

students with brain tumors

What is a brain tumor?

A brain tumor is a mass of abnormal cells growing in the brain. Brain tumors are the second most common type of cancer in children. In North Texas, about 80 to 90 children are diagnosed with a brain tumor each year. Brain tumors in children can be either high-grade (fast-growing) or low-grade (slow-growing). Both types are serious and can lead to long-term disabilities or even death. Thankfully, most children with brain tumors survive long-term. However, they may face learning or behavior challenges after treatment. Understanding the medical, emotional, and developmental needs of children with brain tumors can help improve their quality of life. Some signs and symptoms of a brain tumor include: seizures, weakness of the face, trunk, arms or legs, slurred speech, difficulty standing or walking, poor coordination, frequent headaches.

Treatment

Most pediatric brain tumor patients require treatment with some combination of the surgery, radiation therapy and chemotherapy.

How can brain tumors affect a student at school?

Children with brain tumors may struggle in the following areas:

- **Academic:** attention, processing speed, memory, reading, math, and organization
- **Social/Emotional:** isolation, frustration, aggression, difficulty with peers, anxiety, depression and low self-esteem
- **Physical:** fatigue, pain, mobility issues, sensory problems

Risk Factors

- Age of the student when tumor was present
- Location/severity of condition
- Complications like seizures or infections
- Radiation or chemotherapy treatments and duration
- Family and emotional support

How can schools support students with a brain tumor?

Academic

- Start academic interventions under **Section 504** or **IDEA** (Other Health Impairment).
- Conduct evaluations for **speech, OT/PT, vision/hearing, assistive technology**.
- Offer **homebound or intermittent homebound instruction** for extended absences.
- Provide **extended school year services** (winter, spring, summer) if needed.
- Allow **extra time** for assignments, projects, quizzes, and tests.
- Assign a **manageable workload** focused on **quality over quantity**.

- Use **multi-sensory teaching methods** (visual, auditory, tactile) and repetition.
- Provide **printed copies of notes**, highlighted materials, and recorded lessons.
- Review **abstract concepts** regularly before introducing new ones.
- Use **organizational tools** such as checklists, planners, and visual schedules.

Social and Emotional

- **Allow hats or scarves** for hair loss and provide peer sensitivity training when appearance changes occur.
- Provide **counseling or emotional support** as needed.
- Limit **competitive activities** to reduce stress and prevent discouragement.
- Create opportunities for **academic and social success** and highlight the student's strengths to build confidence.

Physical

- Provide **two sets of textbooks** (home and school) to reduce fatigue.
- Allow **water bottles** and **snack breaks** during the day.
- Offer unrestricted **bathroom access** and **clinic/nurse passes**.
- Modify or excuse from **strenuous physical activities**.
- Allow **early dismissal from class** to avoid crowded hallways.
- Permit **rest breaks** or **shortened school days** as needed.
- Assign **lockers close to classrooms** or provide two lockers (e.g., upstairs and downstairs).
- Provide a **parking space near the entrance** for easy access.
- Allow **elevator access** if stairs pose a safety risk.

Regular communication between parents/guardians and the school is essential. Frequent parent-teacher meetings help track changes in learning and adjust support as needed. When families and schools understand the possible long-term effects of treatment, they can better plan for the child's success.

More Resources

- **Mayo Clinic - Pediatric Brain Tumors**
mayoclinic.org
- **Nemours Kids Health**
kidshealth.org

SCHOOL SERVICES

For more information, visit childrens.com/school-services

