- **Predominantly Inattentive Presentation:** The individual primarily struggles with attention, focus, and organization. They may overlook details, have trouble staying on task, seem not to listen when spoken to, and frequently lose items. (This used to be known as ADD).
- **Predominantly Hyperactive-Impulsive Presentation:** The individual primarily exhibits excessive movement and impulsive actions. Symptoms include fidgeting, difficulty staying seated, running or climbing inappropriately (or feeling restless in adults), talking excessively, and interrupting others.
- **Combined Presentation:** The most common type, where an individual displays a mix of both inattentive and hyperactive-impulsive symptoms that meet the diagnostic criteria for both categories.

## Diagnosis and Treatment

Diagnosis is a multi-step process involving a medical history, physical exams to rule out other conditions, and standardized symptom checklists. There is no single test for ADHD.

Common treatments include a combination of:

- **Medication:** Often stimulant medications, which help balance brain chemicals to improve focus.
- **Psychotherapy:** Behavior therapy or cognitive behavioral therapy can teach coping mechanisms and organizational skills.
- **Education and Support:** Training for parents, school-based support (such as an Individualized Education Program or IEP), and workplace accommodations can be very helpful.

This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes

## Guidelines for ADHD Behavioral Issues

For children with ADHD and behavioral issues, guidance focuses on **Parent Training in Behavior Management (PTBM)**, using consistent routines, positive reinforcement (praise/rewards), clear/brief commands, calm discipline (timeouts/removing privileges), healthy lifestyles (sleep/nutrition/exercise), and collaborating with schools (behavior plans, accommodations like IEPs/504s) to manage symptoms and build skills, often alongside therapy and sometimes medication for older kids, emphasizing a team approach for best results.

### Key Strategies for Parents

- **Structure & Routine:** Establish consistent daily routines for chores, homework, and bedtime using checklists or planners.
- **Positive Reinforcement:** Praise good behavior frequently (5x more than criticism) and use reward systems (like token economies) for desired actions.



- **Clear Communication:** Give short, simple, direct commands, making eye contact to get attention. Limit choices to 2-3 options to prevent overwhelm.
- **Calm Discipline:** Avoid yelling/spanking. Use timeouts, removing privileges, or ignoring minor misbehavior. Discuss issues calmly when both are settled.
- **Healthy Habits:** Ensure good nutrition, adequate sleep, and daily physical activity to help manage symptoms.

### **Working with Schools & Professionals**

- **Collaboration:** Communicate regularly with teachers and school staff.
- **Accommodations:** Advocate for accommodations via 504 Plans or IEPs (extra time, modified assignments, movement breaks).
- **Behavior Plans:** Request a Functional Behavior Assessment (FBA) and Behavior Intervention Plan (BIP) for persistent issues.
- **Behavior Therapy:** Seek Parent Training in Behavior Management (PTBM) from therapists to learn skills; for older kids, social skills training and CBT can also help.
- **Medication:** For significant struggles (older children), medication can be a helpful tool in combination with therapy, but the decision involves the family's values and a healthcare team.

### **Core Principles**

- **Focus on Strengths:** Find and encourage activities where the child can succeed to build self-esteem.
- **Team Approach:** Involve healthcare providers, therapists, and the school for comprehensive care.
- **Evidence-Based:** Prioritize approaches with strong evidence, like PTBM, especially for younger children.

## **Conclusion:**

Ultimately, the goal of IDEA is to ensure that students with disabilities receive a free appropriate public education (FAPE) that is tailored to their individual needs and that allows them to make meaningful educational progress. So, if a student's behavioral problems at home are impacting their ability to access their education, it's important for parents to communicate with the school and work collaboratively to find solutions that support the student's overall well-being and academic success.

**6:25 PM ADJOURN**

Minutes by Don Ciota, Chairman

## **2026 Meeting Dates:**

<b>April 13</b>	<b>Feb 9</b>	<b>March 9</b>
<b>July ---</b>	<b>May 11</b>	<b>June 8</b>
<b>Oct 19</b>	<b>Aug ---</b>	<b>Sept 14</b>
	<b>Nov 9</b>	<b>Dec 7</b>

