



# An Educator's Guide to Fetal Alcohol Spectrum Disorder

This guide on Fetal Alcohol Spectrum Disorder (FASD) is part of a series of briefs that provides basic information about common disabilities, as well as tips for educators as they set out to support children with disabilities.



## Overview

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that refers to a range of symptoms that can affect the physical, cognitive, and social emotional development of children whose mothers drank alcohol during pregnancy. Symptoms of FASD arise in unique combinations and to varying degrees of severity across individuals. There are medical diagnoses such as Fetal Alcohol Syndrome (FAS) that fall under the FASD umbrella term and relate to the effects of maternal alcohol use.

Children with FASD may demonstrate only a few or many symptoms, which can range from mild to severe. Physical characteristics can include small head size, low birth weight and growth rates, distinctive facial features, and defects in the heart, brain, and central nervous system. Children with FASD may also demonstrate poor coordination, vision or hearing impairment, and sleep or sucking problems in infancy. Cognitive and behavioral symptoms may include hyperactivity, impulsivity, attention deficit disorders, language delays, learning difficulties, and social-emotional challenges. FASD is a lifelong disability, and the sooner intervention begins, the greater the benefits children experience. Babies and children with FASD respond well to early intervention that is matched to the child's strengths and needs and is supported by a team that includes the family.

FASD can be medically diagnosed based on the symptoms, rather than a medical test. Symptoms may overlap with other conditions, making diagnosis sometimes difficult or delayed. Children who demonstrate significant delays or risks are eligible for early intervention even without a diagnosis. Comprehensive early intervention and family support can lead to positive outcomes for children. Intervention and support strategies should be matched to the child's behaviors, strengths, and needs — rather than the disability label.

## Support Strategies

Educators can implement a variety of strategies to support a positive experience for children with FASD in their learning environment:

- If the child already has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP), coordinate teaching and support strategies with the family and other service providers on the intervention team.
- Include the child in family, early care and education, and community programs and opportunities.
- Implement Positive Behavior Support strategies:
  - Create and follow predictable routines, providing visual supports and other cues throughout.
  - Provide clear, calm, and specific instructions and positive feedback to the child.
  - Allow plenty of time and repeated opportunities for the child to learn new skills.
  - Be aware of environmental factors that may be overstimulating for the child, such as harsh lighting or loud background noises, and make changes as needed.



- Learn about and use research-based intervention strategies and approaches.
- Engage with the family and ask about their experience with the child’s symptoms, diagnosis, and treatment.
- Check in with the family about any other known diagnoses or support needs they may have.
- Be a member of the child’s intervention team and carry out support plans.
- Advocate for a comprehensive and coordinated approach that includes the child’s program, family support, and any other mental health services.

### Helpful Resources

- [Centers For Disease Control and Prevention \(CDC\) – FASDs: Information for Educators](#)
- [Centers For Disease Control and Prevention \(CDC\) – Fetal Alcohol Spectrum Disorders \(FASDs\)](#)
- [Zero to Three – Fetal Alcohol Spectrum Disorders: How Alcohol Use During Pregnancy Impacts Young Children](#)