

Educating the Dyslexic Student

(who does not meet LA 1508 criteria)

IN THE
TRADITIONAL CLASSROOM SETTING

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Children learn:

10% of what they read

20% of what they hear

30% of what they see

50% of what they see and hear

70% of what they say in their own
words

90% of what they say while they do
something

Then why do we so often expect
children to know something when we have
had them read it or listen to it only
one time?

And more important, why do we not
provide learning opportunities which
incorporate seeing and hearing AND saying
and doing?

Brighton

9150 Benford Drive
Baton Rouge, Louisiana 70809

2.

Dyslexia is a language processing disorder which may be manifested by difficulty processing expressive or receptive oral or written language despite adequate intelligence, educational exposure, and cultural opportunity. Specific manifestations may occur in one or more areas, including difficulty with the alphabet, reading comprehension, writing, and spelling.

PARENT/TEACHER CHECKLIST: REFERRAL OF STUDENTS FOR EVALUATION

(Students who demonstrate a number of the following behaviors may be candidates for evaluation.)

1. Is easily distracted; has a short attention span.
2. Is careless and disorganized in time and space; forgets assignments and loses papers.
3. Is easily frustrated and anxious in situations when other students are not.
4. Is overactive or underactive; demonstrates wide mood swings.
5. Is overly aggressive or withdrawn; possibly compensating for troubles experienced in school.
6. Is unable to block out external stimuli.
7. Has trouble grasping what he sees and hears, even though vision and hearing acuity are normal.
8. Shows signs of low self-esteem; makes self-deprecating remarks.
9. Daydreams frequently.
10. Has trouble following directions; repeatedly asks what the teacher has said.
11. Is unable to think abstractly; needs preceding concrete demonstration of ideas.
12. Writes illegibly; spaces erratically; forms letters in unusual ways.
13. Is socially ungraceful; demonstrates hypersensitivity.
14. Perseverates (continues an action after it has become meaningless).
15. Experiences speech difficulties.
16. Is manipulative of people and/or situations.
17. Experiences difficulty in copying from a text, from a board, or from a written page.
18. Seems unable to memorize math facts, particularly multiplication tables.
19. Understands math concepts, yet is unable to keep columns straight or sequence calculation steps.
20. Is inaccurate in oral reading: omissions, substitutions, rotations; skips punctuation cues.
21. Loses place on page when reading; sub-vocalizes, and uses finger as a pointer.
22. Reads "little words" incorrectly; can't remember words; adds or subtracts prefixes or suffixes.
23. Has trouble with "minimal pairs": db / pq / MW / un / TL / 69 / hy
24. Loses ground on achievement test scores from year to year; does not use allotted time; guesses; marks at random; falls apart under time limits and pressure.
25. Persistently spells incorrectly (even though spelling tests may be adequate). Spelling reveals rotations, incorrect sequencing of letters; papers look like "bird scratchings" and have many erasures and mark-overs and either strictly phonetic or bizarre spellings.
26. Is able to work well with objects in everyday "real" world, but has trouble with the two-dimensional world of letters on the flat printed page, even though good at art and building projects.
27. Has poor recall of nouns; has difficulty learning language structure -- both in English class and in foreign language.
28. Is impulsive; frequently is embarrassed by untoward impulsive behaviors.
29. Has problems with that most basic of all problems for dyslexics: sequencing.
30. May function well one day (or one hour) recognizing words or solving problems; then cannot do these things the next day. Thus, gives the appearance of being lazy, immature, or unmotivated.
31. Is unable to sustain efforts.
32. Is unable to filter out background noise and focus on speaker, reading, or other work.
33. Is unable to work rapidly. Is slow in processing information.
34. Evidences poor eye-hand or visual-motor coordination.
35. Is unable to see whole relationships or form a gestalt.
36. Is unable to store information in memory until it is needed; short term memory appears to be impaired. For example, may raise hand to respond to teacher question, and then when recognized by teacher, be unable to recall the question.
37. Appears unaware of the obvious, both in academic and in social situations; misunderstands cues in many situations.
38. May perform adequately in primary grades, but evidences academic deterioration from about the fourth grade on.
39. Overall achievement in basic skills is not commensurate with apparent intellectual capacity, even though knowledge of general information (sports, science, current events, music, etc.) is good.
40. Has been labeled as a kid who doesn't care, refuses to try, is unmotivated, is immature -- and even though parents report spending hours doing homework, there is minimal measurable gain.

Greene Parent/Teacher Rating Scales ©

FULL NAME: _____

HANDEDNESS: Left Right (circle) SEX: Male Female (circle)

CHECKLIST: Symptoms of dysfunction noted by parent and/or teacher:

1 = Never
2 = Sometimes
3 = Frequently

A. Primary Symptoms: Check the most appropriate descriptors.	1	2	3
1. Forgets shapes of letters, words, and numbers after first grade.	—	—	—
2. Skips, reverses, omits or scrambles numbers.	—	—	—
3. Moves a book on a horizontal or vertical plane while reading.	—	—	—
4. Tilts or moves the head while reading.	—	—	—
5. Scrambles or reverses letters within words when writing.	—	—	—
6. Omits words in writing sentences or paragraphs.	—	—	—
7. Has difficulty maintaining slant in writing.	—	—	—
8. Is unable to maintain consistent spacing between letters, words, or lines.	—	—	—
9. Spells phonetically; lacks visual recall for non-phonetic words.	—	—	—
10. Has difficulty remembering numbers, letters or events sequentially (circle).	—	—	—
11. Confuses right-left, or north, east, south, west directionality (circle).	—	—	—
12. Has difficulty in remembering which hand is right and which hand is left.	—	—	—
13. Exhibits difficulty with oral language pronunciation or production (circle).	—	—	—
14. Demonstrates difficulty in copying at near- or far-point (circle).	—	—	—
 B. Associated Symptoms: Check the most appropriate descriptors.			
15. Experiences difficulty in grasping spatial relationship concepts.	—	—	—
16. Has/had difficulty in learning to tell time on a non-digital clock.	—	—	—
17. Confuses the order of events in a story, movie, or real situation.	—	—	—
18. Uses finger counting for addition/subtraction calculations.	—	—	—
19. Forgets math facts which appear to have been mastered previously.	—	—	—
20. Evidences difficulty in focusing or maintaining concentration.	—	—	—
21. Manifests deficiencies in short-term memory.	—	—	—
22. Manifests deficiencies in long-term memory.	—	—	—
23. Experiences difficulty in following oral or written directions.	—	—	—
24. Requires "wait time" to confirm information received auditorially.	—	—	—
25. Fails to fully comprehend information received when reading.	—	—	—
26. Fails to fully comprehend information received when listening.	—	—	—
27. Perceives information incorrectly, auditorially or visually (circle).	—	—	—
28. Does poorly on tests, even though information is mastered.	—	—	—
29. Is generally disorganized, academically or personally (circle).	—	—	—
30. Requires repetition of directions, more slowly, and one at a time.	—	—	—
31. Has/had difficulty in learning to tie shoelaces or button buttons.	—	—	—
32. Has/had delayed development in skipping, hopping, or balancing a bicycle.	—	—	—
33. Avoids balance, coordination, sports, or motion-related activities.	—	—	—
34. Displays overactive or underactive behavior (circle).	—	—	—
35. Experiences frequent headaches, nausea, or fatigue (circle).	—	—	—
36. Experiences loss of self-esteem related to academic dysfunction.	—	—	—
37. Exhibits inappropriate social behaviors.	—	—	—
38. Has been described by teachers as immature or unmotivated (circle).	—	—	—
39. Performs worse on annual standardized tests as school years progress.	—	—	—
40. Perseverates (continues behavior long after it has ceased to be productive).	—	—	—

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Characteristics Associated With Dyslexia

Below is a list of signs which are frequently associated with dyslexia. It is important to understand that these signs are present even though the student has average or above average intellectual ability.

- A significant discrepancy between specific areas of academic achievement and intellectual potential
- Lack of phonemic awareness
- May have difficulty expressing himself / herself in verbal or written form
- Exhibits an extreme difference between oral and written work
- Difficulty writing the letters of the alphabet (problems with sequence and memory for letter formation)
- Inconsistent performance / extreme grade fluctuations
- Academic deterioration over time
- Drop in achievement test scores across time
- Slow in processing information
- Cannot function adequately under time restraints
- May have trouble following directions
- Difficulty copying from the board or a text (although visual acuity is acceptable)
- Writing may be illegible and letter formation may be inconsistent in size, shape and direction (b / d, p / g, 6 / 9)
- Oral reading lacks fluency and expression
- Oral reading characterized by inappropriate pausing, disregard for punctuation, and loss of place
- Omissions, substitutions, and insertions during oral reading activities
- Frequently misses smaller words when reading (of / for, a / an, the / them)
- Ambidexterity and/or left-handedness in the student or family members
- Often has been labeled as a student who is immature, unmotivated, and does not try or care

Most dyslexic students do not exhibit all of the listed characteristics, although a substantial number of these traits are present in most dyslexic individuals.

WHAT THE '80s MEDICAL RESEARCH IN DYSLEXIA TAUGHT THE EDUCATORS OF THE '90s

1. **Dyslexia is a fairly common learning difference (about 15% of us are dyslexic), which results in psycholinguistic processing differences.**
2. **Dyslexics do not learn to read, write, and spell by traditional methods. Remembering words from sight (or flash cards) will not work for them. They need systematic phonology/morphology, and simultaneous multi-sensory methods. (See the chart from the National Teacher Education Issues Task Force.)**
3. **The brains of dyslexics differ in structure.**
4. **The brains of dyslexics differ in function.**
5. **Dyslexic people also frequently have Attention-Deficit Disorder. The comorbidity of the two conditions is currently under much study.**
6. **Dyslexics are inconsistent in their ability to process language and information.**
7. **Some dyslexics have perceptual-motor dysfunction. Some have problems with fine-motor skills, like writing, but are excellent athletes (examples: Olympic stars Greg Louganis, the diver, and Bruce Jenner, decathlon champion).**
8. **Dyslexics are often very bright individuals. By definition, they possess normal to superior intelligence, yet have significant difficulty in mastering one or more basic language function: reading, writing, spelling, listening, speaking. It is the ability to go from thought to language (in expressive language) or from language to thought (in receptive language) which causes problems for them. For some, reading is adequate, yet expressive written language function is severely impaired.**
9. **Dyslexia has been shown to have a genetic linkage component.**
10. **Dyslexia knows no social, ethnic, cultural, or economic boundary. (Mrs. Bush openly discusses the fact that she and the president have two dyslexic sons.)**
It is also true that effective educational programs for dyslexics have been shown to be equally effective across social, ethnic, cultural and economic lines. It is not necessary to reinvent that wheel. Many school districts across the nation have implemented successful programs which are highly effective for dyslexics.

Eight Famous Persons With Learning Disabilities

Here are short profiles of 8 people who coped with specific learning disabilities. For their names, see following pages.



Case File No. 3:

Waiting to be awarded an honorary degree from Oxford, this Frenchman sat on the dais with Mark Twain, Camille Saint-Saëns, and General Booth of the Salvation Army, remembering how poorly he had done in school (arithmetic and spelling still baffled him), how his uncle had described him as "ineducable," and how his father had said "I have an idiot for a son." The Frenchman was ...



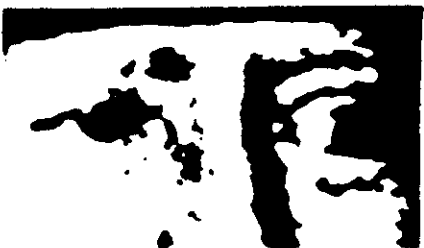
Case File No. 6:

He did not talk until he was four nor read until he was nine. This German boy had great difficulty learning math under traditional instructional methods. His parents placed him in a special school where he was taught in accordance with his cognitive style and where he began to achieve at the level of his potential. Teachers at his first school had considered him backward. He was ...



Case File No. 1:

At one time, scholars supposed that the backward writing in the notes of this brilliant Italian were a sort of code. Later evaluation suggests that he had an intermittent perceptual dysfunction and that his aberrant notes were an example of strephosymbolic "mirror writing." He was ...



Case File No. 4:

Severely learning disabled, this youth could neither read nor write at the age of 12. He overcame his difficulties to a sufficient extent to win appointment to the U.S. Military Academy at West Point but, even there, had to hire a "reader" to help him get through his studies. His name was ...



Case File No. 7:

This boy was unable to learn in the public schools of Port Huron, Michigan. His parents withdrew him from school and his mother undertook the slow, painstaking job of teaching him the three R's and other basic academic curriculum at home. The boy was ...



Case File No. 2:

He did not learn his letters until the age of 8 or learn to read until he was 11. Letters from relatives commiserated with the parents that the lad was so "dull and backward." At school, he excelled only when the subject had to do with speech. But then, wrote a biographer, "it has been noted that dyslexics not infrequently become fluent speakers, perhaps, in part, as a compensation for poor facility in reading and writing." The young orator was ...



Case File No. 5:

Now dead, this Englishman had considerable learning difficulties as a child. Recently, a "dummy" application was sent to his old boarding school; it was a duplicate of the application his family had actually submitted many years before, with only the name and personal data disguised. The school rejected the application out of hand, saying that the boy clearly would be unable to meet the school's standards. His real name was ...



Case File No. 8:

Wild variations of spelling and word formation in the handwritten manuscripts of this Dane have lead clinicians to conclude that he had a language disability—a fact that one might logically suppose would bar him from a literary career. It didn't. He was ...

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Answers to "Eight Famous Persons
with Learning Disabilities"



Case File No. 1:
LEONARDO DA VINCI,
artist, inventor, renaissance man.



Case File No. 4:
GENERAL GEORGE S. PATTON,
commander of the U.S. Third Army,
World War II.



Case File No. 7:
THOMAS EDISON,
inventor.



Case File No. 2:
WOODROW WILSON,
28th President of the United States.



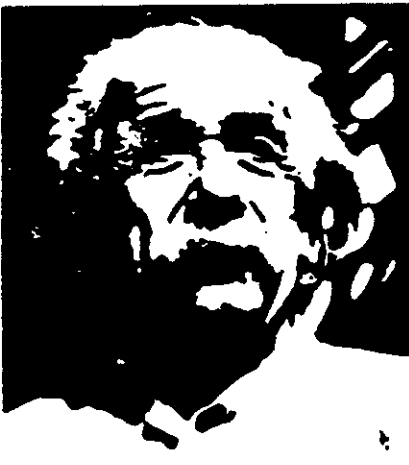
Case File No. 5:
WINSTON CHURCHILL,
Prime Minister of England.



Case File No. 8:
HANS CHRISTIAN ANDERSEN,
beloved writer of children's tales.



Case File No. 3:
AUGUSTE RODIN,
sculptor; creator of "The Thinker."



Case File No. 6:
ALBERT EINSTEIN,
theoretical physicist, developer of the
Theory of Relativity.



(last updated 1995:09:11)

Famous people with Dyslexia

Thomas Edison

Albert Einstein

Winston Churchill

Michael Heseltine

Woodrow Wilson

George Bush

George Patton,

Jackie Stewart, a racing driver

Duncan Goodhew, an olympic swimmer

Tom Cruise, actor

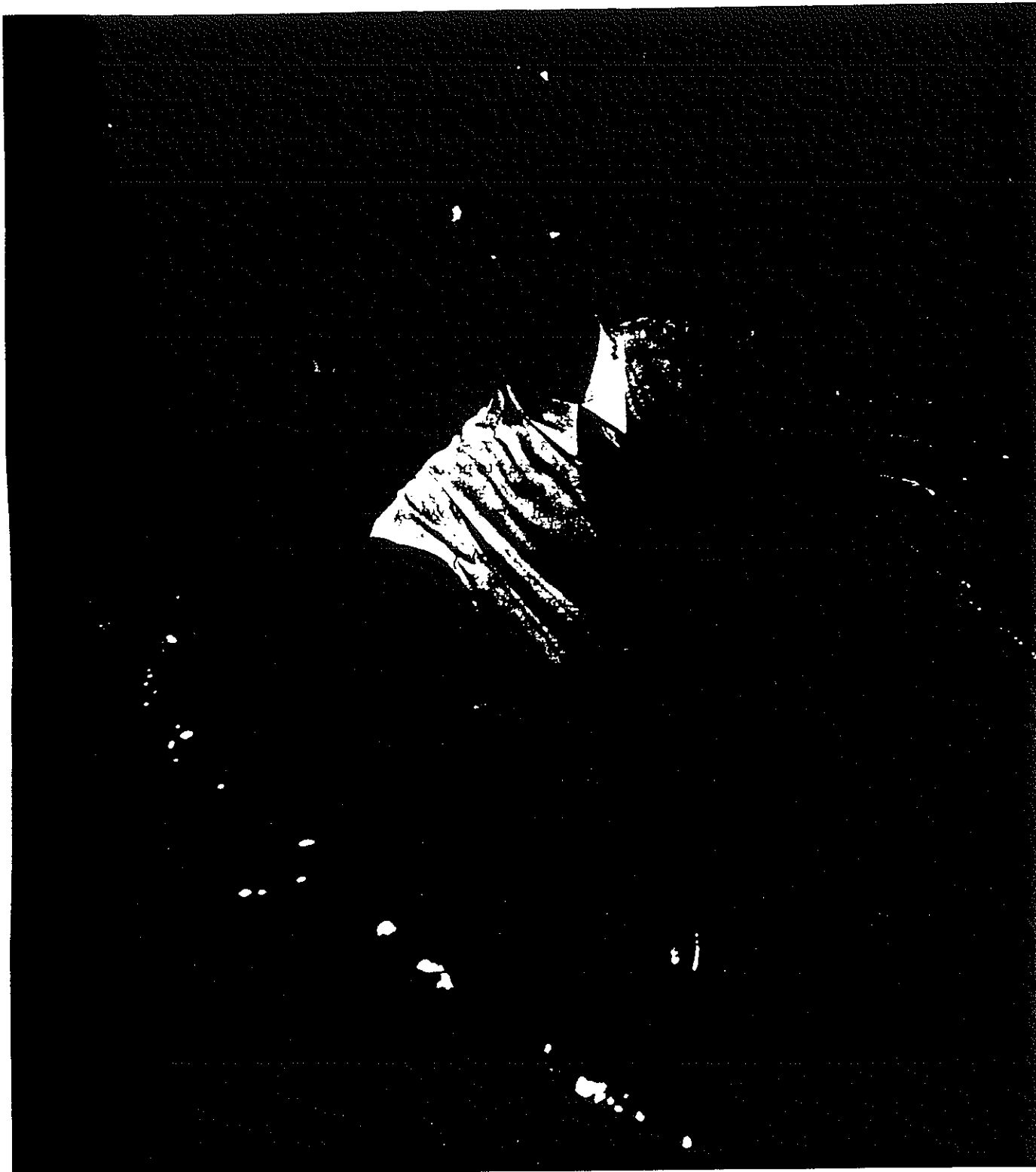
George Burns,

Whoopi Goldberg, actress

Susan Hampshire, actress

Danny Glover, actor in "Lethal Weapon"

Cher, actress, singer



A "In the past, dyslexic kids were left to founder in school," says Dr. Gordon Sherman. "It wreaks havoc on their self-esteem."

UNDERSTANDING DYSLEXIA

Millions struggle with the disability; now scientists are finding out why

For many children, the beginning of the school year is fraught with anxiety. But we have more reason for concern than the tens of thousands of undiagnosed dyslexics who face the torment of being

asked to read aloud or to add a column of numbers that, to them, may be mere jumbled scribbles. Often, kids with dyslexia—a disability that afflicts one in 10 Americans—are thought to be slow-

witted or lazy. But the truth, says Gordon Sherman, director of the Dyslexia Research Laboratory at Beth Israel Deaconess Medical Center in Boston, is that dyslexia has nothing to do with intelli-



Famous dyslexics include Tom Cruise, Whoopi Goldberg and Albert Einstein. In 1987, on receiving the Hans Christian Andersen Award for achievement by a dyslexic, Goldberg said, "After years of being considered retarded, I think I'm doing pretty good."

JIM SMITH/GETTY IMAGES



ANDREA RENAU/GETTY IMAGES



GLOBE PHOTOS

gence or motivation. Sherman, 43, recently spoke with PEOPLE's Stephen Sawicki about the critical importance of early diagnosis of a disability that has plagued people as accomplished and diverse as Albert Einstein, Winston Churchill and Whoopi Goldberg.

What is dyslexia?

Dyslexia is a specific problem that affects the ability to learn how to read, write, spell and sometimes pronounce words. I want to stress that it's not a visual problem or an auditory problem, but a language problem. Dyslexic children often have trouble recognizing certain basic sounds—phonemes—that form words and are the building blocks of alphabetic language. When most of us see an unfamiliar word, we can sound it out. We're aware of sounds within a word, put the sounds together and pronounce it. But when a dyslexic child sees a word like "cat,"

he may not be aware of the sequence of phonemes needed to pronounce it. Without being taught very specifically, learning the rest is incredibly difficult.

What are dyslexia's symptoms?

Some symptoms, such as delayed speech development, are seen pretty early. A child's inability to rhyme can be a flag. Problems spelling and reading simple words can be signs. So can difficulty comprehending directions, such as right or left, or following steps in math, which is in itself a language. Dyslexia differs in severity, ranging from those with severe language problems who can't read or write a sentence, to those who just have problems with spelling. A child who's not severely dyslexic may have no problems early on with words like "dog" or "cat." But the problems may surface as the demands of language become more complex. Dyslexics do, at times, reverse letters, such as "b" and "d," but it is not a key component.

What causes dyslexia?

Over the years, many hypotheses have been put forth: that dyslexic kids were lazy, had been deprived of intellectual stimulation, or had suffered deep psychological trauma. We now know that dyslexia is highly inheritable. Studies show a number of genes may set the stage for its development.

How does it develop?

As the brain grows during the first six months of gestation, neurons—cells that conduct impulses—are churned out in the brain's ventricular zone. Attached to fibers, the neurons travel to the cerebral cortex, which contains the language centers. Here they hit a barrier, stop and take their

RIMADYL

(carprofen)
Caplets

Non-steroidal anti-inflammatory drug
For oral use in dogs only

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: Rimadyl (carprofen) is a non-steroidal anti-inflammatory drug (NSAID) of the propionic acid class that includes ibuprofen, naproxen and ketoprofen.

INDICATIONS: Rimadyl is indicated for the relief of inflammation in dogs. Rimadyl was shown to be effective for the relief of signs associated with osteoarthritis in dogs.

DOSAGE AND ADMINISTRATION: The recommended dosage for oral administration to dogs is 2 mg/lb of body weight twice daily. Caplets are scored for use in half-caplet increments.

CONTRAINDICATIONS: There are no known contraindications to this drug when used as directed. Rimadyl should not be used in dogs exhibiting previous hypersensitivity to carprofen.

PRECAUTIONS: The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studies to determine the activity of Rimadyl when administered concomitantly with other protein-bound drugs have not been conducted. Drug compatibility should be monitored closely in patients requiring additional therapy.

As a class, cyclooxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Sensitivity to associated adverse effects varies with the individual patient. Patients at greatest risk for renal toxicity are those on concomitant diuretic therapy, or those with renal vascular, and/or hepatic dysfunction. Since many dogs possess the potential to induce gastrointestinal ulceration, concomitant use of Rimadyl with other anti-inflammatory drugs, such as corticosteroids and NSAIDs, should be avoided or very closely monitored.

Rimadyl treatment was not associated with renal or gastrointestinal ulceration in safety studies of dogs.

Rimadyl is not recommended for use in dogs with disorders (e.g., Von Willebrand's disease), as lesions have been established in dogs with these disorders.

WARNINGS: Keep out of reach of children. For human use. Consult a physician in cases of accidental ingestion by humans. For use in cats only. Do not use in cats.

The material safety data sheet (MSDS) contains more occupational safety information. To report adverse reactions or to obtain a copy of the MSDS for this product, call 1-800-366-5288.

ADVERSE REACTIONS: During investigational studies, clinically significant adverse reactions were reported. Clinical signs were observed during field studies were similar for carprofen- and placebo-treated (control) dogs. Incidences of the following were observed in both vomiting (14%), diarrhea (14%), changes in appetite (14%), behavioral changes (11%), and constipation (10.3%). The product vehicle served as the control.

STORAGE: Store at controlled room temperature 15° (59°–86°F).

HOW SUPPLIED: Rimadyl caplets are scored, are 25 mg, 75 mg, or 100 mg of carprofen per caplet. Each size is packaged in bottles containing 100 or 250 caplets.



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Pfizer Inc.
New York, NY 10017

NADA #141-053, Approved by FDA

place in layers above previously deposited neurons. In the brains of dyslexics, however, there are breaches in the barrier and the neurons enter them, leaving clumps of nerve cells called ectopias, which appear to interfere with the brain's ability to receive and transmit certain messages.

Is dyslexia confused with other neurological problems?

Not often. But the first thing that many parents jump to when kids fail early reading and language tests, after they've done perfectly well in preschool and kindergarten, is that the kids aren't trying hard enough.

Is there any gender, racial or ethnic predisposition to dyslexia?

Until 10 years ago, boys were believed four times as likely to be dyslexic as girls. The latest research shows it's pretty equal. It's also thought that dyslexia strikes all cultures and races equally.

What's the best way to treat it?

Multisensory, structured language programs, using hearing, seeing, touch and movement, have proved remarkably effective. You involve all the senses in teaching things like reading and writing, which most of us learn using just visual or auditory cues. You may, for instance, help a dyslexic child learn how to spell a word by repeatedly showing it to him, pronouncing it, having him say it, write it on paper and, sometimes, write it in the air. You try to get other parts of the brain to chip in, in ways they normally wouldn't.

What can parents do to help?

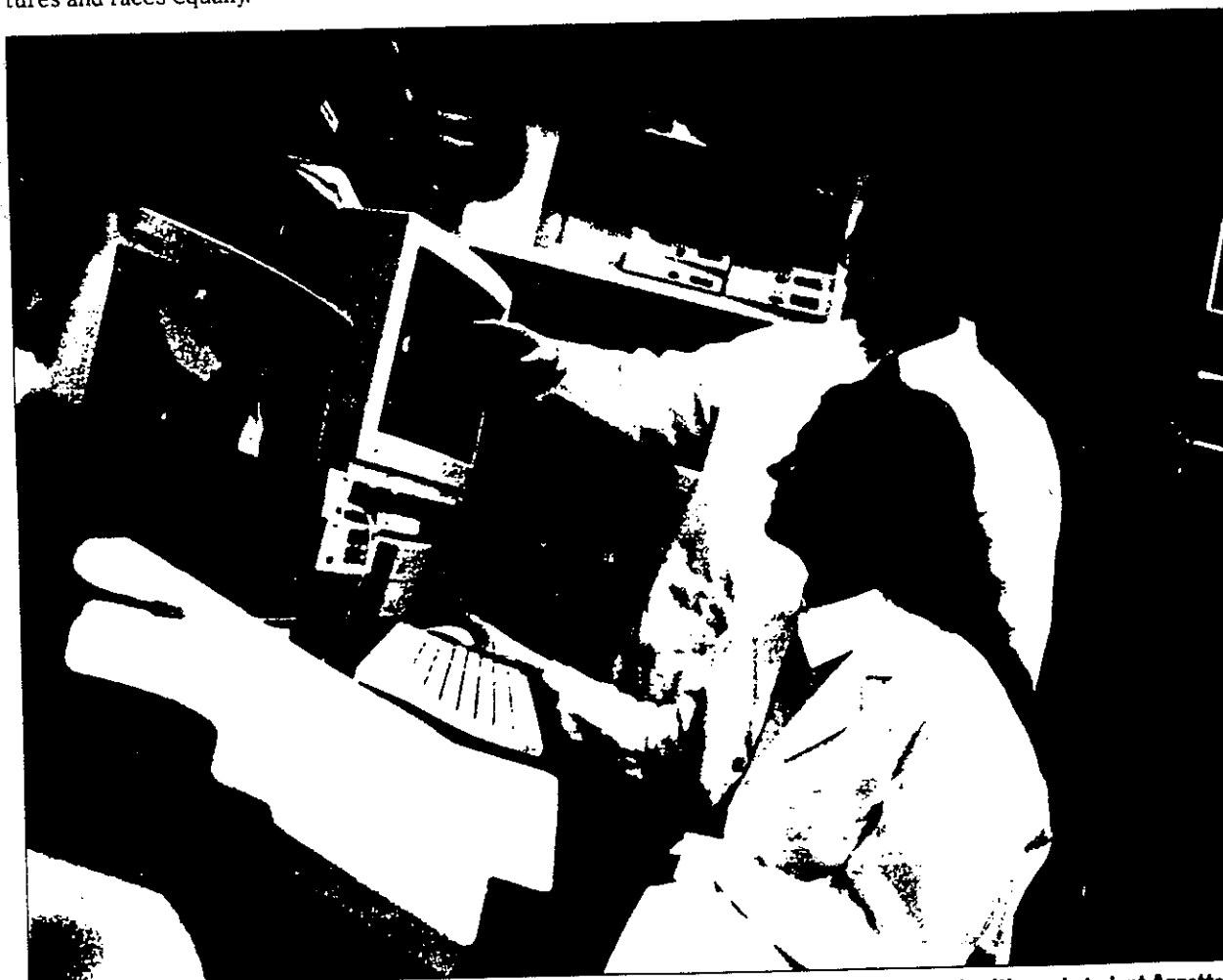
Enrich the environment any way they can, the earlier the better. It's tricky, because it's hard to diagnose the disability before children reach school age. But if there's dyslexia in the family, assume that your child might be dyslexic and provide as much language stimulation as possible. Either way, you haven't lost anything.

Is there a cure?

Dyslexia is not a disease. There's no cure. It's conceivable that someday we'll have a biological or genetic solution. But I don't think we want to go that way. There are strengths that come along with dyslexia. The organization of the brain that produces the disability may also account for an artistic, musical and athletic ability. As imaging techniques improve, scientists will have a better chance of understanding how the brain of a dyslexic functions and refining language programs for dyslexics.

Is there any magic bullet for dealing with the problem?

No, but this is an incredibly exciting time. We know how to diagnose dyslexia accurately. We know how to treat it with these multisensory language techniques. We must let parents know they're available, though not easy to come by. Teachers have to invest time to learn them and work with kids. But if there's any magic in the field, this is it.



A "The key is to find more efficient ways to get information to the brain," says Sherman (in his lab with grad student Annette)

Photographs by Michael Carr



THE ORTON DYSLLEXIA SOCIETY

The International Dyslexia Association

POSITION STATEMENT ON INCLUSION

As an international organization of and for a variety of professionals in partnership with individuals with dyslexia and their families, The Orton Dyslexia Society is concerned with the complex issues of dyslexia. The Society promotes effective teaching approaches that include systematic multisensory instruction in reading, writing, and spelling which emphasizes phonemic awareness and the structure of the language, and related clinical educational intervention strategies for individuals with dyslexia. The Orton Dyslexia Society also supports and encourages interdisciplinary study and research while facilitating the exploration of the causes and early identification of dyslexia. The Orton Dyslexia Society is committed to the responsible and wide dissemination of research-based knowledge regarding dyslexia and related disorders.

CONTINUUM OF ALTERNATIVE PLACEMENT OPTIONS

All children and youth with specific learning disabilities, including dyslexia, can and do learn and are entitled to a free and appropriate education in the least restrictive environment as defined by *The Individuals with Disabilities Education Act* and *Section 504 of the Vocational Rehabilitation Act of 1973*. To this end, there must be available to each student with a specific learning disability a continuum of alternative placement options. These must include instruction in regular education classes, special classes, special schools, hospitals, and institutions and at home. Necessary modifications, accommodations, and supplementary aids and services must be provided on an individual basis to provide equal access to all educational programs and placement in the least restrictive environment.

INCLUSION

Inclusion is the opportunity for all students with disabilities to have access to and participate in all activities of the school environment in neighborhood schools. Inclusion allows some or all of a student's special education and related services to be provided in regular education classes. An appropriate goal is the education of students with specific learning disabilities in regular education classrooms within neighborhood schools and in community settings. However, no single type of placement option will meet the needs of all students with specific learning disabilities. Thus, full inclusion, where all students receive all services including specialized services within the context of the regular education classroom, must not be the only placement option for the provision of services.

INDIVIDUALIZED INSTRUCTION

Students with specific learning disabilities require individualized and/or differential instruction that includes systematic multisensory instruction in reading, writing, and spelling which emphasizes phonemic awareness and the structure of the language. These students must be provided services that will match the severity and intensity of their disability. Each student's individual educational program defines the services needed. The decision as to where these services are provided must be based upon the specific needs of the individual. These services must be student centered and provided in the least restrictive environment that includes regular education classes, special classes, or a combination of the two. Additionally, these services must not be based upon a particular program model/option, the availability of personnel, and/or budgetary concerns.

TRAINING

Intensive prior and continuing in-service and staff development at the school level are critical components to ensure the success of inclusion. Regular and special education staff, administrators, support personnel, and families must be provided with information, pre- and post-planning opportunities, and skill development. These will assist all in the understanding of what a specific learning disability is, how it affects the ways in which the student processes information and learns, and which teaching techniques and interventions (e.g., academic, social, and behavioral) are appropriate and effective. These teaching techniques need to include systematic multisensory instruction.

Essential to the preparation of individuals pursuing a career in education is the curricula of colleges and universities that must stress a collaborative, interdisciplinary effort to meet the educational needs of all students. As a result, the curricula must provide these future educators with an understanding of what a specific learning disability is; how it affects a student in the educational environment; effective teaching techniques and interventions that include systematic multisensory instruction, language development, and the structure of the language; and collaborative techniques to ensure cooperation between regular and special education staff. Such curricula are critical if schools are to provide an appropriate education to all students in the least restrictive and most inclusive environment.

ADMINISTRATIVE SUPPORT

With the full support and participation of a knowledgeable school administration and school board, inclusion can be successfully implemented as one way to provide services to individuals with specific learning disabilities. This support and participation are essential to ensure staff motivation, reasonable classroom size and staff caseloads, effective scheduling, consultation/planning time, necessary modifications and accommodations, supplementary aids and services, effective teaching techniques that include systematic multisensory instruction, ongoing staff development, and the provision of adequate human and physical resources.

SUMMARY

The Orton Dyslexia Society supports the provision of services to individuals with specific learning disabilities and other disabilities in the least restrictive environment that includes a continuum of alternative placement options including inclusion. Thus, full inclusion must not be the only placement option for the provision of services since it does not address the cognitive, academic and social-emotional needs of all students with specific learning disabilities. However, the use of an inclusive placement option requires a collaborative interdisciplinary effort, teacher preparation, availability of effective teaching practices, student and parental involvement, administrative support, and the availability of alternative placement options to ensure the welfare and educational growth of all students as individuals.

Adopted by the Board of Directors
The Orton Dyslexia Society
May 1994

SUGGESTIONS FOR CLASSROOM MANAGEMENT OF THE DYSLEXIC STUDENT

1. Seat the dyslexic student in the front of the room, preferably in a front corner desk near the teacher, surrounded by as many non-distracting students as possible.
2. Copying from the board is sometimes very difficult (sometimes impossible for dyslexics). Whenever possible, give dyslexic students a copy of the instructions at his desk.
3. A structured environment, both at home and at school, is essential. These students always need to know exactly what to do. Their time needs to be planned for them, and when given choices, these choices should be limited to two or three. Watch for signs of confusion, and be certain that they understand the directions! Often, they begin an assignment thinking they understand what they are doing, but are totally confused about assigned procedures.
4. Watch for signs of stress, restlessness, or anxiety. Sometimes a change of pace helps. Watch for early signs of a "blow-up", and intervene before it takes place. Errands to the library, or to the office, may interrupt an emotional outburst and calm the student down. Many of these students have neurophysiological problems which cause hyperactivity or emotional outbursts, and they cannot cope with the situation without help from the teacher.
5. Never let a student's behavior cause him to be disgraced in front of his peer group. Intervene before the situation gets to this point. Try to find face-saving outlets for the student.
6. Dyslexics are often unable to interpret facial expressions, social situations, jokes, etc. They usually think in concrete terms, and do not grasp puns or figurative expressions. This may explain why many students appear sullen or belligerent. Such behavior is often just a cover-up -- an attempt to conceal painful inadequacies.
7. Let these students know that you are interested in them, that you understand, and that you care about their progress in school. Can you identify concrete ways that you are giving them these messages?
8. Many dyslexics are artistically gifted (they're usually right-brained people), or good at building things with their hands. Try to give them opportunities to use their talents whenever possible.
9. Sports activities or P.E. sometimes give these students a chance to be good at something. However, they need instructions simplified, and even repeated several times. Let them "walk through" a play, or a set of calisthenics several times. They may get right and left confused. A former pro-football player used to put *R* and *L* on his hands to make sure he got the plays right!
10. When you know you're about to lose your patience, call on a colleague for assistance with a particular student. Faculty members need to support each other in helping dyslexic students.
11. Don't hesitate to ask for supportive counseling for these students. Try to watch for any sudden changes in behavior. It may relate to emotional stress, and the student will need help in coping.
12. Dyslexics who are placed in traditional classroom settings usually require supplemental one-on-one tutoring by an experienced teacher trained in academic therapy. Make arrangements, through the parents, to maintain an open line of communication with the person who is involved in dyslexic students' supplemental education. When you are aware of a concept that is baffling to a dyslexic, let the tutor know so that they can work one-on-one to master the concept.
13. Remember that 80% of juveniles who have been handled by the law have significant reading/learning disabilities!! Make a commitment to save your dyslexic students.
14. Help dyslexic students learn by methods which can work for them! When we help them cope with academic demands, we enable them to get a high school diploma, improve their employment chances, and ultimately become contributing members of society.

*in
Piaget's
concrete
relational
stage*

PROMOTING THE SUCCESS OF LEARNING DISABLED STUDENTS IN TRADITIONAL CLASSROOM SETTINGS:

1. Can I train myself to point out the good things he does? (This isn't easy when there are so few occasions, and when he is so frequently making trouble! However, positive reinforcement will help!)
2. Can I "set him up" for a question to be asked in class? (Tell him in advance that you're going to ask a certain question. This offers him an opportunity, for once, to be a participating student.)
3. When he comes in the door, can I point out a particular paragraph (a short one!) and tell him in advance that I want him to read that one? (And that he should raise his hand only to read that particular paragraph -- because I may forget which one I said?)
4. Can I insist that he keep an assignment sheet? Can I take three minutes at the end of each day to be certain that what he takes home is an accurate assignment sheet with which his parents or tutor can work? Could I give him a few extra points for doing this?
5. Could I modify my marking procedure somewhat? Perhaps I could GREEN ink instead of red -- and mark the ones he got CORRECT, rather than the ones he got wrong. Maybe I could put a huge star (made with my pen) by the ones he got right and a tiny check by the ones he got wrong.
6. Can I be sure that I don't call out grades in class (EXCEPT, perhaps, when he makes a "high" grade and I need to "confirm" what I have written in my grade book? Example: "Let's see, John, you did make 95 on that test, didn't you?" (This give him some stature in the eyes of his classmates, but use your own discretion; the technique might not be advisable for all LD students.)
7. Can I make him the "Teacher's Pet" for just one day? No one knows that but me; but on that day, I say a good word to him, ask him a question about something important to him. I could do this again in a few weeks. I could just put his initials on my calendar to remind me to do this. I may find myself liking him more!
8. Teach him to use a "Think Aloud" program. This plan requires a student to ask himself: 1) What is my problem? 2) How can I control it? 3) Am I following my plan? 4) How did I do?

IDEAS FOR FACULTY COOPERATION IN ASSISTING LEARNING DISABLED STUDENTS

1. Could we arrange a rotation system that would assign a single faculty member to administer oral tests to all of our professionally diagnosed learning disabled students? In particular, those students who can demonstrate to you that they actually know the material in content areas such as science and social studies -- but who have been diagnosed as possessing handicaps which prevent them from encoding -- would benefit from the opportunity to demonstrate their knowledge of subject matter.
2. Could we agree, within our faculty community, on a procedure for grading the professionally diagnosed learning disabled student? For example, if it is our school's policy to take points off for spelling errors in all subjects -- shouldn't we consider the needs of our handicapped students? Students who have an inability to sequence visual information will have extreme difficulty with spelling. If they have actually learned the information for a history test, but they fail because of spelling errors, what message are we giving them?
3. Can we remember that even though these students' handicaps are invisible, they are very real? Can we try to understand their frustration? When we're on the verge of losing our patience, can we make this analogy: Suppose we had a student whose physical handicap was visible. Would we penalize a quadriplegic student for failing to do pushups or run laps in P.E.? Learning disabilities, while they are invisible, are also physiologically, neurologically, very real.

DYSLEXIA:

SUGGESTIONS FOR TEACHERS IN TRADITIONAL CLASSROOMS

(What is done for any handicapped child depends upon the school's philosophy and upon the ingenuity of each teacher.)

DO

- † Praise a dyslexic whenever possible.
- † Encourage a dyslexic to practice.
- † Give less homework (e.g. shorter essays, or underline the main points to learn.)
- † Mark written work on content (not spelling)
- † Give plenty of time to copy from board.
paper
- † Mark on oral responses when possible.
alphabet
- † If reading long words, divide syllables with line.
- † Help student to pronounce words.
- † Recognize the reality of the student's frustrating handicap.

- † Put the student at the front of class so you can help.
- † Permit the student work with a text open.
- † Be conscious of the student's attention
- † Write important words on the chalkboard clearly.
- † Test for content area knowledge orally and untimed, when the handicap prevents getting thoughts on
- † Check to see whether the student really knows the
and that the days of the week and months of the year are really known in sequence.
- † Determine whether the student knows how to tell time.
- † Be patient.

DON'T

- † Don't force a dyslexic student to read aloud if it can be avoided.
- † Don't give long lists of spelling words to be learned: two or three are as many as can be managed at once.
- † Don't compare a dyslexic student to others without the handicap.
- † Don't judge a dyslexic student by the discrepancy between I.Q. (aptitude) and achievement. Many dyslexics have very high I.Q.s, yet their handicaps are very real.

- † Never ridicule.
- † Don't correct all mistakes in written work; it's too discouraging and it's overwhelming.
- † Don't force a dyslexic student to write work over and over.
- † Don't negate the handicap's existence because it's invisible.
- † Don't force a dyslexic student to change writing. Writing is very difficult and tedious for most dyslexics.
- † Don't permit other students to ridicule a dyslexic.
- † Never assume that a student who is verbal and who appears to be bright has the ability to perform tasks you assign. The student may be dyslexic. 10 - 15% of us are.

REMEMBER

- † A dyslexic tires more quickly than a "normal" person; far greater concentration is required; the teacher can help.
- † Dyslexic people frequently have great difficulty in maintaining concentration; in children, teachers often recognize attention deficits before any other symptoms.
- † A dyslexic may have such severe deficiencies in word recognition that you're certain he couldn't have understood the passage - and yet have 100% comprehension. (type A)
- † A dyslexic may read a passage correctly, and yet not get the sense of it; for these children, decoding and comprehending are totally separate cognitive functions, processed in different areas of the brain. (type B)
- † A dyslexic may have extreme difficulty with figures (e.g. memorizing tables), reading music, or anything to do with interpreting symbols. Learning foreign languages is usually very difficult for them, as is English grammar
- † A dyslexic is inconsistent in performance; such inconsistencies are thought to be due to the inconsistency of the function of the brain's neurotransmitters.
- † A dyslexic may omit a word or words when writing, and may omit letters from words.
- † Frequent misspellings are likely to occur; there is usually a lack of visual memory for the sequence of letters in words.
- † A dyslexic suffers from constant nagging uncertainty.
- † A dyslexic cannot take good notes because he cannot listen and write at the same time.
- † When a dyslexic looks away from a book or a board from which he is copying, he often can't relocate his place.
- † A dyslexic works very slowly because of all of these difficulties, so is always under the pressure of time.

F2. DOCUMENTATION OF APPROPRIATE INDIVIDUAL INTERVENTION STRATEGIES WITHIN THE REGULAR/COMPENSATORY EDUCATION PROGRAM (STEP TWO)

STUDENT INFORMATION

Student: _____
 Date of Birth: _____ Age: _____ Sex: _____

SCHOOL BUILDING INFORMATION:

Homeroom Teacher: _____
 School: _____
 Date Interventions Began: _____ Date of Report: _____

INSTRUCTIONAL ACCOMMODATIONS AND MODIFICATIONS <i>(Check those recommended. Star those which are successful for this student.)</i>	
<input checked="" type="checkbox"/>	ASSISTANCE WITH CLASS PARTICIPATION AND ORGANIZATIONAL ABILITIES
<input type="checkbox"/>	Opportunity for increased response time
<input type="checkbox"/>	Preferential seating—close to direct instructional area
<input type="checkbox"/>	Directions given in more than one way (visual, auditory, written, re-explain)
<input type="checkbox"/>	Paraphrasing information (repeating, summarizing)
<input type="checkbox"/>	Extended time to complete assignments
<input type="checkbox"/>	Shortened, modified, fewer, or taped assignments
<input type="checkbox"/>	Reduced paper/pencil tasks
<input type="checkbox"/>	More frequent opportunity for review
<input type="checkbox"/>	Cooperative learning/peer assistance
<input type="checkbox"/>	Taped lectures
<input type="checkbox"/>	Peer assistance for note taking
<input type="checkbox"/>	Photocopied teacher notes
<input type="checkbox"/>	Taped textbooks
<input type="checkbox"/>	Highlighted textbooks
<input type="checkbox"/>	Assignment notebook
<input type="checkbox"/>	Peer assistance with assignment keeping
<input type="checkbox"/>	ASSISTANCE WITH STUDYING FOR AND TAKING TESTS
<input type="checkbox"/>	Extended time for tests
<input type="checkbox"/>	Oral testing (administered by teacher or teacher's aide)
<input type="checkbox"/>	Multiple choice tests
<input type="checkbox"/>	Essay tests
<input type="checkbox"/>	Modified test
<input type="checkbox"/>	Shortened test
<input type="checkbox"/>	Taped answers
<input type="checkbox"/>	Amanuensis (someone to record answers)
<input type="checkbox"/>	Open-book or Take-home tests
<input type="checkbox"/>	Special study sheets
<input type="checkbox"/>	Given rehearsal and mnemonic devices
<input type="checkbox"/>	ASSISTANCE WITH WRITTEN LANGUAGE SKILLS
<input type="checkbox"/>	Use of computer for written work
<input type="checkbox"/>	Compositions and written assignments dictated into tape recorder
<input type="checkbox"/>	Spelling lists and/or assignments shortened
<input type="checkbox"/>	Spelling not counted in grade
<input type="checkbox"/>	Encouraged to subvocalize (quiet oral reading)
<input type="checkbox"/>	Extra time for or shortened reading assignments
<input type="checkbox"/>	ASSISTANCE WITH LEARNING STYLES
<input type="checkbox"/>	Freedom to move as needed
<input type="checkbox"/>	Visual reminders as memory aids
<input type="checkbox"/>	Auditory distractions blocked
<input type="checkbox"/>	Teacher initiated signals for redirecting attention
<input type="checkbox"/>	Variety of modality input (auditory, visual, kinesthetic/tactile)

CLASSROOM ACCOMMODATIONS FOR THE DYSLEXIC COLLEGE STUDENT

1. Allow increased response time when calling on students.
2. Provide step by step instructional sheets for students when working on group projects.
3. Encourage the student to sit near the front of the classroom.
4. Always avoid embarrassing the student.
5. Allow another student to take notes for the dyslexic student so that he/she can concentrate on listening.
6. Use multisensory approaches during instruction including diagrams, visuals, models and charts.
7. Give directions in several different ways.
8. Encourage the student to tape classes.
9. Introduce the student to mnemonic devices that can be used when studying for an exam.
10. Provide detailed study guides for exams.
11. Encourage the student to study with a study group.
12. Suggest that the dyslexic student buy their textbooks in order that they might underline and highlight in them.
13. Suggest the use of colored overlays (yellow, pink or blue) when reading under fluorescent lighting.
14. When grading subject matter during writing assignments do not penalize for spelling errors.
15. Allow students to use lap top computers with spell checks during written class assignments.
16. Offer to look over rough drafts of papers.
17. Allow the student to read their papers to you when you are having difficulty understanding them.
18. When possible, do not take off for spelling on exams.
19. Offer to let the student take an exam in your office or in other less stressful testing environments.
20. Allow the student to take an exam orally.
21. Allow the student to write the answers on the test booklet rather than on a scantron.
22. Give the student extended time to take an exam.
23. Encourage the student to seek counseling when under stress due to academic problems.
24. ALWAYS ENCOURAGE THE STUDENT!! LOOK FOR OPPORTUNITIES TO PRAISE HIM/HER!! TELL THE STUDENT OFTEN-- "YOU CAN DO IT & I BELIEVE IN YOU!!"

A. ACCOMMODATIONS AND MODIFICATIONS

This section of the guide is intended to assist the regular education classroom teacher to implement the Step Two portion of R. S. 17: 7(11).

"Any teaching strategy known to help learning disabled students helps all students."

Harriet Sheridan, Dean of Students
Brown University

The following is a summary of background information, specific ideas, and general suggestions for classroom strategies that are known to help students become successful learners. Many of the ideas require practice; some require initial time to create; and all require careful planning; but once practiced, the new techniques become habit. The activities may be used again and again; the careful planning pays off when students succeed in your class.

These ideas are based on sound educational theory, good teaching methodology, and positive human psychology. Most of the ideas here are not entirely new. They may be presented with a slight change or added twist in the context of the learner's needs. Hopefully you already use many of these suggestions in your everyday teaching. If so, they are enabling you to reach all the learners in your class.

Even though academic needs and progress are important, the key for the teacher is to find positive strategies that do not diminish self-esteem. In every case, the self-esteem and emotional well-being of the student should be the foremost consideration when determining which strategies are useful, timely, and appropriate. What is useful and appropriate for a first grader—such as, isolating the student to take a test—may not be appropriate for a seventh grader, even though it might be useful. A second grader struggling to decode words may not mind reading aloud, since other second graders may not be completely fluent either; but a seventh grader who does not read well will not want to read out loud in class under any circumstances. Many people, even as adults, keep bitter memories of school-days because they were forced to stand up and read aloud or spell in front of classmates. If in doubt about whether the class activity or intervention is appropriate, put yourself in the place of a student before you make the decision.

The following are some specific classroom suggestions for helping students maintain or regain self esteem and academic integrity.

Do

- become confident that your students can and will learn with your empathy, understanding, and good teaching;
- call attention to the abilities of your students;
- discuss how your students feel about contributing to the class and ways you can encourage and help them;
- give the students ample opportunity to "rehearse" before being asked to present before the class;
- be patient.

Do not

- call attention to the disabilities of the students;
- ask students to read out loud in class unless they want to read out loud;
- ask students to spell out loud in class unless they want to spell out loud;
- become frustrated.

Many of the important classroom intervention strategies discussed here may be classified as either accommodations to the academic setting or modifications of the work requirements. Although some accommodations and modifications may lend themselves better to a certain age group or to the development of a particular skill or to a particular subject, they usually cut across age and course boundaries. For this reason, they are discussed prior to the more specific interventions.

An *accommodation* is any technique that alters the academic setting or environment. It enables students to show more accurately what they actually know.

- Examples:
- having untimed or extended time for tests or assignments
 - moving to a quiet, isolated location to take tests
 - having a recorder to write the student's exact answers
 - having a reader to read the exact questions to the student

C An accommodation generally *does not change* the information or amount of information learned. It merely provides the extra time, the special setting, and/or the added assistance that enables accurate assessment of the student's real knowledge rather than assessment of the disability. For instance, the accommodation of oral testing would allow the student who actually knows the phases of mitosis to show that knowledge—even if he or she can not read, has dysgraphia, can not spell, or needs extra thinking time to express that knowledge.

A *modification* is any technique that alters the work required in some way that makes it different from the work required of other students in the same class. It encourages and facilitates academic success.

- Examples:
- giving an oral report when other students are doing a written report
 - composing 10 instead of the 20 sentences
 - reading only the chapter headings and summary
 - taking the test in essay format rather than in multiple choice format

A modification generally *does change* the work format or amount of work required of students. It helps the student cope with a broader array of academic tasks and, like some accommodations, allows for more accurate assessment of the student's true knowledge. For instance, the modification of composing 10 sentences rather than 20 provides for effective practice without the extreme time required to write 20 sentences and thus allows time for other important academic tasks as well. When making modifications, teachers should make certain that the reduced assignment does give opportunities for practice in the same areas as for other students.

Both accommodations and modifications are very important tools for the classroom teacher who wants to help students. Most authors do not make the distinction between accommodations and modifications, and some intervention tools might be seen as either one depending on the situation or on the implementation. For instance, is ignoring spelling errors an accommodation or a modification? That depends. If the assignment is to write about "My Most Important Life Experience," spelling has nothing to do with getting the ideas down on paper—at least, not initially. It is the ideas that are most important in this situation. In this case, ignoring spelling errors is an accommodation. If the assignment is for a spelling class, then ignoring spelling errors would be a modification. The distinctions between accommodation and modification are important for on-going monitoring of the student's academic progress. Each has positive and negative points.

The positive aspects of accommodations, especially those related to extended time, are that they do not affect what information is learned and students are given ample opportunity to maximize their learning potential. Accommodations of extended time may be a lifelong need for the student. Most accommodations take extra time from the teacher or the class and often require outside assistance from parents or teachers' aids in order to work with optimum success. The positive aspects of modifications are that they often make for more creative, diverse, and interesting class activities. Properly planned, they may simplify or reduce the teacher's work. On the other hand, modifications, though essential for a while, unless monitored closely may eventually adversely affect what or how much the student earns.

C Keep in mind that learning increases both receptive language abilities and expressive language skills. Some accommodations and modifications are intended to epitomize and enhance the receptive abilities of students while others encourage and allow for greater expressive possibilities. The receptive skills of all students are always greater than the expressive skills: students know more than they can say. Planning the classroom interventions to be used with students should take into account this fundamental aspect of learning; teachers should attempt to vary the classroom interventions to maximize both receptive and expressive learning.

1. ACCOMMODATIONS

- **Preferential seating:** Planning the seating arrangement in such a way that the student has close proximity to the focal point of the instructional area. Often it is helpful for the student to be placed close to the area where the majority of direct instruction takes place. This placement may mean sitting near the teacher's desk or near the board or near an activity center.

Paraphrasing of information (both verbal and written): Condensing verbal or written information in such a way that it is complete, but is shorter and/or uses alternate vocabulary in order to make the ideas and information easier to comprehend. The purpose of this technique is to take into account the auditory processing difficulties of the student.

Instructions, practice activities, and directions given by using more than one modality (multi-sensory): Using methods to instruct, guide practice, or give directions which are multi-sensory: that is, the instruction, directions, or practice activities physically involve the student and require that multiple modalities (auditory, visual, kinesthetic, tactile) are used simultaneously or in rapid succession. Direct instruction techniques that engage the student's hearing, vision, and tactile senses help assure that the student's strongest learning pathway is tapped. Tape recorders with headphones, chalk boards, small writing boards, plenty of visual aids--such as pictures, slides, and videos as well as three dimensional manipulative and real-life examples--help increase the multi-sensory aspects of teaching and learning.

Opportunity for increased response time: Allowing the student who has slower processing skills the opportunity to think of and to give a more complete answer that reflects his actual knowledge. The student may be given the questions well in advance so that his rehearsed response can be made more quickly.

More frequent opportunity for review: Giving the dyslexic frequent (preferably daily) opportunities and ways to review the most recently presented skills and information and frequent (weekly) opportunities to review the cumulative information and skills presented in the course. There are a number of ways to create multi-sensory learning opportunities. The teacher, teacher aid, peer helper, or the student may create an audio or video tape of the most important information for easy review, and/or they may create a review "deck" on index cards. The review cards should whenever possible contain pictures that can serve as visual mental cues as well as written words. The tape or review decks may be organized according to units or may be cumulative throughout the semester and might even serve the needs of more than one student. When this accommodation is utilized, teachers should plan and provide for routine times for review, which become everyday habits for the student.

Tape recorder for class: Allowing students to record classroom instruction, lecture notes, and/or directions. As with any use of the tape recorder for learning, guidelines for use should be established, and special training should be given so that the technical aspects of using the tape recorder do not hinder the student's access to the information captured on tape. The teacher may wish to control the tape recording of many activities in order to use the tapes with multiple students and in more than one class. This accommodation is especially important for some class events, such as giving directions. While, sometimes the student needs to have directions repeated or paraphrased in different words, other times it is helpful for the student to hear the exact same wording for instructions more than one time. This strategy enables the student to begin to cue in to the consistent direction-giving style of the teacher.

Extended time to complete assignments: Allowing students extra but specified time in which to complete the full assignment (i.e. over the weekend). Unless there are extenuating or unusual circumstances, this accommodation should be pre-planned and should not be used extemporaneously.

Taped answers for homework: Using a tape recorder to record answers to homework questions or problems. This accommodation is especially useful in content courses such as the social studies and sciences. Careful guidelines should be given as to the format and organization of the taped assignment. For instance, tapes should be carefully labeled. The student should begin each new assignment with the usual "heading" of name, date, and subject. Each assignment section should be orally titled including page number, and every question or problem should be orally numbered. If the teacher normally requires the questions be written as part of the homework, parents may read the questions into the recorder.

Larger print for assignments or tests: Having students read, do assignments, or take tests on pages that have been photocopied and enlarged by 30% to 100% or that have been originally created with larger size print. The benefits of this accommodation can be that reading and paper and pencil tasks are easier.

Spécial study sheets for tests: Creating review sheets that outline in logical, sequential manner the most useful or salient information. These review sheets should be given to the student as early as possible, should follow the questioning format (though not the exact questions) that the test will have, or might use multiple questioning formats for the same information. Once created they might be used numerous times.

Extended or untimed tests: Providing a place and time for students to take tests without the pressure of time. This accommodation may mean dividing the test into multiple parts so that students may take the first portion of the test before school and additional portions during class and after school. If this accommodation is necessary in every class, shorter tests for some classes should be considered.

Oral/taped testing and answering: Giving tests that have been previously read into a recorder. The student reads along with the test and then writes answers on the test form, or records answers on another tape, or tells an amanuensis who writes the student's answers. The amanuensis may be a teacher, an aide, a volunteer, or a peer helper. As with other accommodations which utilize tapes, procedural formats should be taught and followed.

Homework completed on computer: Utilizing various computer applications to do homework assignments. The intent of this accommodation is to alleviate handwriting, composition, spelling, and time problems. Some assignments--such as, essays and reports--are obvious candidates for computer completion. Other assignments--such as, math and grammar--are less obvious but may be equally helpful for the student.

2. MODIFICATIONS

Copies of teacher's notes and plans: Allowing students to have copies of the teacher's lecture notes and class plans to ease writing requirements and to assure that information for home study is accurate, sequentially ordered, and well organized. Although it is not always possible, if the notes are given to the student ahead of time, he may be able to follow the classroom instruction more readily.

Peer note taker: Having a classmate take notes, preferably on carbonless duplicating paper. Care should be taken to make sure that the peer assistant wants to perform this volunteer job and is an excellent and thorough note taker who follows a consistent pattern for taking notes, accurate spelling, and writing legibly. Sometimes it is preferable for the student to continue to practice taking notes and have a peer note taker whose notes serve as a model. This modification must be instituted with self-esteem issues in mind and should not be used as a substitute for teaching note taking skills except with students who have severe dyslexia or dysgraphia.

Reduced or altered assignment (in class): Requiring less academic output of the student, usually on work which involves extensive copying and paper-and-pencil tasks or lengthy reading passages. It may be that fewer questions or problems are answered or that shorter written compositions are allowed or that reading amount is reduced. This modification, in many cases, gives face-saving validity to the reality that the student does not work so quickly. Consequently, the amount of work output is smaller. Reducing the amount of work may, in some cases, ease the constant pressure to produce work quickly rather than accurately, completely rather than correctly, and sloppily rather than neatly.

Reduced or altered assignments (homework): The same as above except that the specific practice problems, reading, and written work must be more carefully planned to make sure that all new learning is adequately practiced. Often the assistance and monitoring by parents are required to enable this modification to work well.

Alternate format for test (multiple choice or essay): Changing the format of the test either partially or completely to tap the actual knowledge of the student more effectively. For some students this modification means giving a subjective test--such as, an essay or oral essay test--rather than an objective one, such as a multiple choice. For other students, this modification means giving multiple choice rather than essay tests. For still others, the objective format is fine; but matching questions are better than fill-in-the blank, and true-false questions are better than short answer. At this time, there is no clear-cut, universal trend as to which testing format is best for students. Individual needs should be studied and taken into account. The key in alternate format testing is to find the best way to access what the student knows.

Alternate method for test [open book or take home (open or closed-book)]: Same as the above except in this case the format of the test may be the same as the format for the other students. Ask the student to keep track of the time spent working on a take home test. If the time demand is so great that other subjects suffer, another method for testing should be considered.

Modified test: Changing or adding to certain parts or questions of a test to best tap the actual subject knowledge of the student. For instance, a lengthy matching test with 20 or more matching choices might be divided into two sections of 10 each; a labeling question might have a wordbank for the student; a question requiring graphing might have three graphs, one of which is the correct answer. This way the student can show that he does know the information asked, though he is not yet able to plot the graph. This modification should be based only on specific modification needs of the student. The needs may be determined by analyzing the previous tests.

Shortened test: Changing the test for a student so that less information is asked on the test. One way to make sure that all the information is covered is to give more frequent tests that cover less material.

Assistance from an amanuensis: Having someone other than the student record notes, daily assignments, classwork, homework, and/or test answers or transcribe essays and reports. This modification may be made for short periods of time, for selected courses, or for selected activities within a course.

Cooperative learning: Learning by being part of a small group in which students pool ideas, trade information, and make group decisions. This modification is considered a modification only if the cooperative learning situation is not part of the whole class instructional methodology or is in some way different. It should be noted that cooperative learning methodology may be very good or very bad methodology for students depending on the characteristics of individuals within the group and the group dynamics. Passive students whose skills are minimal may be left out of the learning situation or become too dependent on stronger group members. More aggressive or socially inept students may not be ready for the complex social interaction required for successful cooperative learning.

Peer assistant: Having a classmate serve as a facilitator for the student. Although this modification is frequently used for students when there is little curricular and staff support within the school system, a strong word of caution should be given. It is usually unwise to believe that peers without special training will have the knowledge, skills, and empathy to help students appropriately.

C

B. SUGGESTED INTERVENTIONS BY SUBJECT AREAS

It is difficult in the space provided here to give a comprehensive and exhaustive listing of possible classroom strategies and activities for every grade level to facilitate learning for the complete range of difficulties with language. The following suggestions are arranged by topic rather than age and come from a number of sources. Some may seem more appropriate for one age group; others, more appropriate for another.

1. READING

Although many students want to be able to read well, the arduousness of the task is often overwhelming. They have trouble with many important aspects of reading. Their reading rate can be characteristically halting or slow. Some are prone to numerous kinds of reading errors: such as, reversals, omissions, substitutions, and transposals of letters and words. They have problems "tracking": that is, as their eyes move across the page, they lose their place because they skip up or down to the wrong line or back to the same line instead of moving smoothly from left to right. They have difficulty using punctuation as a guide and difficulty reading with appropriate intonation. To overcome these problems, some students need special training in reading. Some may never become good readers.

The following strategies may help student cope with reading tasks in the regular classroom setting.

Subvocalization: Moving the lips inaudibly or quietly while reading. It has been called "reading out loud inside your head." This multi-sensory technique helps the student "feel" and "hear" the words he is seeing on the page.

Use of index card, pencil, highlighter and/or window card for keeping place: Using any instrument to help alleviate tracking difficulties. Which item is most useful is a decision for the student and may change over time. An index card placed under or over the line of reading is especially helpful in the lower grades, but may be needed throughout school. The eraser end of a pencil or a highlighter scanned across the page while reading not only helps with tracking, but also creates tactile reinforcement for the student. The student with severe tracking problems may find a "window card" helpful. A small section the size of a word or group of words is cut out of the center of an index card. The student places the card on the segment of words being read. This strategy masks out the other words and prevents mistracking.

Cursive Traceover: Tracing the cursive shape of a letter over the printed letter as a cue to the sounds within the word. This strategy often helps the student recognize reversals. For example, the cursive letter *b* swings up and loops back to the left while the letter *d* curves up, over, and back very differently from the *b*. The same idea works for other easily confused letters: *t* and *f*, *m* and *n*, etc. Again this strategy is a multi-sensory one that involves the tactile sense with the visual sense.

X **Name the letter:** Naming the letters of a word as a cue to the word. The student should name letters when words are misread. Naming letters helps the student associate the name with the sounds and helps eliminate reversals.

High frequency word/phrase practice: Isolating some high frequency words or phrases for special practice. Some words or word pairs tend to give the student special trouble. Shorter, more abstract, easily reversed words--such as, *a* and *the*; *of* and *to*; *when*, *where*, and *then*-- are easily incorrectly substituted in the student's reading. The student is especially prone to misreading prepositions. Some reading theorists believe that misreading or skipping the smaller words is relatively unimportant. For the dyslexic misreading words--such as, *on* and *no*, *of* and *to*, *when* and *then*--is devastating to comprehension.

Highlighted and/or marked texts: Marking textbooks in such a way that the most important information is clearly indicated so the student knows what ideas should receive the most attention. This strategy does not help with reading per se; it helps reduce the amount of reading, thus saving time.

Colored film overlays: Placing a colored film (usually blue, yellow, rose, or grey) over the page to reduce the contrast of the black letters on a white page. While this controversial practice has not been proven to help, many students report that the "words move on the page" or that they become "fatigued" from looking at the page of words. If this problem exists and if the student feels that the color helps, then overlays should be an option.

Altered lighting conditions: Changing the lighting (usually reducing it) to reduce the contrast. Another controversial strategy, but worth investigating for individual students.

Books on tape: Listening to textbooks that have been recorded verbatim. If the student is able to follow along in the text, this activity becomes another multi-sensory technique. This often recommended strategy requires careful planning and special training to work successfully. The student should be given a format and procedure for using the tapes. Caution the student to focus on the information and to stop often, at least at every section of text, to review the information and ideas mentally. A strong word of caution, the "readers" on the tape must be good readers who use appropriate rate, intonation, and inflection. They must provide verbal clues as to the location of the reading within the text; otherwise, the student will become hopelessly lost in an avalanche of words. Oral reading rate is approximately 150 to 185 words per minute. The student's optimum listening comprehension rate should be considered. For some students 150 to 185 words per minute is fine; for others, it is too slow; for some, it is too fast.

Paraphrased or annotated version of books on tape: Listening to textbook tapes that have been paraphrased. The same conditions as above apply. Some books may be taped using both verbatim and annotated style. As long as the student is told on the tape which style is being used, this strategy can be a good way to model paraphrasing techniques for the student.

Lower reading level text of same topic: Having the student read texts on the same topics that are easier to read. Be very cautious with this strategy. Depending on the reading ability and age of the student, this technique can be either good or bad. In some ways, it is similar to paraphrasing of text and may encourage the student to read more; but there is a strong chance it will discourage the bright student whose knowledge and ability to learn are far above his reading level.

Synopsis text: Using a condensed, information packed version of a text that gives a great deal of information in just a few words. Synopsis texts are often used in upper level areas of science or business. If available, these jam-packed texts reduce the amount of

reading while maximizing the information. This strategy is best used with the high school - age student who learns easily but still struggles with reading rate.

2. SPELLING

Spelling is often viewed as the bane of the dyslexic student's academic life. Long after other aspects of written language have begun to progress, the dyslexic student still has great difficulty spelling correctly. Some are able, with inordinate effort, to hold the visual memory of a list of words just long enough to pass a test; but composition spelling usually remains erratic. The problems stem from poor auditory memory for sounds and/or poor visual memory for letters.

The dyslexic student is frequently unaware that he has misspelled a word. This problem makes teaching spelling, accommodating, and modifying more difficult because the student does not think to circle the word or use the quick chart when he has no idea he is spelling the word incorrectly.

The trend toward eliminating spelling-list tests and allowing "invented" spellings to encourage writing is initially helpful for the dyslexic student. From the perspective of spelling, he is indistinguishable from other students who are also spelling creatively. However, with the dyslexic student, the non-traditional spellings are likely to continue indefinitely. Ultimately the dyslexic student will need accommodations, modifications, and special strategies; he should be taught the basic spelling rules.

Subvocalization: Moving the lips quietly or, in some cases, inaudibly to rehearse a word before spelling it out loud or before writing it. This multi-sensory strategy helps the student "hear" in his own voice the word he is about to spell. This accommodation should be monitored carefully, since the student often omits, reverses, or transposes sounds and syllables when he repeats or says words. Teachers should initially listen to make sure the student is able to say the spelling word accurately. If the student is unable to say the word, it is sometimes helpful to use a small hand mirror and have the child echo your pronunciation while watching their own mouth in the mirror. If this practice is not sufficient for accurate pronunciation, a speech/language evaluation should be considered.

Spelling check option: Checking, circling, or putting *sp* above words when writing. This face-saving strategy encourages the student to express ideas in writing without fear of embarrassment. This technique encourages better vocabulary in writing assignments, better word awareness and editing, and gives the teacher important information about the dyslexic student's spelling problems. The circled words can then become the focus of future spelling lessons or form the basis for the personal spelling quick chart discussed below.

Scratchpad practice page: Using a scratchpad to make certain the word is correct before writing it on the homework, test, or composition. This common adult strategy is often overlooked for students. Again the scratchpads can be kept so the teacher can analyze them for future lesson planning.

Spell check partner: Pairing with a classmate to check each other's work for spelling errors. As with other cooperative learning or peer situations, care must be taken to see that this activity is a positive experience and that both students are learning from the activity.

Frequent word spelling quick chart: Creating and using a list of spelling words known to give student problems. Frequently these words are homonyms that cause problems of usage--such as *there, their, they're*--or are words that are noted spelling

"demons," such as *misspell*. Many such lists are available in books. However, be sure to personalize the list you create for the student so that it is age/grade appropriate. Guidelines for when the quick chart may be used should be established.

Personal spelling demons quick chart: Creating and referring to a personal, on-going list of words that give the student persistent spelling problems. The chart can be created from the circled words of their compositions, the scratchpad words, or from the teacher's observation. It is best to make the list special in some way. For instance, the list might be written on colored paper, or might have a special design, or might be typed on the computer. When the page is complete, it might be laminated and another one started. Students should be encouraged to cross out words that no longer give them difficulty.

Spelling rules and generalizations chart: Using a quick chart that lists the major spelling generalizations and rules.

3. WRITING - HANDWRITING

Dysgraphia is a severe handwriting problems associated with dyslexia. Like dyslexia, dysgraphia is not something the student is able to change or control by "trying harder" or "caring more." This disability is sometimes difficult to understand, since the student who can not legibly write his own name may be able to draw the most intricate creative picture, play the piano, or type well. The handwriting of the dysgraphic student is characterized as erratic, misshaped, and cramped. The act of writing is often laborious and time consuming: the student has no energy to attend to what is being written or to how the words are spelled. He seems not to remember how the letters are formed. Even when he does remember the letter forms, his poor spelling may encourage poor handwriting. For instance, if the student does not know whether a word is spelled with an *a* or a *u*, he may write the letter in such a way that the teacher cannot recognize the letter. The "spell checking option" in computers helps to alleviate this problem.

The increased availability of computers will provide the dysgraphic student with a tool that will assist him in his school work. Until that time, careful teaching, patience, and empathy are needed.

Slant form: Using a parallel-lined page underneath the writing paper to serve as a guide to help the writer keep the backs of letters straight and parallel. Often the straight lines (or down-strokes) of a dysgraphic student's handwriting are erratic and not parallel. Making the down strokes straight and parallel will increase handwriting legibility. A form provided at the end of this section may be used to assist the student with this technique. Have the student place a piece of paper over the slant page and write, making sure the down strokes of the letters are parallel to (not necessarily on) the lines of the slant form. A student may prefer a different slant: an individual form may be created for his particular style.

Personal letter forms chart: Practicing with or referring to a chart as a reminder of the letter forms. A letter chart may be designed for the student who may be experiencing difficulty forming specific letters. The chart may contain the whole alphabet including lower and upper case letters, if beneficial. Troublesome letters in cursive writing include *e*, *i* and *t*; *a* and *u*; *a* and *o*; *b* and *k*; *g* and *j*; in manuscript, *b* and *d*; *p* and *q*; *m* and *n* are sometimes troublesome. Primary grade classrooms typically have the alphabet displayed on the wall. However, a dysgraphic student needs a closer model. A chart may be reduced in size for personal use by the student.

Change in writing form: Allowing the student to use the writing style that is the quickest and most legible style for him. This accommodation may mean switching from one style to another.

4. WRITING - COPYING

Copying is rarely taught as part of the language arts curriculum. However, because of its complex nature, copying is often a difficult task for the dyslexic or dysgraphic student. The language skills of reading, letter formation (handwriting), and spelling, as well as attention and memory are required for accurate copying. For a student who can not read, who has difficulty forming letters, and who can not spell, the simplest copy activity becomes extremely difficult, confusing, and meaningless. In addition, the student is prone to make the same types of errors in copying that he makes in reading, including reversals, substitutions, and omissions.

Computers may assist the student in routine copying activities. However, some academic copywork is essential. In addition, the ability to copy is a lifetime skill that cannot be entirely ignored or avoided. It is important to

determine which academic copying activities are essential for the student and plan the activities accordingly;

teach copying skills to student as carefully as you teach any other language arts skills; and

make accommodations and modifications for copying activities, whenever needed.

Common copying activities

a. *Final drafts of papers* can be an important copying activity but may require more time for the student. The teacher might consider giving extra time or allowing only a portion of the final draft to be hand copied. In many cases, however, it is more realistic to allow papers to be typed and to use other activities for copywork practice.

b. *Prose or poetry passages for handwriting practice* may be an important copying activity. The same notes as above apply. This activity may be preferable, since passages are generally shorter.

c. *Homework questions from a textbook* are rarely a good copying activity. The large amount of time spent copying from the text is better spent learning the concepts of the textbook.

d. *Copying and writing errors in mathematics* may include failure to keep numbers in columns or failure to separate the numbered list from the mathematical problem. These difficulties may lead a teacher to believe that the student is having trouble in math when such is not the case. The teacher may consider keeping a master set of the textbook problems copied for the student or may consider providing enlarged print copies.

The form included in this section may be used by the student to keep problems in line. The problem number should be placed in the circle, and the mathematics problem should be placed in the box. Once the student can use the form easily, it may be placed under a piece of regular notebook paper and used in the same way as the slant frame for handwriting.

e. *Letters or notes to parents from the school* may be an appropriate copy activity if the letter is short and is read to the student. However, the teacher should provide a "model" for copying.

Teaching Copy Procedures

Teachers should give the student specific methods and procedures for copying. Like other language arts skills, copying methods should be taught in a manner that is the same from teacher to teacher and from grade to grade. In addition, the complexity of activities should build over the years in much the same way reading or grammar skills are built over the years.

There are two types of academic copying: copying from the *farpoint* and copying from the *nearpoint*. Any copywork done from the board or overhead is *farpoint* copying; copying from a textbook or papers on the student's desk is *nearpoint* copying. Copying from the *farpoint* is usually more difficult for the dyslexic student. The student should begin by copying from the *nearpoint* with models that have been enlarged and written in the same style that the student is expected to use.

The student should be taught to follow these step-by-step procedures for copying assignments:

- Have all materials ready
 - The textbook should be open to the correct page, or the board should be in clear, close sight.
 - The pencil should be sharpened or the correct color of pen should be in hand.
- Get the paper and *nearpoint* copywork ready
 - The paper should be slanted in front of the student and the copywork easily visible. The student should position the copy work so that it does not obstruct the writing page and does not have to be held. A bookstand may be needed for holding the textbook open to the correct page.
 - The heading and title should be written on the page before copying begins.
- Read or have someone read the passage
 - This activity should be repeated two or three times.
- Begin to copy
 - The student should first say and then repeat (for auditory reinforcement as well as for accuracy) the small groups of letters or words in the passage. This activity may be performed orally or subvocally. If a student can not correctly name the letters or words, it is highly unlikely that he can accurately transcribe them.
 - The student should write the letters/words which have been repeated. It is helpful for the student to name the letters of the words as they are written.
 - Initially, the student should copy small groups of letters (three or four, and progressing higher). The student should not be asked to go beyond seven letters or seven words at a time).
 - Later, the student can build to single words, and ultimately, to phrases. When the student is able to copy by phrases, he should be taught how to break a prose passage into logical units and how to follow the rules for copying poetry.
- Check and correct the copywork
 - The student should be encouraged and given time to make sure the work has been copied correctly. This activity may be performed with other students.
 - To note special difficulties, the teacher should watch the dyslexic student as he copies. The teacher's analysis of copying errors will help to design additional copying activities.

For all copying activities, patience on the part of the teacher, peers, and the student is very important. Praise for effort and encouragement for following procedures are also important.

5. WRITING - COMPOSITION

Some students may have difficulty expressing themselves orally. Many have good and creative oral expression. Therefore, it is sometimes difficult to understand why a student may have difficulty expressing himself in writing. Often, a student's written composition does not reflect the depth or range of his ideas. Much of the composition problem is related to the physical aspects of written language. If critical mental attention is devoted to the forming of letters and the spelling of words, then less attention is available for composing. If the student's writing rate is slow, then the creative and complex ideas are lost amidst the laborious task of writing them down. Other composition problems stem from organizational and sequencing difficulties. The student may have difficulty in separating superordinate from subordinate ideas and in putting the ideas into a logical order.

The two key strategies for the teacher in helping the student with classroom composition skills are

- to encourage and nurture the flow of ideas through accommodations that allow the ideas to be "captured" before being written, and
- to provide models for practice.

Taping/transcribing: Using a tape recorder to "capture" the ideas before they are lost. The student should be encouraged to make this accommodation a routine activity. A character in the movie "Night Shift" used just such a technique to hold onto his bright (funny) ideas. He even named his recorder Charlie. This example may encourage a student to use a tape recorder for writing. As with other tape recording accommodations and modifications, care should be taken to teach the student formats and techniques for recording. Transcribing and editing from the tape may be performed by the student, a peer, a parent, or a teacher's aide, depending on the assignment, the needs of the student, and the availability of volunteer assistance

Prototype models of compositions: Using a variety of model compositions as examples for the student. A student may practice "writing" by changing the topic, but shadowing the framework of the composition. This activity may be performed orally with a full class or individually with the student until the process is learned. Patterns for organization such as "box" paragraphs and composition "pictures" are also helpful guides.

6. Study Skills for the Content Areas

The following suggestions are primarily for content courses: such as, science or social studies.

Textbook approach: Using a specific procedural approach to learn from a textbook. The oldest and most widely used is Francis P. Robinson's S Q 3R technique (which stands for Survey, Question, Read, Recite, Review) from Effective Study (1970). Students should be carefully taught to use the method and should be given numerous opportunities to use it in class.

Marking a textbook: Using a specific system of marks or highlighting to organize the information in a text for immediate understanding, for tactile reinforcement (the pencil eraser may be used when the textbook can not be permanently marked), and for later review. Although not all students can or should mark in every textbook, some students

need this accommodation on a consistent basis. Some study skills books give detailed directions for this task. General guidelines are given here. Students should

- circle unknown words;
- underline keywords and phrases with a single or double line;
- box vocabulary words and underline the corresponding definition;
- bracket information that is important but too long to underline;
- number superordinate, ordinate, and subordinate information
 - Roman numerals and Arabic numerals should be circled and used to designate the relationship of ideas;
- number (do not letter) all ideas with multiple points, lists, etc.;
- star key ideas; and
- question-mark information that is unclear.

Vocabulary deck: Using a personal and on-going word deck for vocabulary building. This activity may be conducted with written words and definitions or with pictures where appropriate. The cards may be color coded by subject (i.e. blue for science, green for social studies, etc.)

7. Organizational Techniques

Many students have problems with organization such as difficulty remembering what to do for homework, holding on to assignments once completed, and filing papers for future reference. Some also have difficulty using time efficiently. These students need special assistance with organizational skills. The key component for the success of organizational skills instruction is to have a detailed system and to be consistent in its use.

Assignment page: Writing homework assignments on a special page designed to help the student, teacher, and parents monitor the student's academic work. There are three kinds—a day-at-a-glance, a week-at-a-glance, and a month-at-a-glance—of assignment keeping systems that seem to work best. The key is to choose the one that is best for the student. The week-at-a-glance has the most advantages. It allows space enough to write complete assignments (unlike the month system) and still lets the student get an overall picture of the flow of assignments (unlike the daily system).

System of organization: Using a centralized system (usually a 1" to 2" binder) for maintaining all school paperwork. This activity prevents the student from becoming fragmented. The specifics of the system can be varied depending on the teacher's wishes; however, there should be only one system. If the student has multiple teachers, there will need to be coordination to provide consistency.

Study time monitoring: Keeping a written record of study activities and study time. This activity helps both the student and teacher keep track of how much time is spent on each academic task. Though the process does not need to be an on-going activity, periodic monitoring will assist the teacher in determining which accommodations and modifications may be helpful for the student.

~~HOW CAN I HELP MY CHILD?~~

This is the question asked by every parent of every bright child who experiences difficulty in learning to read, write, and spell. Don't try to teach your child in the traditional way you were taught. Teachers have been doing that, and it hasn't worked. More of the same will produce frustration for you and for your child.

Think of it this way: The fact that you have a premier appendix that works just fine doesn't qualify you to perform an appendectomy on your child. In just the same way, the fact that you know how to read doesn't qualify you to perform the highly skilled academic therapy that such children require.

READING: Try this: No matter how tired you are, spend at least 30 minutes each day reading to your child. Stop at the end of each paragraph or two and ask questions to stimulate the imagination. (Television has stifled our children's ability to create their own images as they receive oral or written language!) *Asker* what the puppy in the pet shop window looks like. Ask him what he thinks the airplane looks like. Work on developing their ability to comprehend language as they receive it. This will help more than you can imagine!

WRITING: Involve your child in writing -- but without any "grading." Writing, like the ability to ride a bike or play an instrument or bat a ball -- requires lots and lots of practice. And everybody has to be permitted to fail.

Even students in grades K-3 should be involved in writing activities. For example, they might help mom make a grocery list, or write down lists of names of frequently phoned friends and their telephone numbers. Tasks involving copying to "help" a family project can be used for practice as well. Involving a child in numerous non-threatening, non-graded writing tasks will provide more opportunities for practice without the punitive associations often encountered in traditional classroom settings. This involvement in writing is critical; avoiding the task can only delay development further.

Older students in grades 4 on will benefit from keeping a journal, writing for a minimum of ten to fifteen minutes each day. This journal should be nongraded and private, independent of and in addition to the program of academic therapy. The daily exercise of getting thoughts on paper will help ease the difficulty a student faces with writing.

SPELLING: Use a multi-sensory system in preparing for spelling. A carpet square is recommended. Using the index and the third finger of the dominant hand, 1) look at the word, 2) say each letter aloud, and 3) while saying the letter, print it on the carpet square with the two fingers. This process should be repeated five times with each spelling word on Monday, Tuesday, and Wednesday nights. On Thursday night, the child should listen to the word as it is called and attempt to write it on paper. Those words which remain unmastered should be once more traced five times each on the carpet square, and that portion of the practice test repeated. This multi-sensory input sends messages through several neurological channels. As a child simultaneously sees, says, hears, touches, and feels each letter in sequence, the order of letters within words is more readily recalled.

HELPING YOUR LEARNING DISABLED YOUNGSTER

WITH SCHOOL WORK ~~BY~~

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It is easy for a teacher to say to a parent, "I'll teach him, you love him!" Learning is a full time job for a child and learning takes place both inside and outside of the classroom. It is important that parents and teachers work together so that the child has every opportunity possible to grow in skills, attitude and spirit. For most parents helping a child with homework is very much like a married couple hanging wallpaper or putting up curtain rods. They agree on the goal, but each person has very specific, if not different opinions on how that goal should be accomplished. Since the student has learning problems, and the parent(s) may have similar problems, the parent-becoming-teacher has a very difficult job. The student is already a challenge to teach in school by dedicated, well trained professionals; what then, can parents do to help their child at home?

1. Teachers have to remember that homework is only to be used as a reinforcement for already learned material. Homework is practice work and should NEVER involve new things to be learned.

2. If a child and parent can not accomplish a homework task, The parent should write a note to that effect along with a notation of the amount of time spent and sends it along with the unfinished assignment back to the teacher. Find out AHEAD OF TIME if the teacher is willing to accept a "quick" phone call in the evening if there is a question. It is very helpful if there is an agreement as to "the maximum time" spent on a subject. A quiet kitchen timer set to the agreed upon time is helpful.

3. Since school is often very frustrating to an LD child, the time immediately after school is usually not the time for homework. Each family needs to establish a set time of evening when homework can be accomplished and yet will not interfere with other members activities. Right after supper might be a good choice for most.

4. Structure is a universal need and the LD student needs more than anyone. A consistent place for study is very important. It should be away from distractions such as the TV. One good place that has been used for over hundreds of years is the dining room table. If the LD student is left to study in isolation, then no monitoring can be done.

5. It is a tradition in most American homes that the responsibility for education is the mother's responsibility. Since most LD students are male, it is suggested that whenever possible both parents alternate homework shifts. The father's influence and participation, as well as interest, is a very important factor in determining educational success. Students do better when dad is actively involved. Many teachers blame overmothering, but they forget that it is a compensation for underfathering.

6. LD children may have one or two parents who also have a learning problem that only becomes obvious when dealing with school work. Parents should pool their talents and decide who should help whom and in which subjects. It is very helpful if a child knows that mom or dad or Uncle Charlie had a problem learning too. It's not to be used as an excuse, but it is to be used as the reason to work hard. It also helps if a student is involved in the IEP meetings so that he understands his responsibilities in the learning process. If a student is a part of the planning, chances are greater that he/she will be successful.

7. Adults, like their children, enjoy time to relax and to do other things after a busy or tiring day. Homework time is a good time for adult activity that CAN be interrupted to answer questions. Knitting, reading the paper, balancing the check book, all can be interrupted. Getting homework done needs to be a commitment made by all members of the family.

8. If your child has to write an assignment, have him dictate it to you. Then the student can copy it later.

9. Use graph paper for arithmetic assignments if a student has trouble keeping columns straight. If graph paper is not available, turn lined paper sideways and that will help keep the columns straight.

10. Purchase only wide lined paper. Teach the student to write every other line, or invest in the new light blue and white notebook paper printed by Norcom. Writing every other line accomplishes two things. It increases the "skyline effect" and handwriting becomes easier to read, and also there is plenty of room for additions, corrections, and suggestions by proofreading parents or correcting teachers.

11. Encourage your child to use "THE UNDERLINING OPTION" both in and out of school. (See attached sheet).

12. If your child expends a lot of energy erasing his work, refer to "ERASING ERASURES". (Also on the attached sheet).

13. If a child asks how a word is spelled, spell it for him. If the parent doesn't know, then use the dictionary. Adults have a better chance at looking up a word they can't spell than children. If a child can't spell it, how can he look it up? He does not know his spelling options.

14. If there is an assignment to be read, consider two options. First, is this assignment available on tape from either The Books for the Blind or tapes done by volunteers in the community? If it is, then make certain that the student follows the reading in the book as it is read to him. Never let the student just listen to the tape. He needs to use two senses in order to learn and remember. The second option is for the parent to read one paragraph, then the student reads the next and so forth.

15. Don't overlook the teaching power of an older or even a slightly younger child.

16. Ask the teacher for a duplicate set of books to be kept at home. This eliminates all sorts of "FORGETTING" problems.

17. Purchase a separate note book for each class. It is the student's responsibility to write down the assignment in each class. The student has the teacher initial the written down assignment. If there is not an assignment, the teacher initials the words "No Assignment." If the student "forgets" to write the assignment, some penalty must be assessed such as doing an extra chore, or loss of a half hour of television.

18. On the last day of each school week, the student should carry his own progress report which is to be brought home to the parents. Keeping current is to be greatly rewarded. "Missing assignments" means a temporary grounding until work is caught up. Grounding should never be for more than 48 hours at a time. That means no phone, visitors, etc. Family occasions and family activities should include the youngster grounded or not.

19. The development of good self-esteem is always at risk---especially for the LD youngster. Increase verbal rewards and physical rewards for completing jobs and for a job well done. According to Dorothy Briggs, it takes five positives to undo one negative.

20. It doesn't take too many negatives to erase all the positives in a child's day. Choose one important area of behavior that needs to be improved upon at a time. Work on that behavior and ignore other areas until improvement is shown. Then target new behavior and work on that.

21. If the teacher provides a study guide for a text, it is an enormous help. A good study guide helps the child organize the information and helps the child distinguish between important and unimportant information. A good study guide will preview all of the vocabulary words that the student should know. If there is no study guide, then one must be created at home. Suggested is a tried and effective study guide. Use a clean page in the notebook and put the chapter number and the text page number at the top of the page. Divide the page into four columns going down the page. Label them VOCABULARY PEOPLE PLACES AND DATES IDEAS AND DISCOVERIES. Write the text BOLD PRINT chapter and sub-chapter headings as they appear. As the text is read fill in the columns, and the headings. Do this for each notebook page.

22. There are two ways of taking notes. The first is to ask a good notetaker to use either carbons or NCR paper. The second is to create note sheets just like the study sheets mentioned in idea number 21. The difference is that when the teacher lectures or the class discusses, the student fills out the paper just as he did when studying.

23. Start studying for spelling tests early. If the student learns five a day, it is easier. Test cumulatively. Most LD students will remember only for the test. If words aren't used, they will slip away. Spelling is a written activity. Practice words by writing them, not by spelling the words out loud. That's the way teachers test is by writing!

24. If a child asks a question and you don't know the answer, say "I don't know". "Let's find the answer." Too many adults are embarrassed to admit that they don't know and will try to BLUFF it. Kids should be able to see and appreciate that there are "gaps" in everyone's knowledge. Kids are also more perceptive about when adults stretch the truth, or not abuse it. Honesty is the best policy.

In conclusion, the one common denominator that all of the school subjects have is language. The vocabulary of each subject matter is critical to the comprehension of the subject. There is a saying in teaching, "Just because something has been said, doesn't mean it has been taught." People have to use words many times before those words are learned. Don't overlook vocabulary development. Urge your children to tell you about what they have read or heard in their classes. The Editor of the Orton Dyslexia Society and a colleague of considerable stature and even more wisdom, Margaret Rawson, once wrote. "Real children think and feel. Learning is influenced by the relationships between teachers and learner, and language development promotes discrimination between emotional states and empathy. Motivation is a variable in the learning process. Linguistic competence stands at the very center of what is crucially human in each of us. We are as we speak; we work as we read; we become human as we understand each other through language." Parents and teachers must work together so that the LD child can become the very best person that he can be, not only for himself but for the people in his future.

Many thanks go to Regina Cicci, Nita Lussenhop and Christi Perkins for their valuable input.

SUGGESTIONS FOR PARENTS AND TEACHERS

The following suggestions were written as aids to parents and teacher regarding students who have learning disabilities including dyslexia.

- * From the time of the initial evaluation, questions should be asked so that the nature of the child's dyslexia or learning disability and how the problems might affect life in the classroom, in the home, and in the community will be understood.
- * Translation of professional jargon may be necessary. Terms are used differently by different professionals. In order for a term or word to have communicative value it must have a shared meaning.
- * It is never too late to get help with learning to read if the teaching approach is appropriate and the individual is willing to work hard.
- * The teenager or older person must want special help and must be an active participant in the remediation process.
- * Progress should be monitored. There should be improvement. If not the teacher or tutor should be questioned. An alternate approach may be necessary. Discuss goals with the teacher or tutor as to expectations for progress.
- * Parents serve as the child's advocates. Even the most competent and caring professional does not have the interest of a child or adolescent at heart in the same way that the parent does.
- * There may be problems in nonacademic areas. Help children and adolescents learn social rules in the same way they have learned rules of phonics, rules of grammar, or rules to solve math problems. Children may not pick up incidental social cues and may need help with the proper way to act with friends and strangers.
- * Recognize that your students may feel bad about themselves as learners. Don't be afraid of their finding out that they are dyslexic or are different. They already know it.
- * Stress that contributions to the family can be made in ways other than being successful in school. Doing chores or having family responsibilities on a regular basis as a contributing and valuable family member can be important.
- * Parents should learn the nature of the approach to reading and spelling so that the student is being taught so that questions and supervision of homework assignments can be meaningful.
- * Reduction in length of assignments, when appropriate, may be necessary so that the student can function successfully and as independently as possible.
- * Spelling words should be practiced in the way they will be presented on tests in school. Have the students write the words, not just spell them aloud.

- * Have the child use spelling words orally in several sentences rather than laboring over one written sentence.
- * Encourage the child or teenager to keep a diary while on a trip or vacation. This can help with writing practice. Children could be asked to write one sentence only each day to be shared with someone such as a teacher or grandparent at the end of vacation time. Older students could write longer passages.
- * Practice using every-day words through naming objects, varying the use of verbs. Learning multiple word meanings can be helpful.
- * While the student is receiving special education help, the teacher in the regular class may be willing to accept oral or taped reports rather than written ones.
- * Those who can profit from listening to material a second time may be permitted to use tape recorders for class. This may not be of help if the child has a severe auditory memory problem.
- * The child or adolescent may need help to proofread for errors in written work. Do not correct mistakes but point them out and see if the child can change them him or herself.
- * Watch having the student re-write for neatness. This may be too great a burden if he or she has struggled through the first writing.
- * Encourage independence and taking responsibility for one's own actions.
- * Provide assistance in organization to help students remember assignments. One small notebook for all assignments may need to be carried all the time.
- * Help organize the student's notebook so that it is useful, organized and contains appropriate material.
- * Do not permit late assignments. Modifications may need to be made in requirements, but what is required should be on time.
- * Teachers can be helpful to the learning disabled student (perhaps to all students) by using visual aids, writing on the board, etc., to provide visual support for lectures.
- * Teachers may be willing to give separate grades for content, style of writing, and spelling.
- * Each teacher must be aware of the impact of learning problems on the subject he or she teaches.
- * Children or adolescents must understand the nature of their learning disability or dyslexia. Provide comparisons regarding different talents that people have. Assist them to know that some are weak in learning areas but can learn with special help.

- * If you as a parent or teacher have had similar learning problems discuss them with the child or adolescent. Let him or her know that you understand the struggle.
- * Breaks from special education or tutoring are sometimes necessary. The early identified dyslexic or learning disabled child may need time off from tutoring or summer school.
- * If there are problems or organization with papers, notebooks, desks or rooms, help with steps of organization. Develop a pictured or written plan to show how to start organizing. Keep school supplies for the next day in a certain place to prevent forgetting. The young child or teenager must be helped to remember and routines can make such activities more automatic.
- * Read to the child of any age, not only textbooks and school assignments but also literature and popular fiction. This teaches the magic of printed words, keeps interest high that books have value, and can encourage the student to stay with the difficult task of learning to read. Adult dyslexics may have weak vocabularies because they do not learn from print. But they may acquire word meanings if they hear books read as they are growing up.
- * Make use of tapes and records normally produced for the blind.
- * Discuss issues of homework so that the child, teacher, and parent agree about homework and what is reasonable for the student to do after school hours. Hours of homework and battles about it between child and parent are harmful and will not serve the purpose of learning.
- * Discuss with the teacher and student whether it might be possible to have a good student take notes using carbon paper so that the one with difficulty has good notes from which to study.
- * If there is a problem with attention, seek medical consultation. It is helpful for the physician to have documentation of times and circumstances when the child has difficulty with attending. If the attention problem occurs only when the task is difficult then change in the task expectation may be necessary. If attention cannot be focused even when engaged in something that is enjoyed, a different kind of intervention may be required.

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READING LIST FOR PARENTS AND TEACHERS

GENERAL OVERVIEWS

- A PRIMER ON DYSLEXIA*, Sandi Ezrine, The Jemicy School, 1979.
AMONG SCHOOL CHILDREN, Tracy Kidder, Avon Books, 1990.
CHILDREN WITH LEARNING DISABILITIES, Janet W. Lerner
DIFFERENT, NOT DUMB, Margot Marek, Franklin Watts, 1985.
DYSLEXIA, Arthur Kenney, C.V. Mosby Co., 1968.
DYSLEXIA DEFINED, MacDonald Critchley, Charles C. Thomas, 1978.
DYSLEXIA: UNDERSTANDING READING PROBLEMS, John Savage, Julian Messner, 1985.
GIFTED, PROCOCIOUS OR JUST PLAIN SMART, Priscilla Vail, Programs for Education, Inc., 1987.
HAZY? CRAZY? and/or LAZY?, Hiseog G. Rosenthal, 1973.
HIDE OR SEEK, James Dobson, Fleming H. Revell Co., 1979.
NO EASY ANSWERS: THE LEARNING DISABLED CHILD, Sally Smith, Dept HEW, 1978.
OVERCOMING DYSLEXIA, Beve Hornsby, Arco, 1984.
SMART KIDS WITH SCHOOL PROBLEMS, Priscilla Vail, E.P. Dutton, 1987.
SOMETHING'S WRONG WITH MY CHILD, Milton Brutton, Harcourt, 1973.
SQUARE PEGS, ROUND HOLES, Harold Levy, Little, Brown, 1973.
THE DYSLEXIC CHILD, T.R. Miles, 1979.
THE PURIES AND THE PLAME, Ingrid Rimland, Arena Press, 1984.
THE HURRIED CHILD, David Elkind, Addison Westley Pub. 1981.
THEY TOO CAN SUCCEED, Doreen Kronick, Academic Therapy, '69.
WHY JOHNNY STILL CAN'T READ, Rudolf Flesch, Harper, '81.

HEALTH ISSUES/HYPERACTIVITY

- ALLERGIES AND THE HYPERACTIVE CHILD*, Doris Rapp, M.D., Sovereign Books, 1979.
ATTENTION, PLEASE! Edna Copeland, and Valerie Love, SPI, 1991.
CAN YOUR CHILD READ? IS HE HYPERACTIVE?, William Crook, Pedicenter Press, 1975.
IS THIS YOUR CHILD?, Doris Rapp, M.D., Wm. Morrow, 1991.
SOLVING THE PUZZLE OF YOUR HARD-TO-RAISE CHILD, Wm. Crook, Professional Bks, 1987.
THE IMPOSSIBLE CHILD, Doris Rapp, M.D., Practical Allergy Research Fndn., 1986.
THE YEAST CONNECTION, William Crook, M.D., Vintage Books, 1986.
YOUR ALLERGIC CHILD, William Crook, M.D., Medcom Press, '73.

INSTRUCTIONAL

- CLEAR AND LIVELY WRITING*, Priscilla Vail, Walker & Co., 1981.
KEEPING A HEAD IN SCHOOL, Mel Levine, Educators Publishing Service, Inc., 1990.
MAKE YOUR CHILD A LIFELONG READER, Jacquelyn Gross, Jeremy P. Tarcher, Inc., 1986.
MEGASKILLS, Dorothy Tich, Noughton Mifflin Co., 1988.

PARENTING

- BETWEEN PARENT AND CHILD*, Haim Ginott, MacMillan Co., 1965.
COMING PARENT REVOLUTION, Jeanne Westin, Rand McNally & Co., 1980.
DARE TO DISCIPLINE, James Dobson, Lyndale House Publishers, 1979.
ENDING THE HOMEWORK HASSLE, John Rosemond, Andrews & McMeel, 1990.
HELPING CHILDREN OVERCOME LEARNING DIFFICULTIES, Jerome Rosner, Walker & Co. 1979.
HELPING THE ADOLESCENT WITH THE HIDDEN HANDICAP, Lauriel E. Anderson, Academic Therapy Pub., 1970.
HOW TO LIVE ALMOST HAPPILY WITH A TEENAGER, Lois & Joel Davitz, Winston Press, 1982
LEARNING DISABILITIES: A FAMILY AFFAIR, Betty Osman, Random House, 1982.
LET THEM BE THEMSELVES, Lee B. Hopkins, Citation Press, 1974.
MISUNDERSTOOD CHILD: A GUIDE FOR PARENTS OF L.D. CHILDREN, Larry Silver, 1984.
NO ONE TO PLAY WITH, Betty Osman, Random House 1982

Dr. Mel Levine helps parents, teachers assess attention deficit

Dr. Mel Levine, director of the Clinical Center for the Study of Development and Learning, School of Medicine, University of North Carolina-Chapel Hill, returned to Santa Catalina on February 7 for his fourth visit as a scholar in The Edwin L. Wiegand Trust Dialogues in the Arts and Sciences. In three small-group workshops, Preschool, Lower School, and Upper School teachers had the opportunity to question him about the classroom management of children with neurodevelopmental dysfunction.

Among the materials Dr. Levine provided was a questionnaire for observing and assessing attention deficit in young children in either a home or classroom setting. It is reprinted here, with permission, for the use of concerned parents and teachers in the Santa Catalina community. Please note Dr. Levine's warning that "responses to all of these questions are meant to be in comparison to other children of the same age in the same setting or context."

DYSFUNCTIONS OF MENTAL ENERGY CONTROL

Inconsistent Alertness

1. Does this child show evidence of fatigue in the classroom? Are there signs of stretching, yawning, appearing tired with fidgeting behaviors?
2. Are there indications of "tuning in and out"? Is this evident on tests and on other work submitted?
3. Does this child have a history of unusual or difficult patterns of sleep?
4. Is it necessary to keep repeating instructions for this child?

Inconsistent Effort

5. Are there signs of extreme performance inconsistency (e.g., in test scores)?
6. Does this child deteriorate over time when he or she undertakes to complete an assignment?
7. Is it often hard for this child to mobilize the needed effort to get started with work?
8. Is this student unpredictable in work output (e.g., submitting homework)?
9. Does this child seem "lazy" or somehow poorly motivated?
10. Does this child seem underactive, lacking in energy often?

DYSFUNCTIONS OF PROCESSING CONTROL

Poor Sensory Determination

11. Are there indications that this student has great difficulty deciding what is important and what is irrelevant or unimportant?
12. Does he or she have trouble focusing on salient details while performing academic work? Is the student better at the "big picture"?
13. Is this a child who has summarizing or paraphrasing skills that are weak compared to her or his overall expressive language ability?
14. Are there comprehension problems secondary to trouble finding the "gist" of stories, instructions, explanations?
15. Does this child look around a great deal during class? Does he or she stare off into space frequently and appear blank?
16. Are there signs that this student is "tuned into" background noises?
17. Do the fingers of this child seem to be highly "exploratory" often and at inappropriate times?
18. Is it especially hard for this student to "filter out" peers adequately to accomplish work?

Superficial or Excessively Deep Processing

19. Does this child display apparent problems with short-term memory at home and/or at school?
20. Are there signs of inconsistent understanding of recent inputs?
21. Is she or he particularly absentminded?
22. Does this child often focus too deeply on certain things?

Passive or Extremely Active Processing

23. Is this child notably non-elaborative much of the time? Is she or he only able to elaborate on subjects that are highly romantically attractive?

24. Does she or he daydream richly with great frequency?
25. Is this a student who overindulges in rote memory in school?
26. Does this child seem not to connect new learning with prior learning?
27. Does this student have no very strong interests in academic subjects?
28. Does this child complain of feeling bored much of the time in school?

Focal Maintenance Problems

29. Does this child too easily lose track of what she or he is attending to?
30. Are there signs of excessively extended concentration on stimuli?
31. Does she or he tend to forget a "train of thought" often?

Insatiability

32. Is this child especially hard to satisfy?
33. Is this the sort of child who wants things all the time and loses interest relatively quickly when he or she acquires what was wanted?
34. Does this child appear to crave highly intense experience? Does she or he create provocative situations to "stir things up" and thereby derive excitement or high levels of stimulation?
35. Is it necessary for there to be "ultrahigh" levels of stimulation or romantic attraction in order for this student to concentrate effectively?

DYSFUNCTIONS OF PRODUCTION CONTROL

Poor Previewing

36. Does this child fail to look ahead? Are there signs that she or he does not think about the consequences before doing or trying something?
37. Are there signs that this child works impulsively (i.e., without inserting sufficient planning) in school?
38. Does she or he reveal poor estimation skills?
39. Is this a child who often says inappropriate things without thinking through their effects on others?

Weak Facilitation and Inhibition

40. Is there evidence of significant behavioral and/or social disinhibition?
41. Does she or he do many things the hard way?
42. Is this a child who seems to lack alternative strategies?
43. Are there observable indications of imprecise facilitation and inhibition of motor function?
44. Is this child motorically "hyperactive"?
45. Does this child often say embarrassing or distasteful things at inappropriate times?

Improper Pacing

46. Does this child do many things too quickly?
47. Are there activities or pursuits where the child operates too slowly?
48. Is this a child with a weak sense of time—its allocation, its sequences, its planning implications?
49. Does this student make many careless mistakes because of rushing?

Deficient Self-Monitoring and Self-Righting

50. Is there a tendency for this child to fail to notice when he or she makes errors in school work? Is she or he highly reluctant to proofread?
51. In social interactions, does this child have trouble knowing how she or he is doing? Are there problems detecting social feedback cues?
52. Does this child misbehave without seeming to realize early enough that he or she is getting into trouble?
53. Does this child tend to get "sidetracked" in the middle of a task?
54. Are there many occasions when this child starts doing something correctly and then changes to an incorrect approach?
55. Is this a child who has trouble shifting from one activity to another?
56. Does this child show an exceedingly low tolerance for frustration during tasks or activities?

Low Reinforceability

57. Does this child respond inadequately to punishment?
58. Does this child seem under-responsive to rewards or praise?
59. Are there indications that she or he fails to "learn from experience"?
60. Is this child relatively unable to make use of feedback given by others?

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"Kids can't fix a problem they don't have a word for. It is crucial to explain to a kid what his learning problems consist of."

—Dr. Mel Levine

How to Manage The ADHD Student in the Classroom

By Barbara Ann Whitwell

ADHD, or Attention Deficit Hyperactivity Disorder, is currently considered a common difficulty among children with an increasing number of children being diagnosed. The prevalence ranges from three to five percent of elementary-age children. The percentage is equally as high for the young adolescent.

The very fact that a child has ADHD may mean he is going to have difficulty with learning. These students need specific remediation in academic areas as well as special help with their attentional problems.

Many ADHD children will also have behavioral difficulties and often present as being emotionally disturbed. If the behavior problems are extreme, the child may very well meet criteria for the diagnosis of Oppositional Defiant Disorder or Conduct Disorder. If a child has these disorders, a teacher would see temper tantrums, picking on others, defiance of authority, persistent arguments, and general disruptive behaviors.

These children are in the mainstream, many diagnosed as ADHD/LD or ADHD and many who have yet to be diagnosed. Teachers must contend with these children every hour of every day. What can they do? While many children are on medication, medicine alone is not the answer. Additional intervention strategies are needed. There are techniques and measures that can be taken to make the learning situation more comfortable for both student and teacher.

Most importantly, perhaps, is the attitude of the teacher. The teacher needs to remain positive and calm at all times with an ADHD child. These children do not react well to scolding, shouting, yelling, or negative comments. Just the way a command is phrased, for example, can make the difference between compliance and non-compliance on the part of the child. When a child is being disruptive by throwing pencils and/or calling out, to yell "Stop that this minute" is much less effective than to quietly say, "I need you to do your

work quietly, please." This approach requires patience and tender loving care, but is a simple technique that will produce positive results.

Special training is not necessarily needed for a mainstream teacher to handle these children. Simple understanding and willingness to make accommodations are the keys to being successful with ADHD children. What works for these children will work for all children, so it only makes sense that the classroom teacher make every effort to change her ways to work successfully.

The treatment must be tailored to the individual and must be developmentally appropriate for the age of the students. Treatment of ADHD students in the classroom should include:

- **A positive learning atmosphere.**

Children learn best in a relaxed, yet structured classroom. The room itself should be carefully organized with a minimum of distractions, and the class should be conducted with a structure and schedule that is very closely and carefully defined. Every minute should be structured from the time the children come through the classroom door until they leave. Even as much as thirty seconds of free time is too much for the ADHD child.

The physical arrangement of the room is important. The ADHD child should be in the front of the room and close to the teacher. The teacher should stand near this child when giving directions or presenting a lesson. This forces the child to attend.

Some children may need study carrels to avoid distractions while others may need individual headphones to play soft music or white noise to filter out other auditory distractions. These are but simple solutions to what could become out-of-control problems.

- **An organized class.** Daily schedule should be posted as reference for the child. Establish a daily classroom routine so that breaks or recess come at the same time each day. ADHD students like familiarity

and repetition. It is their security. Use it to your advantage. A consistent classroom routine with specific and clear expectations is what is needed.

- **A lesson presented clearly.**

Directions, oral or written, should be clear and simple, preferably one at a time. If written, use large type and keep page format simple with white space between directions. Avoid extraneous pictures and keep only a few activities to a page.

Divide worksheets into sections, allowing students to cover all sections except the one on which they are working. Shorten assignments to alleviate frustration. As long as a child exhibits proficiency or concept mastery, there is no need for him to do additional problems. Ten problems well done rather than 40 half done should be a realistic goal.

Use auditory and visual cues as much as possible. Write the page number on the board as you say it and open the book to that page to show students.

- **Positive phrase.** As previously stated, it is the way you say something to the ADHD child that makes the difference in the response you get. You must give precise directions: i.e., "Please sit down" rather than "Cut it out." Also, always give a command rather than ask a question. "Open your book to page 63" rather than "Would you open your book to page 63?" Avoid lengthy explanations such as "You need to wear your coat on the playground because if you don't, you will catch cold and then you possibly won't be able to be in the school talent show."

Students will respond negatively unless your requests are short, simple, direct, and precise--preferably ten words or less. When the child has responded positively, he should be praised for same. The praise, too, should be specific. "I appreciate your sitting down at your desk," etc.

- **Behavior management.** Every classroom should have a behavior

(continued on p. 11)

ADHD

(continued from p. 10)

management system. It should be positive with lots of praise and encouragement as well as positive reinforcement. Any negative reinforcement should be avoided. ADHD children do not have a bad disposition nor purposefully misbehave. They are impulsive and often act without thinking. They lack self-control and cannot behave like other children. Realizing this, accepting this, and dealing with it in a positive way can make a major difference in a teacher's relationship with a child or class.

Classroom rules need to be stated in a positive fashion, i.e., "Walk in the halls" rather than "No running." They need to be brief, concise, and posted in the room as a visual reminder. Rules need to be reviewed daily for at least six weeks; then, weekly. Infraction of rules needs consequences immediately, not at the end of the day or end of the week. Time out or taking away a privilege would be appropriate punishments for breaking a classroom rule. Conversely, good behavior should be rewarded immediately also with tokens, points, an extra smiley face, etc. Each teacher needs to devise his/her own system of rewards and punishments. There should be more rewards than punishments, and teachers should work at creating a situation where the ADHD can be successful behaviorally.

Self-monitoring can be used by the ADHD child as he keeps track of his own behavior. This method will give him ownership of his problem and more motivation to solve it. Several students can be self-monitoring simultaneously. A timer can be used at fixed or varied intervals for them to check a chart regarding their behavior.

Classroom Contingency Management can also be used. The entire class works towards a stated behavior and is rewarded for good behavior. Contingency management motivates peers to help peers comply with whatever is necessary to achieve the desired rewards.

In-classroom behaviors are always helped by the teacher's constant monitoring--walking around the room, checking on students, a pat on the back to one doing well on task, a touch of the hand to one off task to bring him back. When appropriate, give the student a choice about activities. Always praise the positive and, when possible, put the negative on extinction. If you need to punish, do it immediately after the offense and in a calm, matter-of-fact, all business manner. Make it brief and avoid lengthy discussions. Avoid threats, stay calm, don't give in to a child and ignore the little attention-seeking behaviors. React only to that behavior which disrupts everyone or threatens to harm others.

Can the ADHD child be mainstreamed? Yes, many can. It simply takes a teacher who is strong, firm, and understanding. ADHD children are perceived as being bad. They are not bad. Treat them kindly and lovingly and your difficulties will be minimal.

However, there is no question that there are some who cannot be managed in the regular classrooms. These students may need special placement in a resource or self-contained class, or even a special school. The management is essentially the same, though medication may be a must.

Whatever the needs of the ADHD child are, it is our responsibility as educators to endeavor to meet these needs. Attitudes must be changed. As a friend and mentor once said to me, "There are no bad children. We make them bad by our words and our actions."

Sources:

Bloomquist, Michael. *ADHD: A Guide to Understanding and Helping Children with Attention Deficit Hyperactivity Disorder in School Settings*. University of Minnesota 1991.

Levine, Melvin. *Keeping a Head in School*. Educators Publishing Service 1990.

Barbara A. Whitwell is Director of the Achievement Center in Roanoke, VA, a longtime ODS member, and a past Virginia Branch President.

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LEADERSHIP CHANGE FOR THE ROUNDTABLE OF THE PRESIDENT'S COUNCIL

It is a pleasure to announce that Stephanie M. Gordon has agreed to Chair The Society's fundraising committee, The Roundtable of the President's Council.

Stephanie, with her extensive fundraising background, has been extremely successful in her solicitations on behalf of ODS. Her goal is to educate the Committee in fundraising techniques.

Due to a heavy travel schedule with the 3M Corporation, Mike Tita found it necessary to resign as Chair of this committee. We thank Mike for his outstanding leadership since the Committee's inception in May 1991 and look forward to Stephanie's direction.

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NOTES ON ADD
WHAT IT IS-WHAT IT ISN'T

This material was prepared for attendants to the Fourth Annual Literacy Conference at Southeastern Louisiana University on May 2, 1992 entitled "Literacy- at Risk" . It is designed to be a supplement to the information presented on ADD.

There has recently been a great deal of public attention to the disorder ADD. That raised sense of awareness is due to the concerted effort of parents of children who are affected by ADD. The condition has always been with us and it is recognized in every country in the world. It occurs in about five percent of the general school age population, and is an important "hidden handicap", often responsible for unexpected problems. ADD has recently been recognized by the United States Government as a handicapping condition.

These notes are in question and answer format, for ease of presentation. Often the disorder itself and the treatments are not so easy to put into compartments. I apologize if the presentation of the information is confusing. I am a pediatrician not a writer.

If the information itself is confusing, don't feel alone. Many parents, children, doctors, and teachers keep you company. This conference is to increase your knowledge and give you direction if you have a child with trouble in school. Some areas may remain difficult to understand. A source of reading material is in the back of the booklet to help you learn more. When you learn more, you can be much more help your to family, the teachers, therapist, your child, and yourself.

These notes are not copyrighted and may be reproduced without permission. Please acknowledge this booklet as the source.

The pronoun "he" is used for all people except mothers and teachers, who are usually female. That is not a deliberate slight, merely a convention. Feel free to substitute "she" if it is appropriate.

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When should you consider the possibility of ADD in a child?

A child of any age who is having unusual and persistent difficulty with one or more of the following:

ATTENTION or task persistence difficulty. This includes, but isn't limited to, children who daydream often, forget commands (requests) recently issued, or information recently learned. People who "never" finish tasks, tests, or homework. Individuals who go from one uncompleted activity to another with no apparent provocation. Loses or forgets to turn in homework, may really forget that he even has homework. Sometimes has great difficulty changing from one activity to another when requested to do so, but changes activities more often than expected at his own whim. He may not know "when to quit."

IMPULSIVE child, or one not responsive to rules. This child may act without thinking of the consequences. He is almost unable to delay gratification i.e. he acts out of turn in school and play. He blurts out answers and can't seem to not do so. Needs frequent reminders about rules and expectations.

OVERACTIVE or over-energetic in settings designed to be quiet. Constant motion, at least squirming or fidgeting. Up from seat in school and at meals. Talks more than is desirable---much more. Lots of accidents (may be in combination with impulsiveness and inattention). Activity level or quality is usually not very different from the other children on the playground- (problems occur when "still" is expected).

OTHER: Difficult to satisfy
*** Inconsistent ***
Poor scholastic performance
Social awkwardness or fighting at school
Symptoms may disappear when the child is entertained or interested in an activity.

When does ADD/ADHD show up?

In some instances, very active behavior is noticed by the mother before birth. The infant may be colicky, difficulty to console, and a real test of parenting skills. It may be impossible for his mother (no matter how experienced) to figure out what he wants, what is wrong, or to give adequate comfort. He may have a

schedule that is impossible to accommodate or even recognize as a schedule.

As a toddler or preschooler, the child may be extremely negative, overactive, fast-paced, and into everything - all the time. He may not learn from experience and doesn't cooperate or compromise with other family members. He may forget even simple things and then lie about it. A family may force itself to accept this kind of behavior because the child is young, or the back yard is fenced and readily available, or they think that this is "just the way he is."

But it is school performance that clearly demonstrates that this child is different. School may be the first time that rules were strictly enforced (that does not mean that the parents were too lenient), or the first time that quiet activity was demanded. If he can't sit still and be quiet, he will be identified during the first few grades. Parents will often be called on to "do something." This call from a teacher should be taken seriously. This child may well have ADHD or some other "hidden" problem.

A child who is sitting still but not paying attention is not as likely to be noticed or called to task as is one who is destroying the group tranquility. A quiet child, who is inattentive or struggling, may not be recognized until school failure causes adults to notice that something is wrong. (This recognition may not be until the fifth or seventh grade especially if the child is bright and/or pleasant). The report cards contain many "needs improvement" comments. If this comment is repeated frequently, it should be taken as a sign that something is wrong with this child's ability to attend or learn. Don't ignore it, find out what the problem is.

Other situations that may be warnings:

There is abnormal stress (on you) caused by the every day interactions between you and this child. (His relationship with his father may be less strained.)

There is general indigestion at each meal caused by his overactivity at the table (frequently up, spilling stuff, dropping his fork).

Grandmother won't baby sit because he is "too much" or "too active".

The nursery, pre K, or kindergarten says he is "immature," and should repeat.

He gets in a lot of fights or has trouble with peers.

Teachers complain that he is overactive, disobedient, spacey, daydreaming, disorganized, and/or has sloppy handwriting. He may be in trouble at school for behavior.

What is Attention Deficit Disorder ?

Simply stated, it is an invisible handicap that causes the child to be inattentive, and/or to misbehave, break rules, and get into trouble. His impulses and need for immediate satisfaction drive his behavior. He cannot focus his attention or control his behavior for long periods, no matter how hard he tries.

More formally, it is a disorder of the central nervous system (brain) that results in greater than normal difficulty with the above symptoms, to the point that the behavior or problem is interfering with "normal" functioning. There is a specific list of behaviors that identify a person as having ADHD that is published in the DSM III-R (Diagnostic and Statistical Manual 3rd edition Revised). If a child has a certain number of these behaviors, he is said to have ADHD (Attention Deficit Disorder with Hyperactivity). UADD (Unspecified Attention Deficit Disorder) is a bit less rigid in its diagnostic criteria, and basically includes people who have severe difficulty in focusing attention without any other explanation but are not hyperactive and impulsive. All have in common an extreme difficulty in focusing attention especially to matters that are not exciting, interesting, or fun. These individuals can focus attention quite nicely on Nintendo, TV, or other exciting, interesting activities. In these printed remarks, ADD refers to Attention Deficit Disorder without qualifiers, i.e., to Attention Deficit Disorder with Hyperactivity, and/or Undifferentiated Attention Deficit Disorder.

Research scientists tell us that ADD behavior results from an abnormality of neurotransmitters or neurotransmitter receptors in attention-critical portions of the brain. (Neurotransmitters are chemicals that transfer information and instructions from one brain cell to another). Several brain areas are involved as are several neurotransmitters. Frequently, there is a history of similar problems in other family members.

ADD may coexist with Learning Disability, conduct or mood disorder, medical illness, social deprivation, or other complicating conditions. In such cases it may be extremely difficult to tell what is cause, what is effect, and what is coincidentally present along with the ADD. For example, a child with family stress may be overactive, inattentive, and disobedient,

at home and at school, as a reaction to that stress. A person who is overactive, impulsive, and inattentive with ADHD may live in a family already stressed by alcoholism or fragile marriage. Additionally, a person with unrecognized or untreated ADD or ADHD may be the cause of significant family stress.

This thing called ADD/ADHD is a group of mixed disorders (differences may be a better word) with some symptoms in common. Researchers are trying to find common and distinguishing elements of the different behaviors of "children with ADD" to make better diagnostic and therapeutic groups.

Almost as if to deliberately confuse parents and teachers, these behaviors are not present 100% of the time. The child may do just great once or twice and forever hear "I know you can do it, I've seen it." Unfortunately, the child hasn't a clue as to what happened that day to make things go right. Why can he play Nintendo or watch TV for hours without a problem? Probably because fun, interest, and excitement relieve ADD behavior for short periods of time.

If you think your child may have ADD, what should you do?

The first step is to recognize that your child has a problem. (It is my strong prejudice that no young child fails in school or gets into a lot of trouble unless something is wrong. That statement doesn't say what is wrong, it only raises the serious concern THAT something is wrong).

Next step, ask the teacher what she thinks might be wrong. Are the symptoms suggestive of ADD? Is this very different from the other children? Has the behavior lasted at least several months? Is he learning OK? Does he fight? Does he listen? Is he impulsive? (Keep in mind that, more often than not, attention difficulties are mixed with a variety of special learning styles that interfere with learning with usual methods.) If the teacher's answers make sense and "feel" right, follow her advice. If they don't mesh with the child you know, or you are uncomfortable with her advice, keep looking for answers. She may have a "behavior checklist" available to her, or you may make one available to her, so you can confirm or negate concerns. Don't forget to look for learning difficulty. Don't take "immature" for an answer.

Third step, check with your pediatrician. Ask the same questions. Ask him for information about ADD and Learning Disabilities. Get a copy of a behavior checklist or the DSM III-R criteria for ADD. Discuss the problem. If the answers make sense

and "feel" right, follow the advice. If they don't, keep looking. Check with such organizations as Ch.A.D.D. and the Orton Dyslexia Society for further information. If there is a problem with ADD, then the pediatrician should take charge of finding out what is wrong and how to help. Many pediatricians will consult another professional to take charge and to tell him if they feel medication is appropriate.

A child with ADD is an extremely time consuming individual and he brings with him parents, siblings, relatives, teachers, and school administrators who need information and guidance. Very few pediatricians can take the time necessary to properly deal with children with school underachievement. You may be referred to a pediatric psychiatrist, neurologist, another pediatrician, psychologist, social worker, or child education specialist with special interest and training in ADD and Learning Disabilities.

Most important step: MONITOR THE PROGRESS. No matter who is directing the treatment, and no matter what the treatment is, you must see improvement that is quick coming, and steady. ADD treatments, with few exceptions, work fast - within days. If no change is noted, get to work on why, and fix it. Don't wait around, don't be patient, aggravate people until they figure what the problem(s) is/are. That does not mean that all aspects of behavior, attention, and family interaction are fixed completely, but they should get better, substantially better, and soon. If a dyslexic problem is found, alternate teaching methods must be used.

ADD, how is it dealt with and treated?

As you suspect from the preceding section, this is not a simple matter. Each child must be viewed as a unique individual and his difficulty studied from different perspectives. That is why experienced clinicians form teams to properly identify all problem areas and develop appropriate intervention strategies. Identifying the child's strengths and pointing them out are extremely important parts of the evaluation process. Understanding the strengths, as well as the troubles, helps the child cope and recognize goodness and worth in himself. Helping this individual to grow into a competent and self-valuing adult is the most critical concern of the diagnostic and therapeutic effort.

A team usually consists of parents, teachers, pediatrician (or pediatric neurologist), psychologist (or clinical social worker), and a person who can evaluate educational level and needs. Input from all team members and cooperation among them is critical to

successful therapy. The team will conduct the evaluation, suggest therapy, implement therapy, and monitor the results of therapy. If the suggested therapy is not reaching the desired goals, something is wrong and adjustments need to be made. It is inexcusable for a plan to be devised that is impossible for the family to follow or for the team to fail to monitor the child's progress, and change the plan if it is not working.

Treatment plans are not simple to develop or carry out. A psychologist may be necessary to look at the child's self esteem, IQ, behavior patterns and, if necessary, help him to change problem behaviors that developed due to frustration or inappropriate punishment. A psychologist or social worker may utilize cognitive therapy and assist the child and family deal with troubled family interactions that resulted from ADD, and help develop ways to meet the needs of all family members. He may also teach the child tricks to monitor and control himself. An educator may need to evaluate the child for learning style and learning disabilities. (50-70% of children with ADD have learning disabilities which are not due to poor attention). The teacher will have to use special strategies and tricks to keep the child focused. A pediatrician, pediatric neurologist, or pediatric psychiatrist will examine the child for health problems, perform a neurodevelopmental exam, explain to the child and family the nature and scope of the ADD, may prescribe and monitor drug therapy, and must maintain contact with the child and family to insure that the child's developmental needs are being met. Any or all of these people may be necessary to give the help you need. A older child or teen's input must be respected and given weight if it is to be successful. Parents of small children have the ultimate say in what therapies are to be utilized.

The most important aspect of all of this is to help the child understand the attention problem. It must be done with extreme caution and sensitivity. This is really not child's play. He will constantly evaluate himself in light of this information. An experienced professional should get this job done and coach you so you can answer questions from child and family.

These therapies may be necessary for some time. Each teacher must be made aware of the individual's special needs and informed as to what strategies work. If the child has multiple teachers, each must be impressed with the necessary information to teach

effectively. Not all teachers are enthusiastic about children with special needs. You can't fix that, but you can try to inform and give understanding.

The same is true for home therapy and medication. It is impossible to determine how long the child will benefit from the medication or need counseling. That is why monitoring is so important. The therapy is taking place in a child who's life and growth are changing. Professionals need to keep track.

The organizations Ch.A.D.D. and the Orton Dyslexia Society were formed by parents of children with A.D.D. or Learning Disabilities to educate parents and professionals in these areas and to get whatever help is available for their children. The national organizations have been a dynamic force in achieving national recognition of these special needs children. There are local chapters of each organization. The suggested readings section has phone numbers for these organizations.

A note to teachers:

Teachers are frequently as frustrated as the parents. Teachers, as are parents, are professionals who are doing their best, but their best isn't enough. Neither can understand how this bright child can seem to be so flighty and lacking in motivation.

Try to avoid assessing blame; use descriptive words such as "isn't completing work" vs judgmental words such as "he's lazy". Descriptive words indicate observation and are recognized by parents as indicating concern. Judgmental words often result in a defensive posture from the parents and make effective communication difficult. Judgmental comments often result in harsh punishment to the child and sets up feelings of antagonism between parents and teachers. This is unnecessary, and counter-productive.

Children with ADD are difficult to rear. Don't find too much fault with the parents or their techniques. Most have tried many different things. They just haven't worked. Keep in mind that you are talking about their child. Natural parenting instincts are to protect and try to find fault outside the child. Try to keep your professionalism in focus and if suggestions are made that your efforts are inadequate, think about it, then confirm or deny and go on to "How can we help the child?"

A note to parents about teachers:

Most teachers are working hard for not too much pay. They teach because it is rewarding to see a child grow and to be a force

in that growth. Most teachers like children. Before blaming a teacher or considering her uncaring, think of how much trouble you have with the child, and he is only one in a family. The teacher may have three children in the class, all with special needs, and twenty or thirty who need regular teaching and attention. There just isn't much time. I am constantly amazed that teachers do as well as they do. The point is, teachers try; sometimes, they just can't do more.

Make yourself useful to her. Room mothers, field trip chauffeurs, cookie bakers and friends are always welcome and may result in that last drop of teacher energy going to your child. Thank you notes make filling out forms or special interventions seem easier and more appreciated. It will also help her to realize that you too may deserve recognition for the job you are doing. No one, dealing with children with ADD or Learning Disabilities, thinks either parenting or teaching is easier, both are Herculean tasks.

ADD -what it isn't .

It isn't simple, it's complex. It isn't it-it's they. It isn't just boys, girls have it too. It isn't cured, but it can be dealt with very effectively. IT ISN'T ANYBODY'S FAULT. IF YOU MUST BLAME SOMEONE, BLAME YOUR (SPOUSE'S) ANCESTORS FOR GIVING YOUR CHILD BAD GENES.

It isn't all bad. Frequently these children are delightful, enthusiastic, energetic, forgiving, and caring. They are lovable and affectionate. If you get to know one of these children and watch him as he gains control of his brain, you will be both delighted and amazed.

It has nothing to do with intelligence. It can occur in a child with a low IQ, an average IQ, or a high IQ. It can, and frequently does, occur in children with cerebral palsy or other central nervous system abnormalities.

It is not a predictor success. People with ADD are perfectly capable of a long, happy, full life. In fact their lives are often very full and creative because of the rich imagination and boundless energy that they have. If you have to have an inherited brain condition, this is the one to pick. It's not all bad by a long shot.

Bibliography:

Accardo, Pasquale, et al. ed. 1991. Attention Deficit Disorders and Hyperactivity in Children. (Pediatric Habilitation Series) Marcel Decker. New York.

Primarily for therapists, but informed teachers and parents will especially enjoy and benefit from: Chapter 9. Living with a Hyperactive Child: Principles of Families, Family Therapy, and Behavior Management. Chapter 10. Multi-disciplinary

Habilitative Prescriptions for the Attention Deficit Hyperactive Disorder Child. Chapter 11. Behavioral Markers and Intervention Strategies for Regular and Special Education Teachers.

Barkley, R.(ed) 1990. Attention Deficit Hyperactivity Disorders: A Handbook to Diagnosing and Treatment. Guilford Press. New York.

The guru speaks again. A comprehensive guide, not for casual perusal.

Goldstein, Sam. 1990. Managing Attention Disorders in Children. John Wiley and Sons. New York.

Directed to Practitioners. A good overview of ADD, testing, and therapies. Primarily from the point of view of a psychologist. Teachers and parents could use to build on skills, but assumes a fair amount of sophistication.

Johnston, R.B. Learning Disabilities, Medicine, and Myth. A guide to understanding the Child and the Physician. College Hill Press. An excellent, easy reading book that gives valuable insight into children with learning and attention problems. For parents, teachers, and physicians.

Levin, Melvin. 1987. Developmental Variations and Learning Disorders. Educators Publishing Service. Cambridge.

The first chapter of this book (The Disappointing Child) should be mandatory reading for all teachers. The chapter on attention problems is thorough and meaty. The perspective is the author's own. The entire book is infused with the Dr Levine's appropriately gentle and extremely studied approach to the mystefying variations demonstrated by children. It is a jewel for teachers.

Levine, et al. 1981. Developmental output failure: A study of low productivity in school aged children. Pediatrics, 67, 18-25. What happens when you don't ever succeed.

Shaywitz, B.A., and Shaywitz, S.A. Comorbidity: A Critical Issue in Attention Deficit Disorder. J. Child Neurology 6: S13-22,

1991. Technical article. Most people with attention trouble have other problems too. Not fair, just true.

There are books that address these problems to the child. Areas of difficulty are so diverse that each must be previewed by the parent and advisor for appropriateness.

Ch.A.D.D. (305) 587-3700 is a national organization for parents and other professionals who deal with children with ADD. There are several local chapters. If you have a child who has ADD, you would benefit from participating in this organization. In addition, Ch.A.D.D., consisting of informed and highly motivated people, offers the best hope to have effective input to legislators.

Local chapters: (indistinct boundaries)
New Orleans- Catherine Siler, coordinator, 286-7082
River Parish- Pam Stromeyer, coordinator, 394-9375
St. Tammany Parish- Pam and Jimmy Cenac, coordinators, 649-4696

In addition to monthly speakers and meetings, Ch.A.D.D. chapters have libraries that contain books, pamphlets, audio tapes, and videos on most aspects of ADD of interest to parents, teachers, and other professionals. The levels of information available are basic to intermediate. This is an inexpensive source of a wealth of information.

The Orton Dyslexia Society is a group of parents and other professionals who deal with children with Learning Disabilities, especially those that are language based, i.e., reading, writing, and spelling. This Organization is very vocal and has powerful political impact, and this muscle is necessary if Louisiana is to effectively address the needs of all children. Consider membership if your child has significant difficulty with learning.
La. Branch phone: 504-895-8607

141

Reading and Resources for Teachers Suggested By Ch.A.D.D.

- Barkley, Russell. Hyperactive Children. New York: Guilford Press, 1981
- Canter, Lee & Marlene. Assertive Discipline for Parents. Canter & Associates, Inc. 1553 Euclid St., Santa Monica, CA 90404
- Friedman, R. Attention Deficit Disorder and Hyperactivity. Educational Resources, Inc. 1990 Ten Mile Rd., St Clair Shores, MI, 48081 (\$10.95)
- Garfinkel, Barry. What is Attention Deficit and How Does Medication Help? Division of Child and Adolescent Psychiatry, Box 95 UMH&C, Harvard St. at East River Rd., Minneapolis, MN 55455 (about \$2.00)
- Silver, Larry. The Misunderstood Child. McGraw Hill, 1984. (This is a classic about children with learning differences)
- Wender, Paul. The Hyperactive Child, Adolescent, and Adult. Oxford University Press, 1987.

Other References

- A Report to U.S. Congress. Prepared by Interagency on Learning Disabilities, 1987.

Gerard A. Ballanco, M.D.
Rothschild Pediatric Group

ADD

Attention Deficit Disorder

ADHD

Attention Deficit Hyperactivity Disorder

Similarities

Symptoms

1. Failure to attend to details in schoolwork; avoidance strategies develop
2. Listening skills are deficient; reading comprehension can be erratic
3. Easily distracted by environmental stimuli
4. Attention shifts to other activities before present task is completed
5. Disorganized in work and study habits
6. Can be socially inappropriate
7. Lowered self-esteem
8. Emotional sensitivity
9. Careless
10. Forgetful

ADD

ADHD

Differences

Symptoms

1. Excitability not a problem
2. Sporadic impulsivity
3. Attentional problems are usually not disruptive
4. Excessive physical activity not a problem
5. Can be passively defensive (e.g., tune out painful experiences)
6. Fair written work

Symptoms

1. Overly excitable
2. Chronic impulsivity
3. Disruptive behaviors (e.g., difficulty remaining seated)
4. Constant motor movements or excitement
5. Can be outwardly defensive (e.g., fighting in scuffles)
6. Poor written work

EDUCATIONAL MANAGEMENT PRINCIPLES

Decrease Work Load to Fit Child's Attentional Capacity

- Smaller quotas for productivity
- More frequent but shorter work periods
- Lower accuracy quotas that increase over time with child's success
- Don't send unfinished classwork home (Unfair!!)
- Eliminate high appeal distractors

Alter Teaching Style

- Allow some restless; periodic exercise breaks
- Be animated, theatrical, and responsive in delivery
- Use participatory teaching with more child activities
- Consider computer based drills and instructions to supplement core academic subjects
- Stay flexible, be open to unusual ways to teach
- Don't reinforce speed of responding to questions/problems but reward the thoughtful "think aloud" approach
- Sit the child close to the teacher's desk/lecture area

Make Rules External

- Posters with rules for various work periods
- Cards on desks with rules for individual desk work
- Child is periodically asked to re-state rules
- Child learns to use self-instruction during work
- Child recites rules to other children before work period
- Use tape-recorded cues or reminders

Increase Self-Monitoring

- Teaching children to record their own work productivity and behavior (attention to task)
- The "Turtle" technique

Increase Frequency of Rewards and Fines

- Token Economies
- Use Attention Trainer (Gordon Systems, DeWitt, NY)
- Use tape recorded tones for self-reward
- Have access to rewards several times per day

Increase Immediacy of Consequences (Rewards and Punishments)

- Act don't yack!
- Stop repeating your commands
- Avoid lengthy reasoning with child over misbehavior

Increase Magnitude/Power of Rewards

- Token systems are great for this
- Have parents send in preferred toys or games
- Get a Nintendo donated to classroom for use as reward
- Use home-based reward program (Daily school report card)
- Try group rewards for class if child meets quotas

Set Time Limits for Work Completion

- Use timers if possible for external time references
- Use tape recorded time prompts

Develop a hierarchy of classroom punishments:

- Head down at desk
- Response cost (fines in token system)
- Time out in corner
- Time out at school office
- Suspension to home

Coordinate Home and School Consequences

- Daily school report card
- Daily home-school journal
- Gradually move to weekly monitoring

Manage Your Own Stress/Frustration Levels

- Stay calm even when ADHD child is overly emotional
- Keep your wits about you when reacting to misconduct
(Don't over-react on impulse; take a few seconds before deciding on a consequence if necessary)
- Think ahead yourself and have a management plan already made up when departing on special trips or to assemblies
- Periodically remind yourself that the child is disabled
- Ask for back-up help from special education staff or school psychologists as needed
- Seek out advice from older BD teachers who have not burned out; what are their secrets? How do they manage?

Attend Parent Support Association Meetings

TABLE 1-3 Treating ADHD (and when appropriate, ADD)

Recommendations of Spafford and Grosser: Treat ADHD by (1) a combination of behavior/cognitive interventions with consideration given to the age, developmental level, and individual academic/social needs of the individual—what works for one individual might not work for another and (2) medication only if prescribed by a physician and after other avenues have not alleviated the ADHD to the point where the individual can satisfactorily function in academic and social situations. Also recommended would be those activities which foster positive interactions and growth as opposed to negative reinforcers or punishments.

Medications Prescribed and Treated by Medical Doctors Only

Remember: Check to see if ADHD student is taking any medications, as prescribed, in the nurse's office and check for such side effects as appetite and digestive problems, tics, lethargy, depression, headaches, nervousness, irritability, sleeping difficulties, etc. Consult with family and school medical personnel if side effects are seen.

Psychostimulants Antidepressants

Education Interventions

Behavior Modification Methods

Positive Reinforcement

reinforcement for desired behaviors (e.g., praise)

Negative Reinforcement

removal of an unpleasant stimulus (e.g., removal of objects/situations causing inattention)

Punishment

providing an uncomfortable stimulus/situation following undesired behavior(s) (e.g., issuing demerits)

Time Out

removal from distracting/interfering Activities
—time out within the classroom by moving assigned seat
—time out of the classroom (e.g., time out room or the principal's office)

Contingency Contracting

providing rewards or reinforcers contingent upon desired behaviors via a contractual agreement

Shaping

rewarding behaviors that get closer and closer to the desired behaviors

Non-Reinforcement or Extinction

not rewarding or responding to undesired behaviors hoping they will fade or be eliminated by the lack of attention or reinforcement

Token Economies

therapeutic reinforcement of behaviors which can be exchanged for goods (e.g., pencil), services (e.g., free-time to play games), or privileges (e.g., being a hall monitor)

Cognitive Methods

Self-Management of Behaviors

self-monitoring, self-evaluating, self-instruction, and self-reinforcing behaviors

Problem-Solving Training

(1) defining problem areas, (2) hypothesizing

about causes and possible solutions, (3)

implementing a plan of action, and (4) self-evaluating the plan for future actions

Relaxation Training

self-talk, self-instruction

Cognitive Behavior Modification

Self-Monitoring Activities

involving reinforcement systems and cognitive training (e.g., after a reinforcer has been given, ask, "Was I paying attention?")

Parent Organizations

CH.A.D.D. or Children with Attention Deficit Disorders, 499 Northwest 70th Avenue, Suite 109, Plantation, Florida 33317
(1-305-587-3700; fax 305-587-4599)

Parent Training Programs—call your local school department for details

63

TABLE 6-9 Self-Monitoring During Reading

Teachers need to model the strategies that govern skilled reading. Gradually students take on a greater role in developing their own inner dialogue.

Self-Questioning Procedure	[Purpose]	Inner Dialogue
1. Why am I reading this?		To learn about the Japanese culture.
2. What will I be learning?	[Skim]	The pictures show all different parts of the Japanese culture.
3. How is this organized?	[Preview]	Each letter of the alphabet tells me about Japan.
4. What do I already know about this?	[Background Knowledge]	I remember that my uncle told me about "Aikido." I saw "Sushi" in a restaurant once.
5. Does this make sense as I read? Do I understand?	[Active Reading]	Yes. The pictures help me understand.
6. Is there new information here? Should I slow down? Reread?	[Metacognitive Strategy]	Yes. The pronunciations in italics help me pronounce the words. I should read this part again.
7. How am I doing? Am I learning as I read?	[Metacognitive Monitoring]	Yes. These words make sense because the picture images make Japan real. I'll keep a word list.



NCLD'S RESOURCE LIST

This year marks the introduction of a largely expanded Resource List comprised of national organizations, Federal laws, books, videos and topical resources. A special section on TIPS for parents and teachers has been added. Please feel free to duplicate this and distribute as you wish. And please contact us if you have a resource to share for next year's list!

LEARNING DISABILITIES AND THE LAW: A SUMMARY OF CRITICAL FEDERAL LAWS

PL 101-476—The Individuals with Disabilities Education Act of 1990 (IDEA)

This law essentially replaced the landmark disabilities law named PL 94-142—The Education for All Handicapped Children Act of 1975 (EHA). IDEA mandates a free and appropriate public education for all children with disabilities, in the least restrictive environment. It ensures due process rights when problems arise, and requires Individualized Education Programs (IEPs) for each child. It is meant to provide the core of Federal dollars for special education. IDEA expanded the services mandated under the previous law by including autism and traumatic brain injury in its disability categories, by requiring transition services as part of each IEP, and by emphasizing outreach to children with disabilities from minority backgrounds.

PL 102-119—The Individuals with Disabilities Education Act of 1991

This law addresses the preschool child with disabilities, and amends Part H of the EHA Amendments of 1986. It establishes early intervention programs for children with developmental delays, aged birth to five years. It also permits funds for programs targeted at infants and toddlers at risk for developmental delays, especially in low income, rural, minority and other underserved populations.

PL 93-112—The Rehabilitation Act of 1973 (amended by 4 other public laws)

This law primarily serves adults and youth transitioning into employment settings. Its goal is to develop and implement a comprehensive and coordinated program of vocational assistance and independent living for individuals with disabilities, to maximize their employability and integration into the community.

Section 504 of The Rehabilitation Act, a civil rights provision, has been very useful for parents seeking services and school accommodations for their children with disabilities, who were denied such services under IDEA. This has proven particularly true for ADD/ADHD children.

PL 101-336—The Americans with Disabilities Act of 1990 (ADA)

This landmark law guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, telecommunications, and state and local government services. ADA is the most significant Federal law assuring full civil rights of individuals with disabilities. This law mandates "reasonable accommodations" for individuals with disabilities.

PL 103-227—Goals 2000: Educate America Act (1994)

This law establishes a new framework for the Federal government to provide assistance to states to reform educational programs to meet today's higher demands. It is meant to help states establish high standards for all children, including children with disabilities, to reshape testing to assure these standards are met, and to ease rules and regulations so efforts are concentrated on results, not just compliance. It established eight National Education Goals for ALL children.

PL 89-10—The Elementary and Secondary Education Act of 1965 (amended by 7 other public laws)

This law represents the first Federal commitment to the improvement of education. The core of the act authorized a multibillion dollar aid program to assist states in educating children from low income families who were considered educationally deprived. During subsequent amendments, "educationally disadvantaged" children were defined to include children with disabilities. A substantial amount of monies allocated through this law are associated with Chapter One grants, to children of low income families. This law provides an array of programs to help schools have all children attain the high standards imposed by Goals 2000.

Call NCLD for a full listing of relevant Federal laws.

**LEARNING DISABILITIES
ORGANIZATIONS FOR CHILDREN
AND ADULTS**
National Center for Learning Disabilities (NCLD):

381 Park Avenue South, Suite 1420, New York, NY 10016. Telephone: 212/545-7510.

A national non-profit membership organization which offers a free Information & Referral Service, conducts educational programs, raises public awareness of LD, and advocates for improved legislation and services for those with LD.

Learning Disabilities Association of America (LDA):

4156 Library Road, Pittsburgh, PA 15234.

Telephone: 412/341-1515.

A national non-profit membership organization, with state and local affiliates, that conducts an annual conference, provides information and publishes numerous publications and resources.

Orton Dyslexia Society (ODS):

Chester Building, 8600 La Salle Road, Suite 382, Baltimore, MD 21204. Telephone: 410/296-0232.

An international non-profit membership organization offering leadership in language programs, research

and publications all relating to dyslexia. Chapters are located in most states.

Council for Exceptional Children (CEC)—**Division of Learning Disabilities (DLD)**

1920 Association Drive, Reston, VA 22091-1589.

Telephone: 800/328-0272 or 703/620-3660.

A non-profit membership organization that has 17 specialized divisions each focusing on a specific exceptionality or special education interest. DLD is the division dedicated to LD. Provides free information and holds conferences, primarily for professionals.

Council for Learning Disabilities (CLD):

P.O. Box 40303, Overland Park, KS 66204.

Telephone: 913/492-8755.

A national organization dedicated solely to professionals working with individuals who have LD. The Learning Disability Quarterly, focusing on research and its applications, is available through CLD.

Learning Disabilities Association of Canada (LDAC):

323 Chapel Street, Ottawa, Ontario, Canada K1N 7Z2. Telephone: 613/238-5721.

A Canadian non-profit membership organization, with provincial and territorial offices, that conducts programs and provides information for LD children and adults in Canada.

ADD/ADHD
Children and Adults with ADD (CH.A.D.D.):

499 NW 70th Avenue, #308, Plantation, FL 33317.

Telephone: 305/587-3700.

A national non-profit membership organization that serves children and adults with ADD and their families, via support groups, meetings, information and advocacy.

The Attention Deficit Information**Network, Inc. (AD-IN):**

475 Hillside Avenue, Needham, MA 02194.

Telephone: 617/455-9895.

A non-profit volunteer organization that offers support and information to families of children and adults with ADD, and to professionals.

The National Attention Deficit Disorder Association (ADDA):

PO Box 972, Mentor, OH 44061.

Telephone: 800/487-2282.

A national coalition serving as a connection to support groups around the nation. ADDA provides materials on ADD and related issues.

LOCAL ADVOCACY SUPPORT

Parent Training and Information Projects (PTIs):

A federally funded organization that provides local resources and advocacy training for disability and special education issues. For a PTI in your state call NCLD or contact: Federation for Children with Special Needs, 95 Berkeley Street, #104, Boston, MA 02116. Telephone: 617/482-2915.

Local chapters of LDA and CHADD. Call the national offices for a location nearest you.

RELATED ORGANIZATIONS

American Speech-Language-Hearing Association (ASHA):

10801 Rockville Pike, Rockville, MD 20852.

Telephone: 800/638-8255.

A membership organization serving speech pathologists and audiologists. Provides information and referrals to the public.

Association of Educational Therapists (AET):

14852 Ventura Blvd., Suite 207, Sherman Oaks, CA 91403. Telephone: 818/788-3850.

A national professional membership organization for educational therapists. Provides referrals to local educational therapists.

Educational Resources Information Center (ERIC):

1920 Association Drive, Reston, VA 22091-1589.

Telephone: 800/328-0272 or 703/264-9474.

An information clearinghouse funded by the federal government and hosted by the Council for Exceptional Children. Provides free information.

International Reading Association (IRA):

800 Barksdale Road, PO Box 8139, Newark, DE

19714-8139. Telephone: 302/731-1600.

A non-profit educational organization dedicated to improving the teaching of reading and promoting literacy worldwide.

National Association of Private Schools for Exceptional Children (NAPSEC):

1522 K Street NW, Suite 1032, Washington, DC

20005. Telephone: 202/408-3338.

Provides a referral service, publications and conferences for persons interested in private special education placements.

National Information Center for Children and Youth with Disabilities (NICHCY):

1875 Connecticut Avenue, 8th Floor, Washington, DC 20009. Telephone: 800/695-0285.

An information clearinghouse that provides free information on disabilities and disability-related issues.

National Parent Network on Disabilities (NPND):

1600 Prince Street, Suite 115, Alexandria, VA

22314. Telephone: 703/684-6763.

A membership organization open to all agencies, organizations, parent centers, parent groups, professionals, and all individuals concerned with the quality of life for people with disabilities.

GIFTED/LD

National Association for Gifted Children (NAGC):

1155 15th Street NW, Suite 1002,

Washington, DC 20005. Telephone: 202/785-4268.

An advocacy organization which ensures that gifted children receive the best possible education. Provides information to educators, administrators and parents.

Parents of Gifted/LD Children, Inc.:

2420 Eccleston Street, Bethesda, MD 20902.

SUMMER CAMPS

Resources for Children with Special Needs:
200 Park Avenue South, Suite 816, New York, NY
10003. Telephone: 212/677-4650.

Provides listing of summer camps for children with
special needs.

Learning Disabilities Association of America:
4156 Library Rd., Pittsburgh, PA 15234
Telephone: 412/341-1515.
Provides directory of summer camps by state.

American Camping Association:
5000 State Road, 67 North Martinsdale, IN 46151.
Telephone: 800/428-CAMP.
Provides listing of special summer camps.

HOMESCHOOLING

Homeschool Legal Defense Association:
P.O. Box 159, Paeonian Springs, VA 22129.
Telephone: 703/338-5600.
A membership organization that offers legal assis-
tance for homeschooling issues.

National Homeschool Association (NHA):
PO Box 157290, Cincinnati, OH 45215-7290.
Telephone: 513/772-9580
A non-profit membership organization that provides a
\$3.00 information packet with state support groups
and names of relevant magazines, books and organi-
zations for homeschooling.

BOOKS ON TAPES

Recording for the Blind (RFB):
20 Roszel Road, Princeton, NJ 08540.
Telephone: 609/452-0606.

A national non-profit organization that provides
taped educational books free on loan, books on
diskette, library services and other educational and
professional resources. 75% of their clients have
learning disabilities.

Library of Congress—National Library Service for
the Blind and Physically Handicapped (NLS-
BPH): 1291 Taylor Street NW, Washington, DC
20542. Telephone: 800/424-8567.

Provides books on tape that are available to children
and adults documented as learning disabled.

GOVERNMENT DEPARTMENTS/AGENCIES

US Department of Education, Office of Special
Education and Rehabilitative Services (OSERS):
Switzer Building, 330 C Street SW, Washington, DC
20202. Telephone: 202/205-5507. Contact this office
for information on your rights and for the Vocational
Rehabilitation Agency in your state.

State Departments of Education:
Contact your State Department of Education directly
(in your state capital) and ask for the Director of
Special Education. Ask for state IDEA implementa-
tion requirements and regulations. Call information
or NCLD for your State Department's telephone
number.

Office of Civil Rights (OCR):
US Department of Education, OCR, 330 C Street,
S.W., Suite 5000, Washington, DC 20202-1100.
Telephone: 202/205-5413.
To file a formal civil rights complaint, (a Section 504
complaint) contact this office for the regional office
servicing your area.

FINANCIAL SUPPORT

The Children's SSI Campaign:
202/467-5730. Disabled children can get SSI support
depending on disability conditions and family income
level. Call for more information.

Social Security Administration:
800/772-1213. Administers the SSI Program. Also
called the Supplemental Security Income Program.

Federal Student Aid Information
Hotline: 800/433-3243.

68

The Foundation Center: 800/424-9836.
Call to locate a local Foundation Center to research private foundations interested in scholarships; often libraries can be a valuable resource also.

LEARNING DISABILITIES ORGANIZATIONS FOR LD ADULTS

National Adult Literacy and Learning Disabilities Center (National ALLD Center):
c/o Academy for Educational Development,
1875 Connecticut Ave. NW, Suite 800,
Washington, DC 20009-1202.
Telephone: 202/884-8185.

A non-profit organization established by the National Institute for Literacy, which provides information regarding LD and the impact on the provision of literacy services. Also provides technical assistance in current best practices in LD, to literacy providers and practitioners.

National Center for Law and Learning Disabilities (NCLLD):
PO Box 368, Cabin John, MD 20818.
Telephone: 301/469-8308.

A non-profit organization providing services to assist adults with LD and ADD, their families, educators, employers, and professionals. Services include education, advocacy, analysis of legal issues and policy recommendations. Has resource materials available.

REBUS Institute:
1499 Bayshore Blvd., Suite 416, Burlingame,
CA 94010. Telephone: 415/697-7424.

A national non-profit research institute devoted to the study and dissemination of information on adult issues related to ADD and LD, through conferences and newsletters.

ADD/ADHD

ADDult Support Network:
20620 Ivy Place, Toledo, OH 43613.
A volunteer organization affiliated with the ADDA. This group refers individuals to a local ADD support group in their area. Anyone requesting this informa-

tion is asked to send a self-addressed stamped envelope.

RELATED ORGANIZATIONS

HEATH Resource Center (Higher Education and Adult Training for People with Handicaps):
One Dupont Circle, Suite 800, Washington, DC 20036. Telephone: 800/544-3284.

A national clearinghouse that provides free information on postsecondary education and related issues, for individuals with disabilities.

National Association for Adults with Special Learning Needs (NAASLN):
PO Box 716, Bryn Mawr, PA 19010.
Telephone: 610/525-8336.

A non-profit organization designed to organize, establish and promote an effective national and international coalition of professionals and advocates for the purpose of educating adults with special learning needs. Has newsletter and holds meetings.

National Clearinghouse on ESL Literacy Education (NCLE):
Center for Applied Linguistics,
1118 22nd Street NW, Washington, DC 20037.
Telephone: 202/429-9292.

An organization focusing on literacy education for adults and out-of-school youth learning English as a second language.

EMPLOYMENT ISSUES/AMERICANS WITH DISABILITIES ACT

ADA Information Hotline:
The Great Lakes Disability and Business Technical Assistance Center, 354 S. Broad Street,
Trenton, NJ 08608. Telephone: 800/949-4232.
Provides technical assistance, information services and outreach regarding the Americans with Disabilities Act (ADA).

ADA Information Line

(U.S. Department of Justice):

202/514-0301 or 800/514-0301.

Answers questions on Title II (public services) and Title III (public accommodations) of the ADA, by providing materials and technical assistance.

Equal Employment Opportunity Commission (EEOC):

1801 L Street NW, #9024, Washington, DC 20507.

Telephone: 202/663-4900.

The key federal agency for the implementation of Title I (employment) of the ADA.

Job Accommodation Network:

West Virginia University, PO 6080, Morgantown, WV 26506. Telephone: 800/232-9675.

An international information network and consulting resource that provides information about employment issues to employers, rehabilitation professionals and persons with disabilities.

Mainstream, Inc.:

3 Bethesda Metro Center, Suite 830, Bethesda, MD 20814. Telephone: 301/654-2400.

A non-profit organization that works with employers and service providers to increase employment opportunities for persons with disabilities and provides technical assistance on compliance with the ADA.

President's Committee on the Employment of People with Disabilities (PCEPD):

1331 F Street NW, Washington, DC 20004.

Telephone: 202/376-6200.

An independent federal agency whose mission is to facilitate the communication, coordination and promotion of public and private efforts to empower Americans with disabilities through employment.

CONTINUING EDUCATION

Association on Higher Education and Disability (AHEAD, formerly AHSSPPE):

PO Box 21192, Columbus, OH 43221.

Telephone: 614/488-4972.

An international organization of professionals committed to full participation in higher education for per-

sons with disabilities. AHEAD offers training programs, workshops, publications and conferences.

The General Educational Development Testing Service (GEDTS):

One Dupont Circle, Suite 250,

Washington, DC 20036. Telephone: 202/939-9490.

Administers the GED Tests and provides information on disability-related adaptations/accommodations for the GED Tests to prospective examinees and instructors.

Vocational Rehabilitation Agencies: Contact US Department of Education, Office of Special Education and Rehabilitative Services (OSERS) for the Vocational Rehabilitation Agency in your state. Switzer Building, 330 C Street SW, Washington, DC 20202. Telephone: 202/205-5482.

INDEPENDENT LIVING

Independent Living Research Utilization Program (ILRU):

2323 S. Shepherd, Suite 1000,

Houston, TX 77019. Telephone: 713/520-0232.

A national resource center for independent living. Produces resource materials, develops and conducts training programs on independent living issues and publishes a monthly newsletter.

National Council of Independent Living Programs (NCIL):

211 Wilson Blvd., Suite 405, Arlington, VA 22210.

Telephone: 703/525-3406.

A cross-disability grassroots national organization run by and for people with disabilities. Provides referrals to independent living facilities around the nation.

LITERACY/LD

Literacy Volunteers of America (LVA):

5795 Widewaters Parkway, Syracuse, NY 13214

Telephone: 315/445-8000.

A national non-profit organization with 400 affiliate literacy programs in 40 states for adult learners.

National Institute for Literacy (NIFL):
800 Connecticut Ave. NW, Suite 200,
Washington, DC 20006. Telephone: 202/632-1500.
A non-profit organization that provides leadership in
the literacy field through advocacy, information shar-
ing and collaboration.

PLUS, Project Literacy U.S.:
4802 Fifth Avenue, Pittsburgh, PA 15213.
Telephone: 412/622-1491.

A non-profit organization that promotes volunteer
tutoring programs, and provides training for volunteer
trainers who assist adults with learning deficiencies.

SCHOOL TESTING ISSUES

COLLEGE/GRADUATE SCHOOL ENTRANCE EXAMINATIONS

Students with documented learning disabilities can
apply for special college/graduate school entrance test-
ing. Options include untimed tests, tests on tape or in
braille, test reading by a counselor or tutor, and more.
For more information contact:

ACT Special Testing:
P.O. Box 4028, Iowa City, IA 52243-4028.
Telephone: 319/337-1332.

Association on Higher Education (AHEAD):
PO Box 21192, Columbus, OH 43221-0192.
Telephone: 614/488-4972.

Educational Testing Service (ETS):
Rosedale Road, Princeton, NJ 08541.
Telephone: 609/921-9000.
Tests include: SAT, GRE, GMAT.

Law School Administration Council:
P.O. Box 2000, Newtown, PA 18940-0098.
Telephone: 215/968-1001.
Administers the LSAT.

INDEPENDENT SCHOOLS ENTRANCE EXAMINATION

Students with documented LD who take the ERB
tests for private schools can also obtain appropriate
accommodations. Contact: **Educational Record
Bureau:** 1410 W. 65th Street, New York, NY 10023.
Telephone: 212/873-9108.

COLLEGE RESOURCES

*Dispelling the Myths: College Students and Learning
Disabilities* (by Katherine Garnett and Sandra La
Porta, 1990). A monograph for students and educa-
tors that explains what learning disabilities are and
what faculty members can do to help students with
learning disabilities succeed in college. Call NCLD at
212/545-7510.

*Assisting College Students with Learning Disabilities: A
Tutor's Manual* (by Pamela Adelman and Debbie
Olufs). Call AHEAD at 614/488-4972.

*The College Student with a Learning Disability:
A Handbook* (by Susan Vogel, 1985). A handbook
about college related issues, including Section 504,
for students with learning disabilities and all college
personnel. Call LDA at 412/341-1515.

K & W Guide to Colleges for the Learning Disabled, a
state by state guide by Marybeth Kravets and Imy
Wax (HarperCollins, NY, 1994). Call NCLD.

*Peterson's Guide to Colleges with Programs for Students
with Learning Disabilities*, a state by state guide, 4th
Edition (Peterson's Guides, NJ, 1994). Call NCLD.

*SchoolSearch Guide to Colleges with Programs or Services
for Students with Learning Disabilities*, a state by state
guide by Midge Lipkin (SchoolSearch Press,
MA, 1994). Telephone: 617/489-5785.

*Unlocking Potential: College and Other Choices for Learning
Disabled People: A Step-by-Step Guide* (by Barbara
Scheiber, 1987). A book that assists the reader
through the postsecondary selection process. Call
Woodbine House at 800/843-7323.

RESOURCES ON EMPLOYMENT ISSUES

Guidelines for Supervising Employees with Learning Disabilities: A Manual for Employers (Elaine Reisman, 1993). Call NCLD at 212/545-7510.

Learning Disabilities and the Workplace (LDA of Canada, 1993). Call LDAC at 613/238/5721.

TECHNOLOGY RESOURCES

ABLEDATA-REHAB DATA
(National Rehabilitation Information Center):
8455 Colesville Road, Suite 935,
Silver Spring, MD 20910.
Telephone: 301/588-9284.
The ABLEDATA database contains descriptions of more than 20,000 commercially available computer products for individuals with disabilities.

Closing The Gap: PO Box 68, Henderson, MN 56044. Telephone: 612/248-3294. Publishes a comprehensive newsletter on disability and technology; conducts an annual conference for existing and new vendors.

The following companies develop and sell computer hardware and/or software for individuals with disabilities:

Franklin Learning Resources:
Telephone: 800/525-9673.

IBM Independence Series Information Center:
Telephone: 407/443-2000 or 800/426-4832.

Laureate Learning Systems, Inc.:
Telephone: 800/562-6801.

Lexia Learning Systems, Inc.:
Telephone: 617/259-8752.

Randolph Educational Services:
Telephone: 201/328-1512.

WordScholar, Henter-Joyce, Inc.:
Telephone: 813/528-8900.

Worldwide Disability Solutions Group:
Apple Computer Inc.
Telephone: 408/974-7910.

Xerox Imaging Systems, Inc.:
Telephone: 800/248-6550 or 508/977-2000.

VIDEO TAPES AND AUDIO TAPES

We Can Learn: Understanding and Helping Children with Learning Disabilities: A 50-minute, five part video series about children with LD produced by NCLD, along with WNBC, New York. An important video, with manual, for parents, teachers and professionals. Available from NCLD for \$39.95 + \$3.95 postage and handling. Contact: NCLD, 381 Park Avenue South, Suite 1420, New York, NY 10016. Telephone: 212/545-7510.

Gifts of Greatness: An inspiring one-hour musical/drama video highlighting the lives of great people who overcame dyslexia, starring Ed Asner, Danny Thomas and others. Available for \$125.00 + \$15.00 handling. Contact Educators Publishing Service, 75 Moulton Street, Cambridge, MA 02138. Telephone: 800/225-5750.

Homework and Learning Disabilities: A 34-minute video offering practical techniques for the solution to many homework problems. Clarifies responsibility between teachers, students and parents. Video is available for \$99.00, \$45.00 rental. Contact The Menninger Clinic and Center for Learning Disabilities, Box 829, Topeka, KS 66601-0820. Telephone: 800/345-6036.

How Difficult Can This Be? F.A.T. CITY: A video by educator Rick Lavoie, F.A.T. CITY is an exploration into the world of difficulties faced by children with learning disabilities by recreating the LD experience first-hand. The video is available for \$39.95 pre-paid, plus shipping and handling. Contact: CACLD, 18 Marshall St., South Norwalk, CT 06854. Telephone: 203/838-5010.

I'm Not Stupid: A 53-minute video that introduces and gives an overview of the nature of learning disabilities of children and adults. Video is \$22.00 + 10% postage and handling. Contact: LDA, 4156 Library Road, Pittsburgh, PA 15234. Telephone: 412/341-1515.

Last One Picked...First One Picked On: (parent and teacher versions) Another video by educator Rick Lavoie addresses the social problems children with learning disabilities face and offers some practical solutions for teachers and parents. The video is available for \$49.95 + \$8.50 shipping and handling. Contact: Public Broadcasting Service. Telephone: 800/344-3337.

Lab School Audio Series: a collection of audiotapes featuring 12 of the most popular programs from The Lab School Lecture Series for parents and professionals. Topics include: social problems of children with LD, controversies about ADD and treatment, confidence in parenting, etc. For a complete listing and more information, contact The Lab School. Telephone: 202/965-6600.

LD Stories: Lab School Day School: A 7-minute videotape by Lab School students about what it is like having learning disabilities via the medium of animation. For more information, contact The Lab School. Telephone: 202/965-6600.

Understanding Attention Deficit Disorder: A 45-minute videotape discussing ADD in children and adults, produced by Simon Epstein, MD. Video is available for \$24.70 through CACLD. Contact: CACLD, 18 Marshall St., South Norwalk, CT 06854. Telephone: 203/838-5010.

BOOKS FOR PARENTS, PROFESSIONALS AND ADULTS WITH LD

Armstrong, T. *In Their Own Way: Discovering and Encouraging Your Child's Personal Learning Style.* Los Angeles, CA: Jeremy P. Tarcher, Inc., 1987.

Baum, Susan M., Ph.D., Owen, Steve V., Ph.D., Dixon, John, Ph.D. *To Be Gifted & Learning Disabled.* Mansfield Center, CT: Creative Learning Press.

Bloom, Jill. *Help Me To Help My Child.* Waltham, MA: Little Brown and Company, 1990.

Bogin, Matthew B. and Goodman, Beth. *Representing Learning Disabled Children: A Manual for Attorneys.* American Bar Association, 1985. (Call NCLD)

Brooks, Robert. *The Self-Esteem Teacher.* Circle Pines, MN: American Guidance Service, 1991.

Chall, J. *Learning to Read: The Great Debate.* New York: McGraw-Hill, 1983.

Cordoni, B. *Living with a Learning Disability.* Carbondale, IL: Southern Illinois University Press, 1990.

Cummings, Rhoda W. and Madux, Cleborne D. *Parenting the Learning Disabled: A Realistic Approach.* Springfield, IL: Charles C. Thomas, 1985.

Dane, Elizabeth. *Painful Passages: Working with Children with Learning Disabilities.* Silver Spring, MD: NASW Press, 1990.

Dias, Peggy S. *Diamonds in the Rough.* East Aurora, NY: Slosson Educational Publications, Inc., 1989.

Fowler, M.C. *Maybe You Know My Kid: A Parent's Guide to Identifying, Understanding and Helping Your Child with ADHD.* New York: Birch Lane Press, 1990.

Greene, L.J. *Kids Who Hate School: A Survival Handbook on Learning Disabilities.* New York: Fawcett Book Group, 1987.

Grey House Publishing. *The Complete Learning Disabilities Directory: A Comprehensive Guide to LD Resources.* Lakeville, CT, 1994.

Hallowell, Edward M., MD. and Ratey, John, MD. *Driven to Distraction. Recognizing and Coping with ADD, from Childhood through Adulthood.* New York: Pantheon Books, 1994.

Hallowell, Edward M., MD. and Ratey, John, MD. *Answers to Distraction*. New York: Pantheon Books, 1994.

Hampshire, Susan. *Susan's Story*. New York: St. Martin's Press, 1982.

Jones, Clare B., Ph.D. *Sourcebook for Children with Attention Deficit Disorder: A Management Guide for Early Childhood Professionals and Parents*. Tucson, AZ: Communication Skill Builders, 1991.

Kelly, Kate and Ramundo, Peggy. *You Mean I'm Not Lazy, Stupid, or Crazy?!*. Cincinnati, OH: Tyrell & Jerem Press, 1993.

Learning Disabilities Council, Inc. *Understanding Learning Disabilities: A Parent Guide and Workbook*. Richmond, VA. 1991.

Lelewer, Nancy. *Something's Not Right: One Family's Struggle with Learning Disabilities*. Acton, MA: VanderWyk & Burnham, 1994.

Lerner, Janet. *Learning Disabilities: Theories, Diagnosis, and Teaching Strategies*. 6th edition. Boston, MA: Houghton Mifflin, 1989.

Levine, Mel. *Developmental Variation and Learning Disorders*. Cambridge, MA: Educators Publishing Services, Inc., 1987.

Lyon, G. Reid, Ph.D., ed. *Better Understanding Learning Disabilities: New Views from Research and Their Implications for Education and Public Policies*. Baltimore, MD: Brookes Publishing Co., 1993.

Nosek, Kathleen. *The Dyslexic Scholar: Helping Your Child Succeed in the School System*. Dallas, TX: Taylor Publishing, 1995.

Osman, Betty B. *Learning Disabilities: A Family Affair*. Warner Books, reprinted 1989.

Osman, Betty B. & Henriette Blinder. *No One to Play With*. New York: Random House, 1982.

Parker, H. *The ADD Hyperactivity Workbook for Parents, Teachers and Kids*. San Luis Obispo, CA: Impact Publications, Inc., 1988.

Schwarz, Judy. *Another Door to Learning*. New York: Crossroad, 1992.

Sedita, Joan. *The Landmark Study Skills Guide*. Landmark School, 1989. (Available in Spanish also. Call 508/927-4440).

Silver, Larry B., MD. *The Misunderstood Child: A Guide for Parents of Children with Learning Disabilities*. 2nd ed. New York: McGraw Hill, 1991.

Smith, Sally L. *No Easy Answers: The Learning Disabled Child at Home and at School*. New York: Bantam, 1995.

Smith, Sally L. *Succeeding Against the Odds*. Jeremy Tarcher, Inc. St. Martins Press, 1991.

Stevens, Suzanne H. *Classroom Success for the Learning Disabled*. Winston-Salem, NC: Blair, 1991.

Tamaren, Michele C. *I Make A Difference! A Curriculum Guide Building Self-Esteem & Sensitivity in the Inclusive Classroom*. (For use in grades 4-8). Academic Therapy Publications.

Tuttle, Cheryl, M.Ed. and Tuttle, Gerald, A., Ph.D. *Challenging Voices: Writings By, For, And About People with Learning Disabilities*. Los Angeles, CA: Lowell House, 1995.

Vail, Priscilla. *About Dyslexia: Understanding the Myths*. Rosemont, NJ: Modern Learning Press-Programs for Education, 1990.

Vail, Priscilla. *Smart Kids with School Problems*. E.P. Dutton, 1987.

Vail, Priscilla. *Learning Styles: Food for Thought and 130 Practical Tips*. Rosemont, NJ: Modern Learning Press-Programs for Education, 1992.

Weiss, Elizabeth. *Mothers Talk about Learning Disabilities*. Prentice Hall Press, 1989.

Weiss, Lynn. *Attention Deficit Disorder In Adults: Practical Help for Sufferers and Their Spouses*. Dallas, TX: Taylor Publishing, 1992.

West, Thomas G., *In the Mind's Eye*. Buffalo, NY: Prometheus Books, 1991.

JOURNALS FOR PROFESSIONALS AND STUDENTS

Annals of Dyslexia. Orton Dyslexia Society: 410/296-0232.

DLD Times Newsletter. CEC/DLD. 703/620-3660.

Journal of Learning Disabilities. Pro-Ed. 512/451-3246.

Learning Disabilities: A Multidisciplinary Journal. LDA. 412/341-1515.

Learning Disabilities Quarterly. Council for Learning Disabilities. 913/492-8755.

Teaching Exceptional Children. ERIC. 703/620-3660.

BOOKS FOR CHILDREN WITH LD/ADD

FICTION

Aiello, Barbara and Shulman, Jeffrey. *Secrets Aren't Always for Keeps*. Chicago, IL: Twenty-First Century Books, 1988. (Grades 3-6)

Blue, Rose. *Me and Einstein Breaking Through the Reading Barrier*. New York: Human Sciences Press, 1979. (Grades 3-6)

Carris, Joan. *Aunt Morbelia and the Screaming Skull*. Boston, MA: Little Brown & Co., 1990. (Grades 4-6)

DeClements, Barthe. *Sixth Grade Can Really Kill You*. New York: Scholastic, Inc., 1985. (Grades 4-6)

Fassler, Joan. *One Little Girl*. New York: Human Sciences Press, 1969. (Grades 2-4)

Gehret, Jeanne. *Eagle Eyes: A Child's View of Attention Deficit Disorder*. Fairport, NY: Verbal Images Press, 1991. (Grades 1-3)

Gehret, Jeanne. *Learning Disabilities and the Don't Give Up Kid*. Fairport, NY: Verbal Images Press, 1990. (Grades 1-3)

Gilson, Jamie. *Do Bananas Chew Gum?* New York: A Minstrel Book, 1980. (Grades 4-6)

Gordon, M. *Jumpin' Johnny Get Back to Work! A Child's Guide to ADHD*. Dewitt, NY: GSI, 1991.

Gordon, M. *I Would if I Could: A Teenager's Guide to ADHD*. Dewitt, NY: GSI, 1993.

Janover, Caroline. *Josh, A Boy with Dyslexia*. Burlington, VT: Waterfront Books, 1988. (Grades 2-5)

Kline, Suzy. *Herbie Jones*. New York: Puffin Books, 1985. (Grades 4-6)

Kraus, Robert. *Leo the Late Bloomer*. New York: Windmill Books, 1971. (All ages)

Martin, Ann M. *Yours Turly Shirley*. New York: Scholastic, Inc., 1988. (Grades 3-6)

Moss, Deborah M. *Shelly the Hyperactive Turtle*. Rockville, MD: Woodbine House, Inc., 1989. (Grades 2-5)

Philbrick, W.R. *Freak the Mighty*. New York: Scholastic, 1993. (Grades 6-12)

Shreve, Susan. *The Flunking of Joshua T. Bates*. New York: Scholastic, Inc., 1984. (Grades 2-5)

Smith, Doris Buchanan. *Kelly's Creek*. New York: Harper Collins Publishing, 1975. (Grades 2-5)

Wolff, Virginia Enwer. *Probably Still Nick Swanson*. New York: Scholastic, Inc., 1988. (Grades 6-12)

NON-FICTION

Betancourt, J. *My Name is brain-Brian*. New York: Scholastic, 1993. (Grades 4-9)

Dunn, K.B., and Dunn, A.B. *Trouble with School: A Family Story with Learning Disabilities*. Minneapolis, MN: Free Spirit Publishing, 1993. (Grades 1-5)

Fisher, Gary and Cummings, Rhoda. *The Survival Guide for Kids with LD*. Minneapolis, MN: Free Spirit Publishing, Inc., 1991. (Grades 2-12)

Fisher, Gary and Cummings, Rhoda. *The Survival Guide for Teenagers with LD*. Minneapolis, MN: Free Spirit Publishing, Inc., 1993. (Grades 7-12)

Friedberg, Joan Brest, et al. *Portraying Persons with Disabilities: An Annotated Bibliography of Non-Fiction for Children and Teenagers*. New Providence, NJ: R.R. Bowker, 1992.

Levine, Mel. *Keeping A Head in School: A Student's Book about Learning Abilities and Learning Disorders*. Cambridge, MA: Educators Publishing Services, Inc., 1990. (Grades 6-12)

Nadeau, Kathleen G. and Dixon, Ellen B. *Learning to Slow Down and Pay Attention*. Annandale, VA: Chesapeake Psychological Publications, 1991. (Grades 2-6)

Nadeau, Kathleen G., Dixon, Ellen B. and Biggs, S. *School Strategies for ADD Teens*. Annandale, VA: Chesapeake Psychological Publications, 1993.

Roby, Cynthia. *When Learning is Tough*. Morton Grove, IL: Alberter Whitman and Company, 1994.

Smith, Sally, L. *Different is Not Bad, Different is the World*. Colorado: Sopris West, 1994.

Tuttle, Cheryl, M.Ed. and Tuttle, Gerald A., Ph.D. *Challenging Voices: Writings By, For, And About People with Learning Disabilities*. Los Angeles, CA: Lowell House, 1995.

To have books put on tape, contact: *Recording for the Blind (RFB)*: 20 Roszel Road, Princeton, NJ 08540.
Telephone: 609/452-0606.

ADDITIONAL RESOURCES AVAILABLE FROM NCLD'S NATIONAL INFORMATION & REFERRAL SERVICE

The following packets are available free of charge:

General Packet on LD
ADD/ADHD
General Packet for LD Adults
ADD/ADHD for LD Adults
College Issues
Recent Research Findings
Legal Rights
Dyscalculia
Dysgraphia
Dyspraxia
Visual Perception
Social Skills/Self-Esteem
Reprint Series for Parents
Reprint Series for Teachers
NCLD's National Summit Report (1995)
TIPS Series
Gifted/LD
JD/LD Link
The Evaluation Process
Choosing the Right School
Issues on Inclusion
Regional Resource Listings

Call NCLD for additional topical packets. LD and ADD packets will be available in Spanish starting July, 1995. ■



NCLD TIPS

ADVOCATING EFFECTIVELY FOR YOUR CHILD

Many parents, when first facing the idea that their child has a learning disability, become anxious (or even angry) and wonder what they can do. Learning to be a strong advocate is a positive, and necessary, way to use your energy and help your child. The following TIPS are suggestions to help you advocate effectively.

1. Know your legal rights:

■ Parents' and children's legal rights extend throughout the entire process for receiving special education services, from initial evaluations to planning the types of services and accommodations to be received. Remember your child's two primary rights:

- (a) free evaluation, and
- (b) appropriate services/accommodations, in the least restrictive environment.

■ A copy of your rights under Federal law can be obtained from NCLD. Contact your school, State Department of Education or local advocacy groups for any additional rights and/or regulations that exist under state or local law.

2. Become involved with the school:

■ Regular and consistent communication with your child's teacher is an important way to monitor your child's progress and insure that concerns are dealt with as they arise, rather than being allowed to escalate or go unattended. Include your child in this partnership.

■ Be sure to share your own observations about your child's strengths, weaknesses, and behaviors at home. This can often provide valuable context for behaviors observed at school. Communication between teacher and parent should always be a two-way sharing of information.

■ Regular communication and meetings with school personnel sends the message to both your child and the school that your child's education is something you value highly and in which you will be an active participant.

3. Listen to your child—understand her difficulties and needs:

■ While children don't always go bounding off to school in the morning, a child's feelings about school often provide valuable insight about the level of difficulty, ease, and satisfaction with which your child experiences school. Frequent complaints of boredom or illness (headaches, stomachaches, etc.) often mask other difficulties in school.

4. Learn all you can about learning disabilities:

■ Read as much as you can about LD and related issues. Visit your library and call NCLD for a variety of free articles from our Information & Referral Service. Request all relevant information available from your school district and your State Department of Education.

5. Contact national advocacy organizations and local support groups:

■ In addition to the personal comfort they can provide, these groups can be a great help in providing information about specific issues and other services in your area, such as additional rights you may have, other's experiences with the school or district, what services are available and effective means for gaining services. Call NCLD for a list of local resources in your area. ■

KNOW EARLY WARNING SIGNALS IN PRESCHOOL CHILDREN

If learning disabilities are present, early intervention can make a substantial difference in a child's development, self-esteem, and school experiences. While there is valid concern of "mislabelling" a very young child, early attention and careful observation will ultimately reduce this risk, while ensuring that very real concerns do not go unheeded.

Knowing the early warning signs and factors which put children at risk for learning difficulties can be crucial in the early detection of these difficulties. Here are several TIPS that may be helpful to parents and professionals of preschool children.

1. Consider any environmental issues

related to the child: These could include but are not limited to: low birth weight; drug or alcohol use during pregnancy; medical complications during pregnancy or childbirth; pre-natal consumption/ingestion of lead; and/or child consumption/ingestion of lead.

2. Observe and record any behavioral characteristics of the child:

One of the most consistent factors among LD children is marked unevenness in development. While we all have certain strengths and weakness, these differences are usually pronounced in the preschool and school-aged LD child. Parents should be cautious, however, in making hasty judgements because significant developmental variations exist among *all* children.

Some differences include, but are not limited to:

■ **Language:** may be slow in development of speech; has difficulty learning new vocabulary and later using two and three word phrases; speech is difficult to understand; does not seem to understand directions or questions; or has difficulty expressing wants or needs.

■ **Motor:** has difficulty with manipulating small objects, with balance or awkwardness, with cutting, drawing, climbing or running; or displays general clumsiness.

■ **Social:** has disinterest or difficulty interacting with peers; may be either overly aggressive or withdrawn; or may have sudden and extreme mood changes, i.e., tantrums or uncontrollable crying

when frustrated (lability).

■ **Cognitive:** has difficulty understanding cause and effect, with sequencing and one-to-one correspondence, with concept of place (on, under, over), or with concept of attribute (size, shape, color).

■ **Self-help skills:** has difficulty with dressing and eating.

■ **Attention:** is easily distracted; acts impulsively; or displays poor organization skills.

3. Seek an evaluation: If you observe multiple delays or suspect a problem, you can have the child tested in order to obtain services and specific interventions. Call your local Board of Education and/or the State Department of Education for information on free evaluations by qualified professionals of a preschool assessment team. All screening and identification programs should be interdisciplinary and based on reliable and valid procedures.

4. Check credentials: If you are seeking the help of a private diagnostician, be sure to check the person's credentials. Call NCLD for your local chapter of the Learning Disabilities Association of America (LDA) or PTI (Parent Training and Information Service).

5. A few ways to help: Although this is just a beginning, here are a few ways you can help your child:

■ It is never too early, or too late, to start reading to your child. The more your child hears our spoken language, and sees our written language, the better. Rhyming books and songs are excellent learning tools!

■ Look for patterns in your child's development. Where you see similar behavioral characteristics in different situations, that would be cause for further evaluation.

■ Become knowledgeable and involved in your child's activities on a continuous basis. Adapt normal daily routines to specifically address deficit areas you recognize.

■ Learn as much as you can about normal and atypical child development. Go to the library or call NCLD. ■

GENERAL TIPS FOR PARENTS AT HOME

Parents have a pivotal role in encouraging the development of healthy self-esteem and in reinforcing home and school learning. The following TIPS offer practical pointers which can help you and your child.

1. Give your child a household task to do. Make it simple. It will help build confidence and responsibility and make the child feel that he is making a contribution to the family.
2. Be clear with directions and explanations when working with your child. Consider using short lists of tasks. Break complex tasks into smaller steps.
3. Try to be consistent in routines. Have a set time for play, meals and bedtime. A structured environment works in school and at home.
4. Allow time for friends. Social development is as important as academic success.
5. Turn off the TV during the school week. It's easier than negotiating about it every day.
6. Be patient with reminders. Forgetfulness is not intentional. You will be repeating yourself.
7. Reward work done well. The reward should be small, appropriate and immediate.
8. Develop a sense of humor. You'll need it, and so will your child.
9. Try not to nag.
10. Don't spoil your child. This will only make things worse.
11. Read to your child—as much as possible.

12. Remember yourselves—don't have a child-drive home.

13. Be firm—establish clear ground rules and be consistent with your discipline.

14. Praise, praise, praise! There is never too much praise for an LD child.

15. Breaks from special instruction and tutoring are sometimes necessary. Consider periods of time off in the summer or other holiday times. However, extended periods of time, such as the entire summer without instructional support can cause the child to lose ground.

16. Help other family members understand the learning disabilities and some of the consequences. Find ways to involve siblings in a positive manner.

17. It is important to encourage your child in something he does well, such as sports, artwork or other activities.

18. Encourage your child to join social groups like Boy Scouts or Girl Scouts.

19. Try to avoid "quick cures" and "miracle treatments." All children will progress but rates and levels of development vary.

20. Maintain a positive outlook. Our children pick up more cues than we realize.

21. Take one day at a time, and recognize that you are not alone.

22. Learn as much as you can about LD and don't let yourself be intimidated by others. ■

These TIPS have been compiled from NCLD, NCLD-AZ and the Learning Disabilities Association of America.

Each child is a whole child. Academic performance is not the only issue to be concerned about. Even more important (but closely related), is healthy self-esteem. All too often, children with learning disabilities suffer from low self-esteem. Even as educational remedies are applied, progress will be stilted without healthy self-esteem. More to the point—a child's happiness and belief in herself is by far the most important goal we all should have. Here are a few TIPS on building your child's self-esteem.

1. Set reasonable expectations and help your child set realistic goals.
2. Give your child frequent, specific and positive praise. Rather than say "You're a good kid", say "It was great that you did so well on your test."
3. Appreciate your child. "I really appreciate that you set the table without being asked," or "Thank you, you are a big help to me."
4. Let your child know she is a capable person and acknowledge the difficulty of a task. Research has shown that over 70 percent of what teachers and parents say to children is critical. "That was a difficult report to research and write. The illustrations are fantastic—you really are a good artist."
5. Focus on your child's strengths and affinities. The more your child participates in something she is good at, the more success she will experience. Nothing builds self-esteem like success.
6. Do allow your child to experience *some* frustration—tolerance of frustration is a necessary skill for children to develop.
7. Encourage your child's contributions to the family by letting her know you think she is an important part of the family. "You know it is grandmother's birthday next month—what do you think would be a good present for her from our family?"

8. Teach your child how to accept a compliment. "Thank you" works a whole lot better than "Yeah, I got good grades, but the teacher is really an easy grader." It makes it easier for a person to give a compliment when it is accepted rather than negated.

9. Help your child to be independent. Don't do anything for your child that she can do for herself. Maybe it is easier for you to do it, or it is not perfect, but your child will learn how to do things, and she will get better at it with practice.

10. Teach your child to advocate effectively for herself. In communicating needs and desires, she should be specific, clear and positive.

11. Help your child recognize, label and express her own, and others', feelings.

12. Help your child develop appropriate social skills. Learning how to recognize various facial expressions, body language, and vocal cues, will help her integrate with others and build friendships.

13. Allow for mistakes. Talk about mistakes, even your own. Equate mistakes with effort and learning. Help her understand that everyone makes mistakes. Do not dwell on them.

14. Show your child you love her. Listen to your child. Empathize with her bad experiences; rejoice with her good experiences. Tell your child often that you love her. ■

These TIPS have been compiled from NCLD, NCLD-AZ, the Parent Educational Resource Center (PERC, San Mateo, CA), and the Learning Disabilities Association of America.

GETTING A GOOD START TO THE SCHOOL YEAR

Most children view the end of summer with mixed feelings, but many are happy to be back in school. Many children with learning disabilities, however, face the opening of school with considerable trepidation. For them, the adjustments to new teachers, new levels of work, new expectations, are not always tinged with the excitement of potential new adventures.

A number of youngsters with learning disabilities will have had a summer very little removed from school. Some will have attended summer courses, others will have been tutored regularly and yet others will have been to camps, but camps involving academic activity.

The following TIPS can be helpful to parents and teachers in charting the course of the school year for their children.

1. Provide teachers with helpful information:

Teachers in regular education classes, provided with good information, can be particularly helpful to the child with learning disabilities during the first few weeks of school. For many children the first month of school dictates to a large degree their perceived possibility for success throughout the year. If their confidence level remains high after a successful summer they are more likely to persevere and take risks when things become more difficult. If their teacher has convinced them that they will succeed in the class they will continue to work diligently toward that goal.

2. Establish an atmosphere of parent-teacher collaboration:

It is important to establish a collaborative effort for the child as soon as possible prior to the school year. The inclusion model in many school districts requires closer communication and cooperation of schools and parents to achieve excellent and appropriate programming for children.

3 Agree upon the child's Individualized

Education Program: For children who are continuing services within the school district, parents should expect an Individualized Education Program (IEP) to be in place and agreed upon long before school opens. Parents whose youngsters have not yet

begun services should request a meeting with school personnel during the summer to assure appropriate placement. All relevant information concerning the child should be shared by both parents and school. A child's summer experiences may put him at a different level of expertise in a number of areas than he may have demonstrated previously.

4. Attend all meetings: Parents have excellent information to share. They are an integral part of the team which plans for the child's education and should attend all meetings held to determine the best program for the child.

5. Review text books ahead of time: Many youngsters with LD can be helped by an opportunity to look at text books prior to the opening of school, if it is possible. Tutors or parents can sometimes pinpoint areas where the student is likely to encounter difficulty. Some schools and school systems are reluctant to allow this to occur believing that it gives an unfair advantage to the student. Anyone who knows and has worked with an LD student understands that this just evens out the playing field.

6. Begin studying early: The LD student can begin a routine involving some studying time prior to the start of school. This will help the child to make the adjustment to the regular school routine. Many children with learning disabilities find rapid adjustments difficult and it helps them to be able to ease into a new routine.

7. Parent(s) and child—review your mutual expectations: Parent(s) and child can review the general level of expectations during the coming year on various issues like homework, communication amongst them when the going gets rough, tutoring, how much the parent is to help, and under what circumstances the parent will visit with the school and teachers. Prior agreements about these kinds of issues can save considerable grief later on.

Keeping these pointers in mind can make a real difference in the school year success of the child with learning disabilities. ■

HOMEWORK TIPS

All elementary-age children can benefit from their parents' assistance with homework, particularly those children who have learning disabilities. Providing help differs from actually doing the homework; children must do that themselves in order to learn. Every effort should be made to encourage the child's sense of independence. However, parents can have input regarding when, where and how children study at home.

Parents involved in how their child studies are also more able to discover if the child has specific learning difficulties and to provide the support the youngster needs to succeed in school. One sign of learning disabilities is a significant difference in a child's overall intelligence and achievement in one area. For example, if a child loves to read and does so very well, but refuses to do math homework, this may signal that the child has a learning disability that needs special attention.

Ongoing support in this area can have a lasting impact on your child's overall success in school and life. NCLD offers the following TIPS for all parents who want to help their children.

- 1.** Develop a strategy for dealing with homework. It will be one of the biggest issues you must handle. Find a plan that works for you and your family and then stick with it.
- 2.** Show an interest in your child's homework. Ask about the subjects and the work to be done, then follow up the next day.
- 3.** Coach your child with an unknown word or difficult problem, but let the child do the work.
- 4.** Help your child learn to make good decisions and understand limits. This can begin with when and where homework is done.
- 5.** Encourage your child to establish a regular time to do homework.
- 6.** Find a regular place at home for doing the homework. Make sure there is ample lighting, minimal noise, and plenty of room to lay out books and papers.
- 7.** Eliminate as many distractions as possible during study time. Turn off the television and have snacks before the homework begins. Be sure to ask any brothers or sisters to respect this quiet time.
- 8.** Learn the nature of the approach to reading and spelling that your child is being taught, so your coaching can be maximized.
- 9.** Consider two sets of books—one for home and one for school.
- 10.** If a child is having trouble completing all or part of the homework, it is helpful to communicate with her teacher so that the situation can be evaluated and resolved.
- 11.** Depending on the learning disability, consider what's available to help: computers, calculators, spell checkers, books on tape, tutors, etc.
- 12.** Carefully observe how your child is studying at home. Share your insights with the teacher during parent-teacher conferences. (See NCLD TIPS on Parent-Teacher Conferences.)
- 13.** Try to relate the homework to the child's everyday life. For instance, if fractions and measurements are being studied, have the child prepare a favorite foods using the differing measurements.
- 14.** Make sure your child has organized her bookbag or backpack so completed homework can be placed somewhere and not forgotten at home.
- 15.** Praise your child for successfully completing homework. Nothing builds self-esteem like praise from parents. ■

MAXIMIZING YOUR PARENT-TEACHER CONFERENCES

Children prosper in school when their teacher and parents are able to work together with the mutual interest of the child in mind. Parent-teacher conferences, if utilized effectively, offer a great opportunity for constructive dialogue.

These meetings can help improve the school performance of youngsters with learning disabilities throughout the year. Ongoing communication and cooperation between parent and teacher is especially important in the case of the child with special learning needs.

A get-to-know conference at the beginning of the year can often be helpful—before any problems arise. You may use this time to get to know the teacher's general way of doing things so that you can begin to determine how best to work with this particular teacher. Students in middle and upper schools will often benefit from direct participation in these conferences. When preparing for a parent-teacher conference, the following TIPS can be helpful.

FOR THE PARENT:

1. Keep good records of previous conferences and decisions.
2. Be clear in your observations of your child's changes, improvements or reversals, noting when and under what circumstances they occur. Remember that your experience with your child at home may be different from what is being observed in school.
3. Write down your questions before entering the meeting. Sending them ahead will ensure that the proper research is done. These questions should be geared towards gaining greater understanding of your child's problems and needs in the school setting.
4. Listen. Avoid being accusatory. This leads to entrenched positions which produce only negative results.
5. Keep careful notes and don't be afraid to ask for clarification if you do not understand something which is being said. Be sure, however, not to repeat information over and over again or to spend inordi-

nate time on issues not relevant to the task at hand. This can sometimes become tedious and causes a less than enthusiastic response.

6. Remember that teachers must juggle the unique needs of many students. Be reasonable with your requests. Teachers are not infallible.

7. Acknowledge that the major motivation for success must come from your youngster. Help your child understand this.

8. Summarize plans for next steps, and the role you will play.

FOR THE TEACHER:

1. Write down your questions. The parent will often see the child's behavior in a way you do not.

2. Listen. Avoid being defensive. This leads to suspicion about your ability or willingness to work cooperatively.

3. Take the opportunity to learn as much as you can. Your view of the student may not be as full as it could be. Examine the student's strengths.

4. Remember that parenting is not easy. Be patient with your expectations. Parents have had less formal training for their role than you have had for yours. Parents are not infallible.

5. Explore avenues for improving your skills and understanding of managing and teaching individuals with learning disabilities. Seek out individuals and organizations such as NCLD, who can provide information and steer you to some help.

6. Be prepared to share ideas for the child's improvement.

7. Summarize plans for next steps, and the role you will play. ■

83.

A CHECKLIST FOR THE CLASSROOM TEACHER

The following list provides a manageable check list of items which require little extra effort by the teacher, but which will help children with learning disabilities and/or ADD/ADHD to feel more comfortable, and ultimately enhance their learning opportunities. Each item does not necessarily fit uniformly with the specific needs of each individual student. Use the list as a set of guidelines.

1. Seat students with learning differences as near the teacher as possible, but include them as part of the regular classroom. The front row is ideal, away from distractions like windows.

2. Surround students with learning differences with good role models. Encourage peer tutoring and cooperative learning. Consider allowing peer note-taking if writing rapidly is difficult for the LD student.

3. Call their name before addressing them or asking them to recite, and maintain eye contact while speaking with them.

4. Praise their correct and acceptable work, do not just focus on their mistakes.

5. Recognize and give credit for their oral participation in class.

6. If grades on written material are given, consider designating one grade for content, thought and effort and another grade for spelling, punctuation, and handwriting.

7. Allow the opportunity for oral tests in each subject if it will help demonstrate their learning.

8. Encourage their interests and talents by allowing them occasionally to contribute a project instead of a written theme. Find their talents and emphasize whenever possible.

9. Practice spelling words in the order they will be presented on tests. Have the students write the words and spell them aloud.

10. Help your students get organized.

11. Give them an opportunity for extra time on tests by allowing them to return at recess, lunch or after school to complete a test.

12. Make specific arrangements for the complete homework assignments to reach their homes daily, i.e., an assignments notebook. They often cannot copy accurately from the board. Encourage parents to set up appropriate study space at home. (See NCLD Homework TIPS.)

13. Allow them to bring a recorder to class on review days. They often cannot write complete notes easily nor read them for study if they do.

14. Do not put them under pressure of time or competition if either can be avoided.

15. Do not ask them to read aloud without preparation.

16. Be cognizant of your own communication styles—is your handwriting on the chalkboard large enough? Neat enough? Do you speak slowly and clearly? Do you use ample visual aids?

17. Know what LD is, and is not—read resource materials on learning disabilities.

18. Follow as structured a schedule as possible; when changes are necessary, try to make transitions between activities as painless as possible. Transitions are often tough for these children. Preparing for transitions, providing structure and warning children in advance that changes are coming are easy ways to begin.

19. Convey a positive attitude about special learners; children take their cues from the teacher's attitudes—you are the primary role model.

20. Be creative—help all students feel comfortable about asking questions. Often children with LD do not like to ask for help.

21. Provide clear and concise instructions. Repeat whenever necessary.

22. Be aware of problems in non-academic areas. Help children learn appropriate social interactions in the same way you teach them grammar and math.

23. Remember, praise always encourages *all* of your students. ■

PREPARING YOUR CHILD—AND YOURSELF—FOR SUMMER ACTIVITIES

For most children, summer provides a welcome change of pace and a respite from school. For children with learning disabilities and their families, however, there may be less freedom of choice and fewer options. Academic skills may need strengthening and learning reinforced over the summer.

Whatever summer plans you make, remember that children with learning disabilities are no different from other children in needing free time in the summer to relax and enjoy the normal pleasures of childhood.

When planning summer holidays, a number of factors and options can be considered.

1. Emphasize social opportunities: Summer is an ideal time for social experiences for LD children and adolescents, without the pressures of school.

2. Introduce new activities: A new activity or skill learned in the summer may restore some of the balance in the child's life. Swimming, for example, is an activity that youngsters with LD often do well.

3. Reinforce school-year learning: A summer school program can provide needed reinforcement for youngsters, if appropriate. An alternative is one-to-one tutoring before or after other activities. Summer is a good time for consolidating gains and introducing new concepts.

4. For older students, look into volunteering or paid employment: Older pre-teens and adolescents may be ready for volunteer work in the community or even a paid job. These can heighten a sense of competence and self-worth.

Consider camping options: While going away to camp is not possible for all children, some religious groups, Y's or the Scouts have both day and overnight camping facilities. Giving a child with LD the opportunity to go away even for a few days can be great for the child and a rest for parents. Counselors need to be told about the child's problems and strengths, just as teachers

For those parents whose children are going to camp, especially for the first time, a few pointers can help prepare your child and yourself for the experience.

1. Do not oversell camp: Be positive. Allow your child to talk about his concerns and expectations, but let him take the initiative. His feelings about going will change on a regular basis. Remember that you are sending your child TO camp, not AWAY from home.

2. Do not make promises you are not going to keep: Avoid statements like, "If you really don't like it, you can always come home."

3. Do not set up play dates with bunkmates your child has never met: When kids meet at camp it is in a structured situation, supervised by professionals. If the play date does not work, you may be faced with your child refusing to go if a particular child is going to be in his cabin.

4. Do not plan a trip or special family activity which your child will miss by going to camp: You do not want a child's first camp experience to be in competition with an attractive alternative.

5. Shop together for fun camp equipment: Sports equipment, camping equipment and clothes with the camp logo are fun.

6. Practice using camp vocabulary: Ask the camp director for vocabulary specific to their program. For example, do they eat at the dining room, dining hall or mess hall?

7. If your child is a picky eater, introduce camp food: Get a copy of a weekly camp menu and expose your child to foods that will be served.

8. Communication: Write every day. Send a letter one week before the start of camp so that it is waiting for your child. Reinforce that life at home is, and will be, the same as when they left. Keep phone calls short and positive. Ask questions that will generate positive answers. Follow up with the director on any negative feedback you get. Remember that it may not be accurate. ■

WHAT YOU SHOULD KNOW ABOUT SOME RECENT RESEARCH FINDINGS

The Federal government has produced exciting research findings. These projects are administered through the National Institutes of Health's National Institute of Child Health and Human Development (NICHD) and its Human Learning and Behavior Branch. While this summary does not represent all of the excellent research taking place, it attempts to translate a significant amount of knowledge scientists have gained with respect to LD. A full packet on research findings is available from NCLD.

NICHD Research Centers and Program Projects are at: Yale University; The University of Colorado; Johns Hopkins University; Harvard University; and The Bowman Gray School of Medicine. Since 1975, NICHD support for LD research has surpassed \$88 million, with \$23 million spent in 1994. Though working separately, these Centers and P. . . . have achieved consensus on the following.

HOW COMMON IS LD?

- 15-20 percent of the U.S. population have some form of learning disability; according to the most recent information from the National Institutes of Health.

- 85-90 percent of school-aged children who manifest learning disabilities have their basic deficits in language and reading.

- Over half of the children in special education in public schools have learning disabilities (52% in 1992).

- Girls are just as likely as boys to manifest LD.

HOW DO LEARNING DISABILITIES DEVELOP?

- LD has a genetic basis and understanding this heritability can aid early identification efforts.

- Reading disabilities are the most frequently identified type of LD and can have the most negative impact on children's lives, given the tremendous role that literacy plays in all academic areas in school, and also in social and occupational success.

- The primary causes of difficulties in learning to read are centered around the lack of development of a particular linguistic skill called phonological awareness—the ability to identify the smallest units

(phonemes) in words. This ability is required to decode and read single words rapidly and accurately, and subsequently for reading comprehension. (Few teachers know this or are trained to address the problem in their classrooms.)

- If children with reading disability are not identified by nine years of age and provided appropriate interventions, a majority tend to remain reading disabled throughout high school.

EARLY IDENTIFICATION & INTERVENTION

- Predictive screening instruments for reading disabilities have been developed that can be administered readily to children as young as 5 1/2 years of age with good rates of predictive accuracy. These are inexpensive and can be administered by the classroom teacher.

- Two large NICHD intervention studies support the application of direct and explicit instruction of phonological awareness and sound/symbol relationships, within a linguistic context, at the kindergarten and first grade levels. Substantial gains in linguistic and early reading skills have been observed in children identified as at risk for LD, who received such instruction.

- Unfortunately, NICHD and other research demonstrate that substantial gaps exist between what is now known and what is being implemented in the classroom and being learned by teachers and clinicians. For example, most LD children are not identified and provided services until well into second or third grade, if at all. Also, many school districts across the country continue to teach reading through "whole language" exclusively, without any explicit instruction in phonological awareness, even though research clearly indicates that a significant number of students (15-20%) will likely not learn to read through this approach alone.

- Teaching interventions that are effective for the child with LD are often just as beneficial for the child without LD.

To take full advantage of these new findings, teachers will need to learn how to apply this information in an effective manner. Enhanced teacher preparation for general and special education is essential. ■

FEDERAL AND STATE LAWS AND REGULATIONS

Concerning Education of Students with Disabilities

FEDERAL LAWS

- ⇒ **Individuals with Disabilities Education Act (IDEA)**
(P.L. 105-17 – IDEA Amendments of 1977)
- ⇒ **Section 504 of the Rehabilitation Act of 1973**
- ⇒ **The Americans with Disabilities Act (1990)**
- ⇒ **Family Educational Rights and Privacy Act of 1973 (FERPA)**

STATE LAWS AND REGULATIONS

- ⇒ **Education of Exceptional Children**
R.S. 17:1941-1958 (Chapter 8 of Title 17)
Regulations for the Implementation of the Exceptional Children's Act
(Bulletin 1706); Pupil Appraisal Handbook (Bulletin 1508)
- ⇒ **Louisiana Program for Infants and Toddlers with Disabilities**
R.S. 17:1971 - 17:1979
- ⇒ **Education for Students with Dyslexia and Related Disorders**
(R.S. 17:7(11))
Guidelines for the Implementation of the Louisiana Law for the Education
of Dyslexic Students (Bulletin 1903)

V. Students with Learning Disabilities

Learning disabilities has become the general term for a variety of specific disabilities including dyslexia, developmental aphasia, dysgraphia, expressive dysphasia, and oral receptive dysphasia. Another term sometimes used for learning disability is neurologically impaired. A common misconception among those not familiar with learning disabilities is that the student with a learning disability is retarded. The learning disabled student is not retarded or developmentally disabled.

The college professor should keep in mind that the learning disabled student's needs center around information processing. Students with learning disabilities have trouble taking information in through one or more of the senses and expressing that information accurately. The information often gets "scrambled." These students may have difficulty with discriminating differences between two like sounds, symbols, or objects. Because the information may not reach the brain accurately, the brain often does not do a good job of storing the information. The result appears to be poor memory. Thus, it is important that learning disabled students receive and transmit information in a form that works best for them.

Some learning disabled students are unable to communicate effectively through printing or cursive writing (dysgraphia). This condition may manifest itself in written work that appears careless. Some of these students may be able to use a typewriter or word processor for written communications. Another solution is for an aide to take dictation from the learning disabled student.

Other learning disabled students for all practical purposes will be "lecture deaf" (oral receptive dysphasia). Many of the adaptive techniques that assist deaf students will also assist these students--notetakers, films, role playing, captioned videotapes, and other visual materials.

Some students have difficulty with sequential memory tasks (e.g. spelling or mathematics) and following step-by-step instructions. For these students it helps to break up tasks into smaller parts. Additional tutoring in math and/or spelling will usually be required at least one time in the student's career.

Individual Differences Keep in mind that no two RLDS students are alike. What works for one may not work for another, and what works in one subject and one class format may not work in another. To generalize, learning disabled students will learn much better the more channels used in the teaching/learning process--oral, visual, tactile, and kinesthetic. For examples, see the Recommendations section at the end of this handbook.

Conferences with Students It is important to meet individually with each LD student once they identify themselves. Encourage students to do so at the beginning of the term (see #1 in the Recommendations section). At your first meeting, be sure to ask what types of accommodations work best for that student. As needed begin developing accommodations that work well for both you and the student in this particular course. Among the options for instruction and/or testing accommodations, try to find appropriate ones early on, so that working arrangements are established before the first test.



82

Dysgraphia is a severe handwriting problem associated with dyslexia. The handwriting of the dysgraphic student is characterized as erratic, misshaped and cramped. The problem may be in the motor area, in memory, in language, in ideation, in organization, or in some combination of these functions. Learners who have dysgraphia usually have a clear mental image of what the left brain intends to encode, but the student keeps forgetting how to write specific symbols.

CHECKLIST OF DYSGRAPHIA SYMPTOMS

This checklist can help parents and teachers identify dysgraphia

___ **Difficulty with Alphabet or Number Symbols**

- ___ does not remember how to write certain letters or numerals
- ___ distorts shapes of certain letters or numerals
- ___ has awkward, uneven overall writing
- ___ has difficulty transferring from manuscript to cursive style
- ___ continues to print manuscript style long after introduction to cursive style
- ___ fragments certain letters or numerals
- ___ does writing that resembles "bird scratching," is virtually illegible
- ___ has difficulty distinguishing between capital and lowercase letters
- ___ mixes capital and lowercase letters

___ **Confusion with Directionality**

- ___ writes certain letters, numerals, or words backwards (mirror image)
- ___ tends to write on mirror side (left side) of vertical midline when moving to next column
- ___ marks from bottom to top when forming certain letters or numerals
- ___ uses backwards (clockwise) motions when writing circular strokes in certain letters or numerals
- ___ continually erases or overprints to change what was written first
- ___ has writing that slants up, down, or wobbles up and down

___ **Sentence Structure**

- ___ composes meaningful content in spite of poor handwriting
- ___ transposes grammatical elements within sentences, but produces good overall meaning
- ___ tends to use fragments instead of complete sentences

___ **Difficulty Conserving Form in Copying Simple Shapes**

- ___ distorts simple shapes
- ___ fails to close corners
- ___ draws "ears" where lines meet or change direction
- ___ has difficulty reproducing simple designs from memory
- ___ work deteriorates toward end of writing exercise
- ___ has difficulty staying on lines when tracing

___ **Tendency to Telescope**

- ___ omits letters when writing words
- ___ omits syllables or sound units when writing words
- ___ runs letters and words together
- ___ runs words together (usually when copying)

___ **Tendency to Perseverate**

- ___ adds unnecessary letters or sound units to written words
- ___ repeats the same letters or syllables in written words
- ___ adds unnecessary sound units to spoken words
- ___ repeats syllables or sound units in spoken words
- ___ falls into parrotlike repetition of rhyming sounds during games or conversation

Interventions For Overcoming Dysgraphia

1. Establish Directionality
2. Write with hard lead pencils (4-F)
3. Doublespace handwriting
4. Lay finger between words
5. Teach metacognitive skills
6. Teach editing skills
7. Laptop computers/word processors
8. Tape recorders to "capture" ideas
9. NCR forms
10. Colored film overlays
11. Scratchpad practice page
12. Spell check partner
13. Spelling "demon" chart
14. Slant form parallel-lined page
15. Personal letter forms chart
16. Prototype models of compositions
17. Allow more time for test
18. Prioritize assignments
19. Work on assignments in stages
20. Allow Printing or Cursive Writing
21. Practice revision with text other than their own (make corrections of grammar, punctuation, and spelling)
22. Use of Graphic Organizers, Mapping Techniques (Semantic Webbing, Character Map)



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