

CABHAIR

SIGNPOSTS
A RESOURCE PACK FOR TEACHERS



SPECIAL EDUCATION
SUPPORT SERVICE

building on ability



FOREWORD

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Foreword





FOREWORD

Teachers have articulated a need for accessible information to assist them in enhancing learning and teaching for students with special educational needs. The complex and diverse nature of learning precludes the development of definitive reference material to meet the needs of all individual learners. Valuing difference and individuality underpins and is intrinsic to the concept of special educational needs. The interaction of individual social, psychological and biological factors in affecting learning is an intricate process that teachers negotiate on a daily basis.

Criticisms have justifiably been levelled at the tendency to equate individuals with disability labels. However, Söder (1989) points out that exhortations not to consider labels may result in minimising the dramatic effects that the characteristics of the disability have on a person's life. Greene (2006), a mother of a child with autistic spectrum disorders (ASDs), rejects the concept of labels as stigmatising for the child and views the label as a signpost that enables her to control her son's development and start making the provision he needs. A number of individuals with ASDs have affirmed that labelling assists in deepening self-knowledge and understanding of the implications of ASDs for the individual (Hall, 2001; Jackson, 2002).

It is hoped that this publication will be a 'signpost' for teachers as they embark on the exciting and challenging journey of meeting the learning and teaching requirements of students with special educational needs. It is important to stress that the practical strategies suggested are not mutually exclusive to particular special educational needs but may be used by teachers following an assessment of the learning and teaching needs of each individual. The learning and teaching needs of all students with special educational needs should be addressed with reference to the Department of Education and Science (DES) *Learning Support Guidelines, Circular SP ED 02/05, Inclusion of Students with Special Education Needs: Post-Primary Guidelines, Special Educational Needs: A Continuum of Support* (Guidelines and Resource Pack for Teachers) advocated by the National Educational Psychological Service (NEPS) and all other relevant documents issued by the DES. Details of these publications are available in Appendix 1 and on the DES website, <http://www.education.ie/>.

The Special Education Support Service (SESS) wishes to acknowledge that this document has been compiled with reference to the materials and resources detailed throughout this publication in the sections entitled *Additional References and Resources*. The SESS would also like to thank the publishers and sources listed in Appendix 2 for permission to quote material. As it has not been possible to identify all sources the SESS would welcome information from copyright holders.

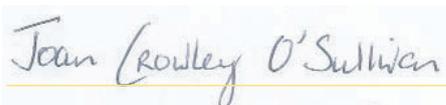
The SESS takes cognisance of the fact that special education is a continually evolving area. Bearing in mind the ever-changing landscape, the SESS aims through the newsletter *CABHAIR*, through such publications as *Signposts* and through its targeted programmes of continuing professional development to provide continuous support for teachers in relation to current and possible future developments in the field.





Both this publication and the SESS newsletters are available electronically on the SESS website, <http://www.sess.ie/>, where direct links are also offered to many websites associated with special educational needs. These are intended to help teachers to identify and locate other Internet resources that may be of interest. These are independently developed by other parties and the SESS does not necessarily assume responsibility for the accuracy or appropriateness of the information they contain or automatically endorse the viewpoints expressed therein. This also relates to any references the SESS makes to specific books, commercial products or services by trade name.

I wish to acknowledge the advice of the SESS Steering Committee throughout the design and development of this resource. The assistance of Sarah McElwee of the University of Oxford and tutor with the Institute of Child Education and Psychology Europe (ICEP Europe) is also recognised. Thanks must also be extended to Tisha Gonzalez and Cissy Coleman of Building Blox, Texas <http://www.buildingblox.net/> for permission to include photographs of resources which they have created. I am also grateful to the team – in particular Assistant National Co-ordinators Tom Daly, Johanna Fitzgerald, Helen Ginty, Madeline Hickey and Sarah Connolly Barnes (now Principal of St. Anne's School, Corrovorrin, Ennis, Co. Clare) for their contribution to this work. Special thanks must also be expressed to Deirdre Kelleher, Assistant National Co-ordinator. Her knowledge, enthusiasm and commitment added greatly to the publication of this resource. Finally, I want to express my gratitude to Emer Ring, Senior Inspector, Department of Education and Science (DES), for allowing us to use her own materials as well as for providing continued support and advice.



Joan Crowley O'Sullivan,
National Co-ordinator

Date: September 2008



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Section 1

Assessed Syndromes





ASSESSED SYNDROMES

People are always pushing her forward and letting her do things ... She is just another young girl full of life. ... And that makes you want to stand up and cheer.

Parent of child with special educational needs, from 'Something to Cheer About', Tom Gresham in *The Daily Progress*, 7 May 2000

The SESS is aware that the range of assessed syndromes is wide, and while a selection are presented in this publication, it envisages that information pertaining to other specific syndromes will be presented in future issues of its newsletter, *CABHAIR*, which will be delivered to schools and will be accessible from the main website <http://www.sess.ie/>.





SECTION 1: Assessed Syndromes

Down Syndrome

I'm not a 'Down's'. I am a person with Down syndrome ... Down syndrome is just something I have, not who I am.

Share the Journey, 2007 Calendar Down Syndrome Ireland

Down syndrome is a genetic condition caused by the presence of an extra chromosome. While students with Down syndrome may share certain physical traits, each student is an individual and the level of general learning disability will range from mild to profound. The student with Down syndrome may have problems such as heart defects, respiratory problems and eye defects, and may variously exhibit the following characteristics: auditory and visual impairment, delayed fine- and gross-motor skills, difficulties with thinking and reasoning and applying knowledge in new situations, limited concentration span, poor auditory memory, speech and language impairment and sequencing difficulties. Generally speaking the student with Down syndrome will be better able to understand language than to communicate it expressively. Consequently cognitive skills are often underestimated. Each student with Down syndrome should be treated as an individual whose education is based on an assessment of his/her strengths and needs. Some students with Down syndrome may have Atlanto Axial Instability (AAI), which is an abnormality in the vertebrae of the spinal column. Physical activities such as gymnastics and aquatics are particularly dangerous for those with AAI and may result in spinal damage. An X-ray is required to diagnose this condition and it is advisable that an AAI X-ray is requested in respect of students with Down syndrome who enrol in schools.





Tips for Learning and Teaching

- Students with Down syndrome have strong visual learning modalities. Teaching reading to students with Down syndrome should be characterised by a strong emphasis on visual learning. Visual demonstrations, pictures and illustrations can also be successfully used to assist in providing effective instruction in other subject areas of the curriculum.
- The teaching of phonics and phonological awareness should not be neglected.
- The use of manipulatives and activity learning can be beneficially employed in the development of number concepts. Numicon© visually-based mathematic materials have been developed with particular reference to the learning strengths and needs of the student with Down syndrome.
- It is important that high expectations and predictability characterise all learning and teaching opportunities.
- Students with Down syndrome generally demonstrate good social skills, which can be constructively utilised to increase learning and teaching opportunities.
- Tactile demonstrations and activities also appeal to many students with Down syndrome.
- Directly teach timetables, routines and school rules to students.
- Speak directly to the student, using clear language and short sentences, and use appropriate and unambiguous facial expressions.
- Allow adequate time for the student to process language and respond.
- Structure learning and teaching opportunities to enable the student to engage in tasks with other students, who can act as appropriate role models.
- Be aware that the student may become unnecessarily dependent through the availability of excessive one-to-one support.



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Fragile X

They tell us that they want to be a firefighter and a tow truck driver, they want to have a family and a job, they understand that's what people do. They have dreams and we will support them in anything they choose ... We love them for who they are, who they want to be and neither of us would have it any different.

The parents of twins Conor and Zach, who have fragile X,
taken from <http://fragilex.ca/sons.html>

Fragile X is a genetic disorder, so called because of a fragile site on the tip of the long arm of the X chromosome where, although not quite separated, it looks as though the end is broken off. It is diagnosed by DNA testing on a sample of blood.

The student with fragile X will often have an unusual facial appearance characterised by large protruding ears, a long nose and a high forehead. Many may have flat feet and generally exhibit a 'floppy' gait owing to poor muscle tone. Learning needs can range from mild to severe, with girls usually less affected. The student with fragile X is often described as impulsive, acting before thinking, wanting everything straight away, having impaired concentration and being dependent on following a consistent routine. The student may appear uncooperative at times and exhibit oppositional type behaviours. Other behavioural habits include hand-biting/flapping, rocking and gaze avoidance. However, those with fragile X are interested in others and enjoy social contact on their own terms in a 'safe' environment. Inappropriate behaviours are triggered by an inability to select and organise sensory information from the environment, which causes the student to become overwhelmed by the mass of sensory input. Typically, more males are severely affected than females. It is important to remember, however, that while students with fragile X may share common traits, each student has individual and unique characteristics that need to be considered when devising learning and teaching programmes.



SECTION 1: Assessed Syndromes



Tips for Learning and Teaching

- Structure the environment to reduce excessive sensory stimulation to a level that the student can cope with. The student with fragile X will respond positively to a calm, quiet classroom environment.
- Provide the student with some freedom to move about the room and have times off-task when necessary.
- Avoid, if possible, placement in a class of students with behaviour difficulties or emotional disturbance and/or behavioural problems.
- Seat the student away from others in his/her own personal space.
- Establish and maintain a consistent routine and ensure that the student knows what to expect and what is required during the day.
- Appropriate coping and self-regulation strategies may be directly taught for the student to use when he/she feels himself/herself becoming over-aroused.
- Be aware of the particular antecedent events that trigger inappropriate behaviours and plan to avoid them or to offer special help to cope if upsets are unavoidable.
- The student may need a high level of individual assistance to complete tasks. The adult assisting should be quiet, calm and as unobtrusive as possible, avoiding touch and eye contact to decrease distraction levels for the student.
- Avoid direct pressures (e.g. time limits, questions in front of others, eye contact or insistence on collaboration) on the student as these can be counterproductive.
- Utilise the student's preference for practical tasks, physical activity and visual learning within the learning situation.
- The student may find writing difficult, so alternative recording methods may need to be explored (e.g. computer/specifically differentiated worksheets where less writing is required).
- Modelling and imitation should be utilised for both behavioural and communication skills.
- Mathematics can be presented in a visual and tactile manner with manipulatives, and experiential learning contexts can be used that are related to real-life experiences.
- Board games and computers may be utilised for turn taking, communication, social interaction and the development of fine-motor skills.
- Where possible verbal instructions should be accompanied by visuals or a practical demonstration.



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Prader-Willi Syndrome

Daisy has always loved school. She participates in all areas of the curriculum with varying levels of support. She has always loved all of her teachers and had a good relationship with them. Each one ... [has] given her time and listened to her ... Daisy has a great big and fantastic personality.

*Educating my daughter Daisy, Sharon Cliff, mother and teacher,
taken from <http://pwsa.co.uk/main.php>*

Caused by an abnormality on chromosome 15, this syndrome is congenital and is generally physically characterised by obesity, narrow-shaped eyes, small stature, and small hands and feet. Symptoms such as decreased muscle tone and delayed motor development are also associated with the syndrome. It ought to be remembered that each student with Prader-Willi syndrome is an individual and any one student with the syndrome will have different strengths and needs from another. Most students have some degree of general learning disability, usually in the mild range. A minority of students have been noted to have an IQ (Intelligence Quotient) of 100 or above on standardised IQ tests. Students' reading and writing skills are often better than number skills and abstract thinking. Short-term auditory memory can be weak. However, long-term memory is considerably better. The student will often excel at sedentary activities such as computer work and colouring. Difficulties can present emotionally and socially. It is important to understand that the student's behaviour is part of the syndrome and not usually intentional. Poor co-ordination and balance may also be observed. Affected students have an intense craving for food and may go to extreme lengths to get it. This results in uncontrollable weight gain.

Atypical Prader-Willi Syndrome: some students may have a diagnosis of Prader-Willi syndrome but will not have the typical physical features.

Acquired Prader-Willi Syndrome: symptoms associated with Prader-Willi syndrome can be 'acquired' by damage to, or a dysfunction of, the hypothalamus (the hypothalamus is the part of the brain that controls body temperature, cellular metabolism, and functions such as eating and sleeping). In these cases, the student will not have any of the genetic abnormalities and few of the physical characteristics of the syndrome; however, the behavioural and appetite problems that are associated with the syndrome may present. Learning and teaching techniques effective with students with true Prader-Willi syndrome can also be helpful when working with students with acquired Prader-Willi syndrome.



Tips for Learning and Teaching

- Overlearning and repetition will be necessary if the student has a poor short-term memory.
- If the student is a literal thinker, he/she may find tasks involving the use of imagination challenging. Consider incorporating real-life experiences and concrete examples into lessons.
- Many students with Prader-Willi syndrome tire easily. This needs to be considered throughout the school day and new concepts and materials are best introduced early in the school day.
- Social skills may need to be explicitly taught.
- The student with Prader-Willi syndrome may have poor auditory processing skills, which will have an impact when following instructions. Visual cues may need to be considered in this area to assist the student.
- The student may have difficulties with gross-motor skills, which may necessitate modifications to lessons such as Physical Education.
- Concrete objects and experiences should be utilised in the teaching of Mathematics.
- If the student appears frustrated when completing a task, consider breaking it up into sections for the student to complete.
- In dealing with inappropriate behaviour, note that many students with Prader-Willi syndrome respond well to a positive-behaviour reward system.
- Discuss the approach to dietary control to be adopted by the school with the parent/carer. Consult also as to how to best deal with food-taking tendencies in the school situation.
- Some students find it difficult to work in groups: consider this when adapting the teaching process.
- Consistency of routine is very important, so if change in a routine is about to occur ensure the student is warned in advance.
- Within the teaching of Physical Education the student may need extra praise and encouragement to engage in tasks.
- Be aware that students with Prader-Willi syndrome can have a high pain threshold.
- Computer work appeals to many students and this should be considered as a means for the student to engage with new material and as an alternative way to demonstrate learning.



SECTION 1: Assessed Syndromes



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Rett/Rhett Syndrome

Living with Rett syndrome is kind of like being on a roller coaster that never stops. It has it's ups and downs, the smooth but bumpy course, the twists and turns that somehow seem to come when you least expect them, and knock you back into the reality that your child is different from others, but that doesn't mean she can't learn and can't lead a full and impact-filled life.

Living with Rett Syndrome, Connie Coughlin, mother whose daughter has Rett/Rhett syndrome, taken from <http://members.tripod.com>

Rett/Rhett syndrome affects females almost exclusively and is a neurodevelopmental condition characterised by 'normal' early development followed by a period of regression where skills are lost. As with any syndrome there is huge variation in those with Rett/Rhett syndrome and deterioration, in varying degrees, may be noticed in expressive language use, gait, general learning ability, purposeful use of hands, distinctive head movements and head growth. Rett/Rhett syndrome is classified by the *Diagnostic and Statistical Manual of Mental Disorders*, (DSM-IV) (4th edn) as a developmental disorder of childhood. The symptoms are generally described in terms of four stages:

Stage 1: Early Onset (6–18 months of age): the slowing of development is generally subtle at this stage and consequently symptoms are often overlooked.

Stage 2: Rapid Deterioration/Destruction (1–4 years of age): this stage may be gradual or rapid. Typically, purposeful hand use and spoken language are lost at this stage. Gait patterns are laboured and unsteady, and periods of trembling or shaking may be evident. Slowing of head growth may be noticeable. Behaviours such as hand-wringing, hand-clapping or grinding of teeth may present.

Stage 3: Plateau/Pseudo-stationary (2–10 years of age): apraxia (difficulties controlling voluntary muscular movements in spite of the fact that there is no actual muscle weakness), motor difficulties and seizures may present at this stage. Alertness, attention span and communication skills may improve as may a general interest in the individual's surroundings.

Stage 4: Late Deterioration of Motor Skills (typically 10 years onwards): this stage can last for a number of decades and is characterised by reduced mobility, muscle weakness, rigidity, spasticity and scoliosis. The individual may lose the ability to walk (if he/she managed to acquire this skill) at this stage. Repetitive hand movements and seizures may decrease and eye gaze may improve. It is important to note that there is no cognitive loss at this stage.



SECTION 1: Assessed Syndromes



Tips for Learning and Teaching

- It is important to work closely with the speech and language therapist and parent/carer in selecting and reviewing the most appropriate communication system for the student and in deciding whether physical movements, picture communication systems or electronic devices are most appropriate.
- Hand or elbow splints can be used to reduce repetitive hand movements and increase the student's purposeful use of the dominant hand. This would have to be discussed with the student's parent/carer and occupational therapist.
- It is important that the student is involved socially with his/her peers. Appropriate social skills and strategies may have to be explicitly taught.



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Tourette Syndrome

I Have Tourettes, but Tourettes Doesn't Have Me

Title of HBO documentary aired 11 December 2005,
listed on <http://tsa-usa.org/>

It is essential that multiple motor tics (twitches) and one or more vocal tics (noises) are present for at least one year for a definitive diagnosis of Tourette syndrome. These tics may appear simultaneously or at different times and will tend to fluctuate in occurrence and intensity. The onset of symptoms is usually before the age of twenty-one with the average age of onset being seven. Tourette syndrome is biochemically based and genetically transmitted. Motor and vocal tics may be simple or complex.

Simple motor tics include tics of the head and face such as eye blinking, squinting, eye rolling, nose twitches, mouth twitches, making faces, tongue protrusion, nodding or tilting of the head sideways, shoulder shrugging, arm jerking and extending, leg kicking and knee jerks, and abdominal contractions such as pulling in the tummy. Complex motor tics include the smelling and licking of objects, spitting, touching parts of one's own body and touching others, and unusual gaits such as twirling, squatting, hopping, skipping and bending down.

Simple vocal tics include sounds such as repetitive sniffing, snorting, throat clearing, coughing and gulping, while more complex vocal tics include grunting, barking, yelping, quacking, whistling and belching.

Other characteristic features of the syndrome can include palipraxia (repetitive movements such as knotting a tie over and over again), echopraxia (copying or imitating what other people do), echolalia (repeating or imitating what people say), palilalia (repeating oneself over and over, or constantly repeating the last word or phrase uttered by oneself) and copraxia (involuntary inappropriate cursing and swearing).

Most students with Tourette syndrome test within average limits on standardised IQ (Intelligence Quotient) tests. The difficulties experienced by students with Tourette syndrome in the classroom are often related to the symptoms of the disorder themselves (such as when tics disrupt other classmates or interfere with handwriting or participation in class discussions). Some difficulties are caused by co-existing symptoms such as obsessive compulsive behaviour and attention deficit hyperactivity disorder (ADHD), while others are associated with learning and academic learning difficulties. Tics such as severe head shaking, neck stretching or eye rolling may cause the student to be unable to look directly at the teacher or read easily. Hand tics often interfere with legibility of handwriting and visual spatial deficits may result in the student having difficulty with copying from the board or elsewhere. Tics may also impede activities that have strict timing criteria, which may result in lowered test scores and associated inaccurate estimates of ability.



Tips for Learning and Teaching

- Seat the student at the side/front of the classroom in order to provide special attention for instructions/directions. This will also enable the student to refocus when necessary.
- Be vigilant to prevent any teasing that may occur.
- Provide a quiet place for the student to complete activities and tasks.
- Consider providing the student with a headset to play instrumental music in order to block out distractions.
- Allow for freedom of movement in the classroom.
- Providing the student with a small squeeze-toy to fidget with during times when concentration is needed may be of assistance.
- Break down assignments into component parts and give shorter time frames for task completion.
- Make use of a computer to reduce the need for handwriting.
- Pair with a mentor if the tic causes an activity to be unsafe (e.g. a scientific experiment).
- Establish an agreed hand gesture/signal as a reminder to refocus during listening periods.
- Put a token-reward system in place to manage student's impulsive behaviour.
- Do not rebuke the student for engaging in tic behaviour.
- Students often have a need for a strict routine.
- Directly teach organisational skills.





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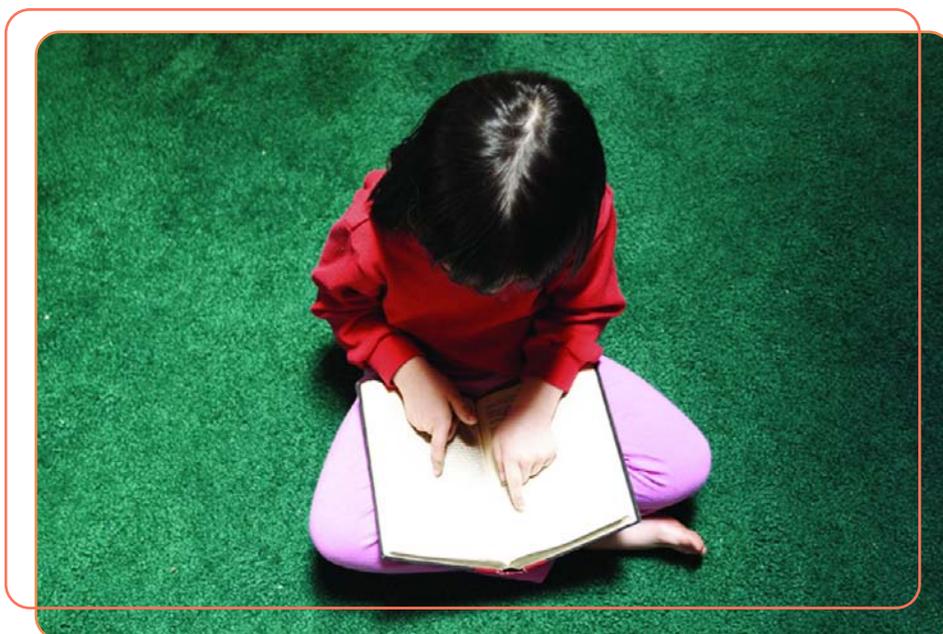


Turner Syndrome

I have always felt that I'm lucky to have Mellissa ... but I feel in a way that she's more special now. ... Her teachers often comment on what a determined little girl she is. If she does find a task hard at school she does not let it worry her too much.

Taken from *Cheryl and Mellissa's Story, Aspects*, June 2005 issue, the newsletter of the Turner Syndrome Support Society UK

Turner syndrome is a chromosomal condition that exclusively affects females. The syndrome occurs when one of the two X chromosomes normally found in females is missing or contains certain structural defects. Common characteristics associated with Turner syndrome may include short stature and a lack of ovarian development. Other physical characteristics such as a webbed neck, low set ears, low hairline, puffy hands and feet and/or arms that turn out slightly at the elbow may also be present. Some individuals with the syndrome may have scoliosis, dislocated hips, cardiovascular problems, kidney abnormalities and/or hearing difficulties. It is important to be aware that each individual presents with different combinations of symptoms. In the school situation the student with Turner syndrome may experience difficulties with mathematical and visual spatial problems. Social and/or emotional problems may also present. Research suggests that girls with Turner syndrome are weak in mathematical achievement relative to reading achievement and verbal performance.





Tips for Learning and Teaching

- Provide for opportunities within school to develop the self-esteem and sense of belonging for the student.
- Explicitly teach relaxation exercises.
- Organisational skills may need to be taught and the use of reminder signs and notes, and the use of colour-coded books and copies, may be of use in this regard.
- For some girls with Turner syndrome difficulties present when there is an unexpected change in routine. If the student is likely to encounter such difficulties, give her advance warning and explicit descriptions of what will happen. Having a 'Buddy system' may work well here.
- Do not overprotect the student. Apply the same rules, expectations and consequences, within reason.
- Bear in mind the short stature of the student and create modifications to the classroom, if necessary, to accommodate her needs.



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SECTION 1: Assessed Syndromes

Usher Syndrome

People with Ushers do not need people to think, 'How terrible, this person is deaf and blind; there is nothing to do.' What we need is for people to say, 'This person is deaf and blind. What can I do to facilitate his achievement of his full potential?'

Lawrence W. Lee, 43 year old Afro-American with Usher syndrome.

First published Summer 1994, taken from

http://www.boystownhospital.org/Hearing/info/genetics/perspectives/my_life.asp

Usher Syndrome is inherited and presents in the individual having difficulties with both hearing and vision. It is a major cause of Deafblindness (see page 144). Symptoms of Usher syndrome include hearing impairment and retinitis pigmentosa (an eye disorder that causes one's vision to deteriorate over time).

There are three types of Usher syndrome:

Type I: the student is profoundly deaf at birth and will have difficulties with balance. Typically, develops vision problems by the age of ten.

Type II: the student is born with moderate to severe hearing loss and has normal balance characteristics. Most perform well in school and some may benefit from hearing aids. Visual problems progress at a slower rate than Type I and blind spots can begin to appear when the student enters adolescence at which time the student may experience stress and embarrassment.

Type III: the student is born with normal hearing and balance. However, hearing and vision deteriorate over time, at a rate varying between individuals. Typically, students develop notable hearing problems by adolescence. Blind spots appear from late adolescence onwards and by mid-adulthood the individual may have a total loss of sight.



Tips for Learning and Teaching

- The student may need specific orientation training in relation to the school buildings and grounds.
- Note that red, green and blue markers can be more difficult for the student to read when one is writing on the whiteboard.
- Lighting should be adequate but without glare.
- Windows should be behind the student, and the teacher should never teach from in front of the window.
- Contrast with background should be considered when utilising print.
- Consider using paper that is neither glossy nor glaring.
- Students may need extra time to complete work. If doing repetitive work assign them fewer questions/problems than their peers. If using a manual signing system, ensure signs are accurate and consistent.



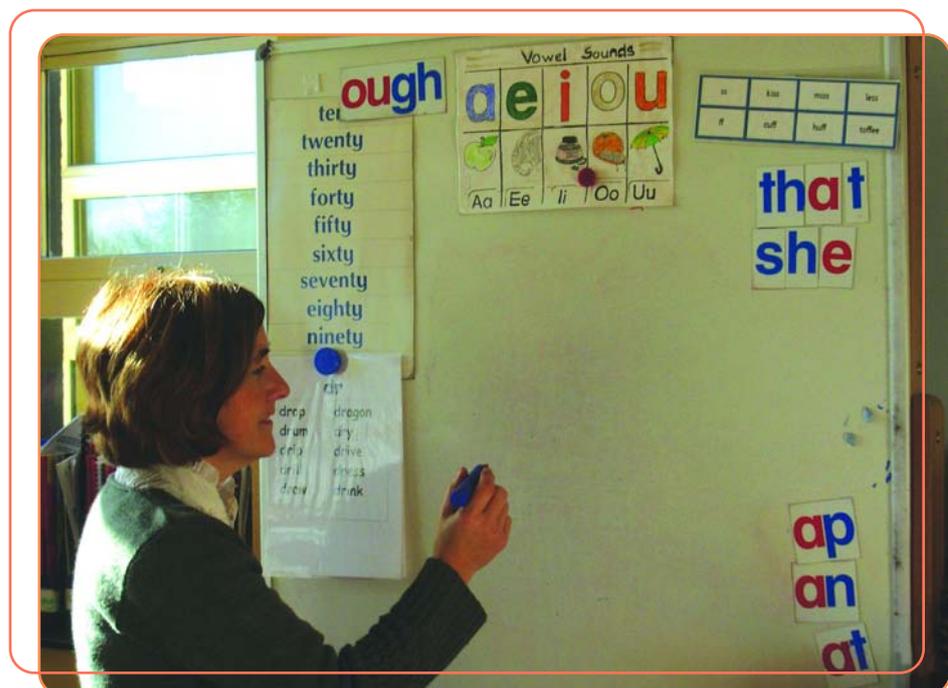


SECTION 1: Assessed Syndromes



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Williams Syndrome (Williams-Beuren Syndrome)

Meghan Finn is as charismatic as she is talented. ... [a] beautiful young lady who happens to have Williams syndrome ... that she lives and deals with courageously every day.

Taken from *Meghan Sings!*
<http://www.meghansings.ws/>

This is a rare congenital disorder of chromosome 7. It is diagnosed with a blood test and often can go undiagnosed for a long time. Characteristics of the syndrome are distinctive 'elfin' features, good auditory skills, love of music, an outgoing social nature and a gift for vocabulary.

Williams syndrome can affect the student cognitively, socially and behaviourally, while motor difficulties may also present. Motor difficulties may have an effect on handwriting, Physical Education and practical work. While some students have particular needs, it is important to note that not all of these difficulties are relevant to every student. However, they are typical of the syndrome and at least some will apply to each student. The students will probably show inconsistency in the level of their abilities across various domains.

Visual spatial needs will affect most school activities, especially practical work and Physical Education. Activities requiring spatial analysis skills, such as learning to distinguish between different letters and learning left and right, may prove a challenge. The students' verbal abilities may be better than their cognitive abilities. Cognitively, students vary greatly from having above average abilities to moderate general learning disabilities. Difficulties with numeracy have been observed in some students as have delays in language acquisition.

Difficulties with inappropriate behaviour, such as talking out of turn in the classroom, can also present. Students may have a short attention span and become easily distracted, which can result in the student not following directions, getting out of their seat, etc. Despite the tendency for the student with Williams syndrome to have an overtly sociable nature, they can have difficulties establishing peer friendships and can be overanxious. The student may also dwell on 'favourite' conversational topics, showing a poor awareness of general conversational skills. The student may display difficulties in modulating emotions and may seem to over-react (e.g. tearfulness in response to what appears as mild distress).



SECTION 1: Assessed Syndromes



Tips for Learning and Teaching

- Incorporate frequent breaks into sustained periods when the student is required to remain on-task.
- Provide a differentiated curriculum that ensures a high degree of success for the student.
- Minimise visual and auditory environmental distractions. Be conscious of the fact that sounds such as the fire drill, school bell, etc may result in the student becoming anxious and may also lead to behaviour problems. If possible, provide warnings prior to predictable noises. Elicit from the student the particular sounds in the school that are problematic for him/her.
- Implement a positive-behaviour reward system.
- Arrange opportunities for the students to work in small groups.
- Emotional and social skills may need to be explicitly discussed and taught, with an emphasis on the development of social skills. These skills can be taught on a whole-class basis (e.g. during Social, Personal and Health Education (SPHE)).
- Ensure consistency in all activities.
- Minimise unexpected changes in the student's routine.
- Provide a clear schedule for the student (picture-schedule perhaps for younger students, homework journal for the older student).
- Utilise role play, social stories™ and modelling to teach the student to manage anxiety-provoking situations.
- Consider a variety of friendship-building tasks such as a peer 'Buddy system', group work, etc.
- The student's interest and strength in music can be capitalised on through the use of songs, instruments and recordings, wherever possible in the curriculum.
- Minimise pen/pencil and paper demands for the student who has difficulties with fine-motor skills.
- Utilise concrete objects in the teaching of Mathematics if visual-spatial skills are poor.
- Capitalise on the verbal and auditory ability of the student and incorporate these skills into differentiated lessons and activities.
- Use visual materials such as illustrations, videos, photographs, etc as teaching aids to accompany verbal instruction. Often the student with Williams syndrome finds this approach to teaching very motivating.
- Ascertain topics that the student has a particular interest in as the student will approach a curriculum based on such topics with a high degree of motivation.



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Section 2

Autism/Autistic Spectrum Disorders



AUTISM/AUTISTIC SPECTRUM DISORDERS

*Autism is not me. Autism is just an
information processing problem that
controls who I am.*

Donna Williams,
author of *Nobody, Nowhere & Somebody, Somewhere*
Jessica Kingsley: London (1998)





Autistic Spectrum Disorders (ASDs)

Students with ASDs are described as sharing a triad of impairments that affects their ability to understand and use non-verbal and verbal communication, understand social behaviour – which affects their ability to interact with other students and adults – and think and behave flexibly, which may be shown in restricted, obsessional or repetitive activities. This triad may be described as a tripartite cluster of specific abnormal patterns of social, communicative and thought behaviours. It has been suggested that an additional dimension related to difficulties in processing sensory information might also be added to the triad.

Impairments in communication refer to verbal and non-verbal communication. Verbal difficulties may include a delay in the development of language, comprehension difficulties, literalness, poorly modulated intonation and delivery of speech, echolalia (echoing speech), unusual vocabulary and repetitive use of language.

Non-verbal difficulties include difficulty in empathising with others and in appropriately interpreting social cues, body language and facial expressions. Gestures are often stiff, stilted or over-exaggerated.

Students demonstrate a lack of flexibility of thinking and behaviour and one may notice poor social imagination, resistance to change, restricted and/or repetitive activities and routines, and an obsessional and narrow range of interests.

Symbolic play and joint attention skills are also impaired in students with ASDs. A lack of 'shared attention' or difficulty participating in the activities or enjoyment of others has been highlighted as a particular challenge to teachers as it affects the student's ability to share interests, have varied interests, adapt behaviour according to the situation, accept changes in rules and routines, engage in imaginative play with others, accept others' points of view and generalise learning.

Furthermore students with ASDs may engage in hand flapping, rocking or spinning; demonstrate heightened sensitivity to noise, smell, taste, touch or visual stimuli; experience erratic sleep patterns; display unusual eating habits; engage in self-injurious or aggressive or hyperactive behaviour; exhibit an unusual posture or gait and possess irrational fears or phobias.

Since the 1980s the idea has emerged of a spectrum which acknowledges the impact of both the range of general learning disability and level of ASDs for the student's learning and teaching programmes.

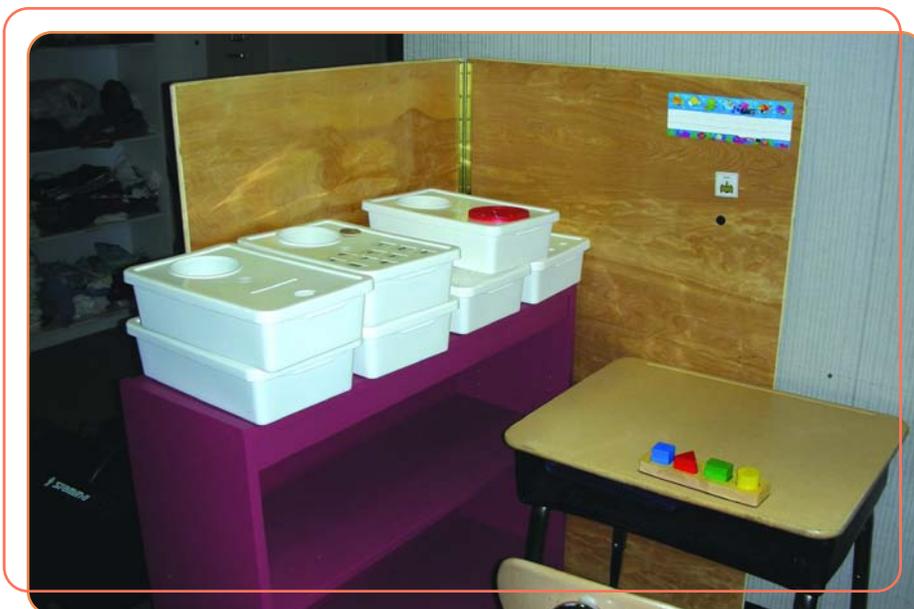
Asperger's Syndrome

There is no right type of Asperger's. People with Asperger's are as varied as Norwegians and trombone players.

Mark Haddon, author of
The Curious Incident of the Dog in the Night-Time, Vintage: London (2004)

Asperger's syndrome is thought to fall within the spectrum of autism, but with enough distinct features to warrant its own label. It is characterised by subtle impairments in three areas of development: social communication, social interaction and social imagination. There is no clinically significant delay in cognitive development or in language acquisition. However, students with Asperger's syndrome have communication difficulties and may speak in a monotonous or exaggerated tone and at great length about a topic that is of particular interest to them irrespective of the reaction of the listener. Students find it difficult to interpret social signals and interact with others. They often excel at memorising facts and figures but exhibit difficulty thinking in the abstract ways required for subjects such as English and Religious Education.

Students may have additional motor co-ordination and organisational problems such as a tendency to compartmentalise thinking (e.g. completion of a task may be perceived as unrelated to the presentation of the task), difficulties in managing time and completing work, eating, drinking and sleeping irregularities, an inability to block out distractions affecting attention span, inappropriate eye contact, and sensory and perceptual sensitivities. Asperger's syndrome affects students in the average to above average ability range.



The following table provides a summary of the range of approaches that have been developed to meet the needs of students with Autistic Spectrum Disorders (ASDs). A decision to use a particular approach should be based on an in-depth knowledge of the student, what one wishes to teach and what the student needs to learn.

Approaches commonly used with students with ASDs	
Interactive Approaches	Emphasis is placed on assisting the student in developing relationships and engaging in reciprocal communication through structuring naturalistic and incidental learning and teaching contexts.
Communicative Approaches	Students' communications skills are specifically targeted, promoted and developed through the use of approaches such as the Picture Exchange Communication System (PECS), the Lámh manual signing system and/or the use of real objects, symbols, pictures, photographs, drawings and written words.
TEACCH	The Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH) approach is based on the rationale that students with ASDs progress better in structured rather than in unstructured environments and incorporates a physical organisation of the environment, visual schedules, work-systems and task organisation.
Social Stories™	Social Stories™ are designed to enable the student to cope with social situations which he/she finds difficult. They are visual, identify relevant cues, provide easily accessible accurate information for the student and describe expected behaviours. Role play and video may be used to enhance this process.
Inclusion	Inclusion is used as the learning medium and students are taught to directly participate in activities with their non-ASD peers. 'Buddy systems', circle of friends approaches and Social Stories™ are successfully used to promote this process. The importance of providing mainstream peers with accurate, age-appropriate, ASD-awareness information in inclusive settings is stressed.

Approaches commonly used with students with ASDs

Behavioural Approaches

Behavioural approaches originate from Skinner's work in the 1950s and focus on modifying and shaping student's behaviour. The behavioural techniques of reinforcement, shaping, promoting and prompt-fading underpin the programme.

Information and Communication Technology (ICT)

Computers have features that distinctively appeal to students with ASDs. Information and Communication Technology may be used to support all areas of the curriculum and to meet student's needs associated with the triad of impairments. Concealing the computer and incorporating the computer in the student's daily work schedule are effective strategies for controlling computer access.



Tips for Learning and Teaching

Impairments in Social Interaction

- Students with ASDs are literal thinkers.
- Students are confused by the rules that govern social behaviour.
- Students require direct teaching in social skills.



SECTION 2: Autism/Autistic Spectrum Disorders

- ◊ It is necessary to structure opportunities for students to use social skills in different situations.
- ◊ Be aware of the difficulties for students inherent in less structured situations such as break, lunchtime, in the corridor and in transitions between lessons.
- ◊ Use stories to teach social communication/interaction.
- ◊ Develop a 'Buddy system' with mainstream peers.
- ◊ Directly teach jokes, puns and metaphors.

Impairments in Language and Communication

- ◊ Students require support in understanding the purpose and value of communication.
- ◊ Attention needs to be directed to teaching social aspects of language such as turn taking and timing (some turn taking activities may include board games, hitting a balloon back and forth, telephone conversations, bouncing a ball back and forth, etc).
- ◊ Directly teach gestures, facial expressions, emotions, vocal intonation and body language.
- ◊ Use visual material and/or signing to support and facilitate students' communicative initiations and responses.
- ◊ Provide precise instructions for students to follow.
- ◊ Always refer to the student by name as he/she may not realise that 'everyone' includes them.
- ◊ Do not expect eye contact and never turn the student's face towards you.
- ◊ Keep verbal instructions brief and simple.



Impairments in Imagination with a Restricted Range of Behaviours, Activities and Interests

- Students must be helped to cope with new and/or varying activities.
- Pre-empt the student's anxiety that results from being presented with unstructured or unfamiliar situations without prior warning/explanation.
- Devise and implement a structured play/leisure programme.

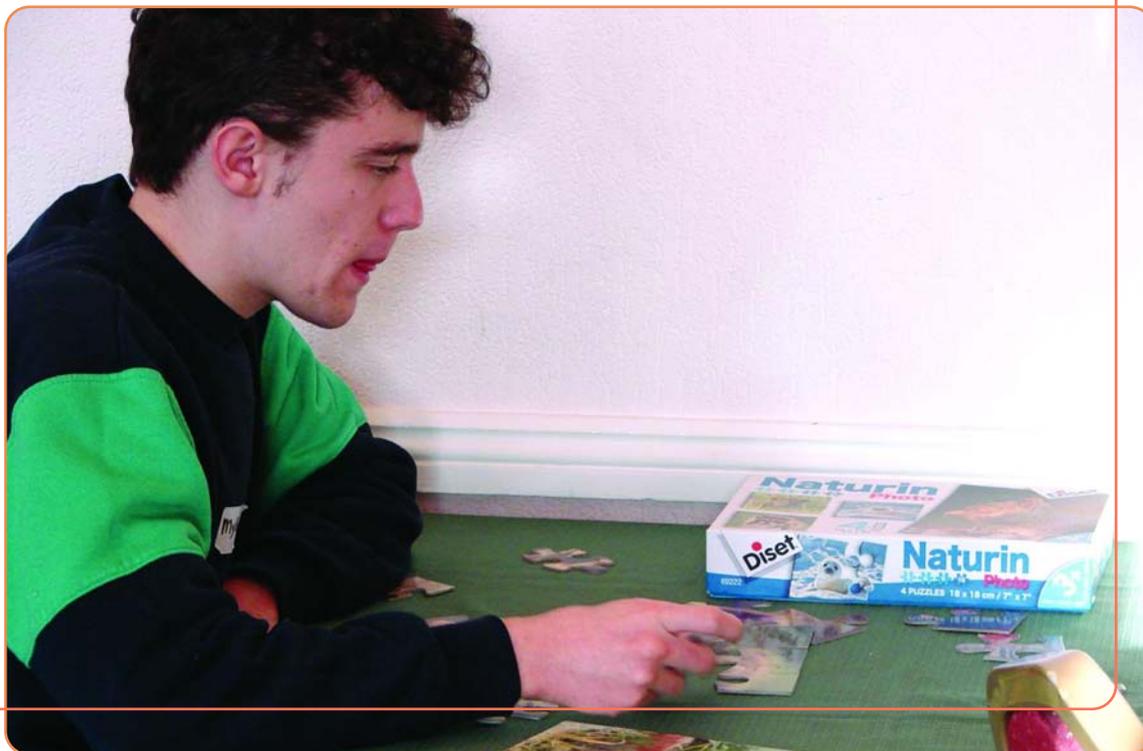
Additional Tips for Learning and Teaching

- Adjustments may need to be made to the classroom to address the student's undersensitivity/oversensitivity to noise, smell, taste, light, touch or movement.
- Consider implementing structured and systematic programmes to develop the student's fine- and/or gross-motor skills.
- Elicit relevant information regarding the student's eating, drinking and sleeping irregularities.
- Structure the classroom environment to reduce distractions.
- Secure student's attention prior to issuing instructions/engaging in conversation.
- Provide structures that assist students in understanding the duration of tasks.
- Make the links between different tasks clear to students.
- Use computers to support the student's learning and teaching opportunities.
- Disapprove of inappropriate behaviour and not of the student.



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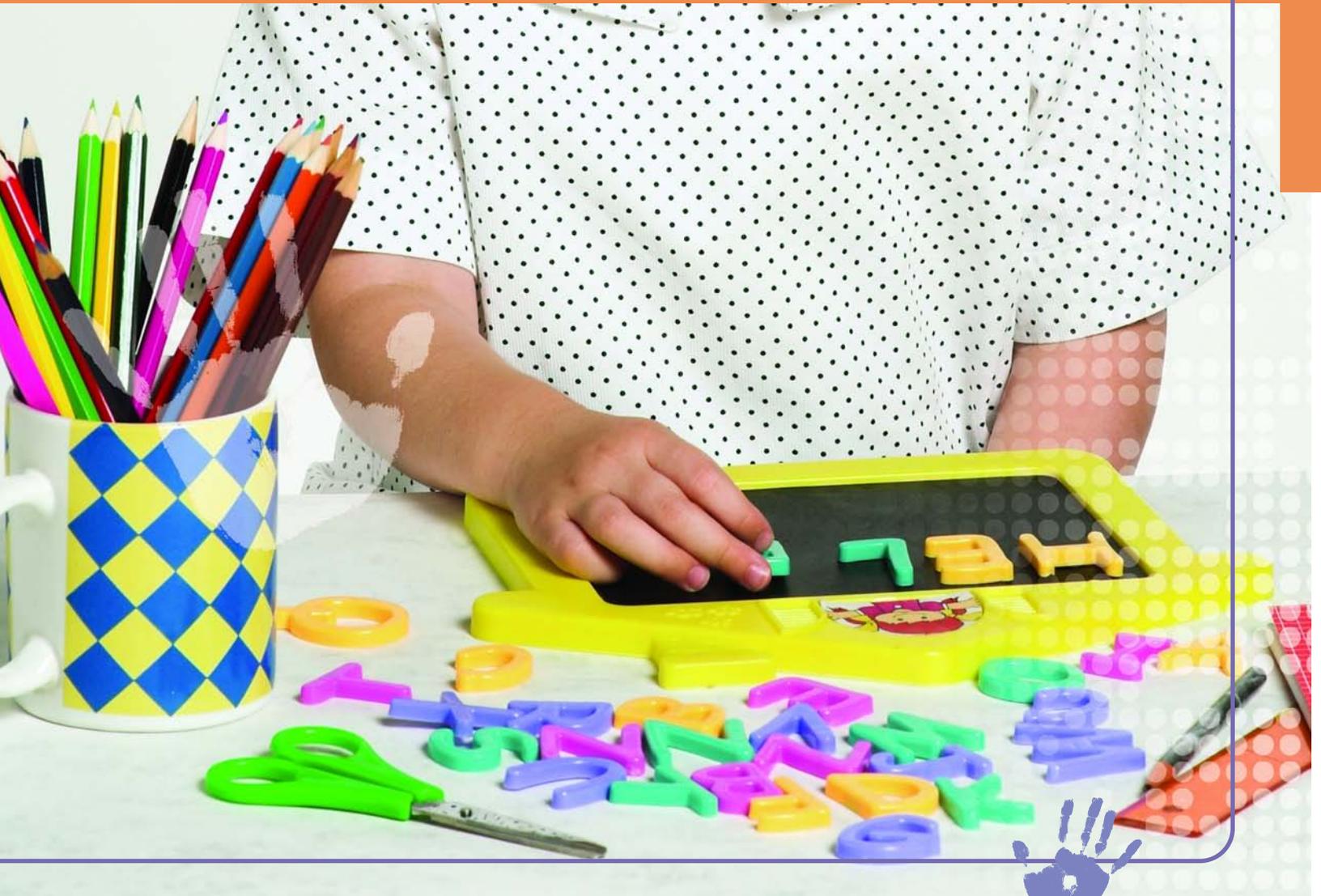
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Section 3

Dyspraxia

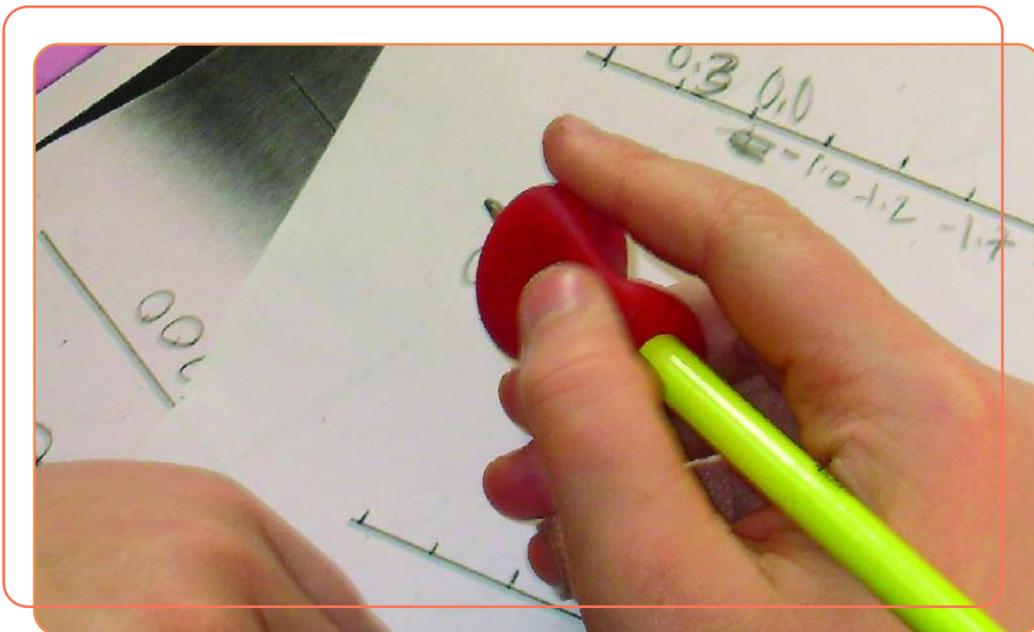




DYSPRAXIA

I'm not naughty - I'm Dyspraxic

Headline from a survey commissioned by
Dyspraxia Foundation UK for Dyspraxia Awareness Week 24-30 September 2007



Dyspraxia is often treated in the literature under two separate headings: developmental co-ordination disorder (DCD) and developmental verbal dyspraxia (DVD) or verbal dyspraxia as it is more commonly known. Students may present with either DCD or DVD or a combination of both.



Developmental Co-ordination Disorder (DCD)

Remember - he would if he could, but he sometimes can't. He is not lazy, he just sometimes loses his praxis or plan!

Taken from *How do I teach a child with Dyspraxia?* Dyspraxia Support Group of New Zealand, <http://www.dyspraxia.org.nz/>

Students diagnosed with DCD find it exceptionally difficult to acquire the movement skills that are expected of them in everyday life and are often referred to as 'clumsy'. Such students do not suffer from any known neurological condition and their difficulties are not explicable in terms of a generalised delay in development. Students may have difficulty co-ordinating their movements, perceptions and thoughts. They exhibit difficulty with everyday tasks such as buttoning shirts and using a knife and fork, and may confuse left and right.

In school, activities such as writing, Visual Arts, and Physical Education may pose problems. In play, difficulties may be observed in tasks such as running, jumping, hopping and catching a ball. In the classroom, the student may bump into and drop things and tend to find drawing and writing difficult. It is often difficult for the student to maintain erect posture, either when sitting or standing, and the effort expended on this can be considerable, giving rise to fatigue. Students may also need to prop up their bodies with their arms, which may cause problems when they have to use their arms for writing. This difficulty may also result in students being fidgety or exhibiting a tendency to lie across the desk.

Some students have additional speech problems, others are distractible and show an inability to organise their behaviour. Students may also have poor spatial awareness. Students have difficulty with self-help and organisational skills and may find it difficult to remember what equipment is needed for particular activities and typically will mislay their belongings at school. At home they may be untidy and slow at tasks that require fine-/gross-motor skills. Students may have an inability to recognise potential dangers (e.g. using Bunsen burners and other equipment in science and technology subjects).

Often students may appear to have a lot of information but are unable to record that information in a logical and meaningful order. Their written work does not match their apparent verbal ability. These difficulties can lead to frustration and problems with self-esteem, which can further lead to either withdrawn behaviour or disruptive behaviour. DCD can also be associated with a delay or disorder in expressive language skills, such as sequencing words within a sentence, or in controlling the movements necessary to articulate certain speech sounds.



Tips for Learning and Teaching

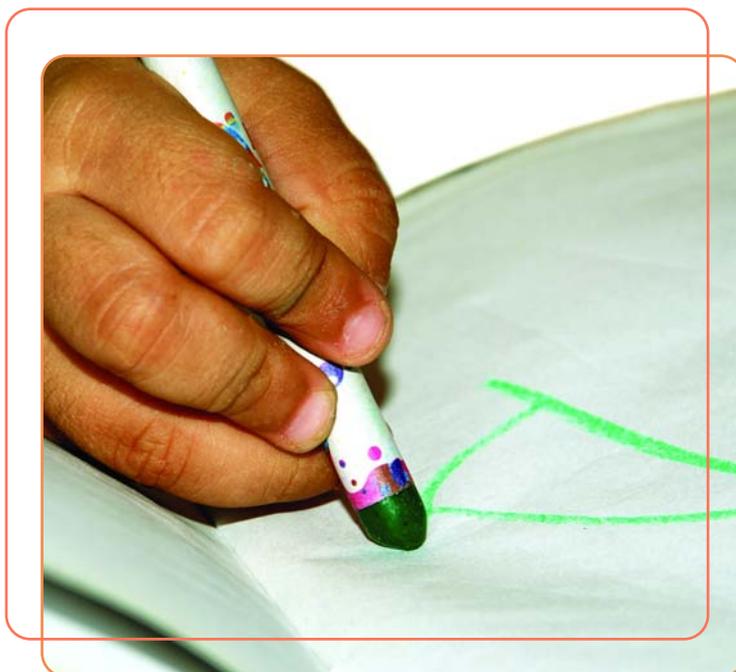
- Structure the classroom environment to minimise the possibility of furniture/fittings causing a problem for the student. Ensure seating allows the student to rest both feet on the floor with the desk at elbow height and with the additional option of a sloping surface. Position the student where he/she has a direct view of the teacher. Provide an uncluttered personal workspace for the student.
- Directly teach organisational skills through making lists, sequencing events and using timetables.
- Provide an alternative means of recording work (e.g. computer/specifically differentiated worksheets).
- Break down assignments into smaller components.
- Avoid giving more than one worksheet at a time and allow for the worksheet to be attached to the desk when a writing implement is being used (e.g. tape or clip paper to the desk, or use a non-slip mat under the copybook to stop it slipping).
- Fold worksheets in half and have the student come up to you when the first half is completed and allow the student a break before continuing with the work.
- Ensure homework tasks are understood and not too onerous.
- Limit copying from the black/white board and use highlighters to chunk information in texts.
- Be aware that growth spurts at particular phases of development may intensify problems for the student.
- Provide clear and unambiguous instructions and check that the student understands what is required of him/her.
- The student with DCD may find it difficult to multi-task (e.g. tie a shoelace and follow directions simultaneously). Consider this when giving directions/instructions.





SECTION 3: Dyspraxia

- ✦ Use visual supports in implementing the curriculum.
- ✦ Consider using stopwatches or timers to develop an awareness of time.
- ✦ Give as many cues as possible. Use visual demonstration and verbal instructions to reinforce teaching.
- ✦ Place students at the front of the classroom so they can hear instructions clearly and copy from the board easily.
- ✦ Keep the environment as predictable as possible to allow students time to plan their actions and avoid anxiety.
- ✦ In Physical Education make participation and *not* competition the goal.
- ✦ Encourage a partner/buddy relationship with another student or other students.
- ✦ Provide praise and encouragement and reward effort as well as the final product.
- ✦ Thicker pencils, pencil grips or pencils with triangular barrels may be easier for the student to hold. Pencils with soft leads are also easier to move. Ask the student what he/she prefers to write with. For students with shaky hand movements or tremors use a heavy, weighted pencil.
- ✦ If a student presses too hard with the pencil allow him/her to practise writing with a towel under the page.
- ✦ If a student writes very lightly allow him/her to practise writing using carbon paper.
- ✦ Use grid paper to prompt students to leave a space between words.
- ✦ Allow the student to stop if he/she is tired.
- ✦ Encourage older students to do rough drafts in order to organise their work.
- ✦ To specifically develop hand skills allow the student to manipulate play dough, pop Bubble Wrap, squeeze clothes pegs, scrunch paper, squirt water pistols, wring out a wet sponge, stretch rubber bands, construct toys, rip up pieces of paper, etc.
- ✦ Text to speech (e.g. Kurzweil®) and speech to text (e.g. Dragon Naturally Speaking®) may be useful computer programmes to use for particular students.
- ✦ Mind-mapping® can be invaluable in helping the student to organise his/her thoughts.





Developmental Verbal Dyspraxia (DVD) / Verbal Dyspraxia

It sounds like your son is making really good progress with his language development. You must be very proud of him, especially as he knows he is doing so well and is so pleased with himself.

Taken from a message of 27 April 2003 posted to *Mumsnet Discussions – verbal dyspraxia*
<http://www.mumsnet.com/Talk/8/7503>

DVD is essentially an expressive language disorder where it may be difficult to understand what the student is trying to say. In severe cases the student's speech may be unintelligible. The student with DVD frequently struggles to produce words or sounds, and facial distortions may accompany his/her struggle to produce targeted sounds. The student may have a limited range of consonant and vowel sounds. Speech may be slow and lacking in normal phrasing and intonation, and as a result the student's speech may sound very flat and what he/she is communicating may not sound very interesting, with the result that the student may not communicate what was intended.

The student with DVD often has difficulty producing on request the speech sounds and phrases he/she is capable of producing in spontaneous speech. Students may have problems with modulating speech volume (too loud/too quiet). Students frequently communicate using short simple sentence structures. Students may be slow to initiate communication and may be reluctant to communicate verbally, particularly in group situations. Some students appear expressionless and in addition may have difficulties interpreting facial and body language. DVD may impact on a student's willingness to interact with peers, which has an impact on the development of age-appropriate social skills.

Students may present with limited concentration and attention in school. Students may also have problems following directions and instructions, acquiring vocabulary and learning grammar. Difficulties are likely to be experienced with the acquisition of reading skills, particularly in the initial stages of learning, and the learning of spellings may also be affected, with speech distortions impacting on the student's production of required sound sequences. These difficulties undermine the student's writing ability. Furthermore, difficulties in organising and sequencing expressive language to express thoughts and ideas will impact on the ability to write longer passages, and this will have significant consequences at post-primary level.



SECTION 3: Dyspraxia



Tips for Learning and Teaching

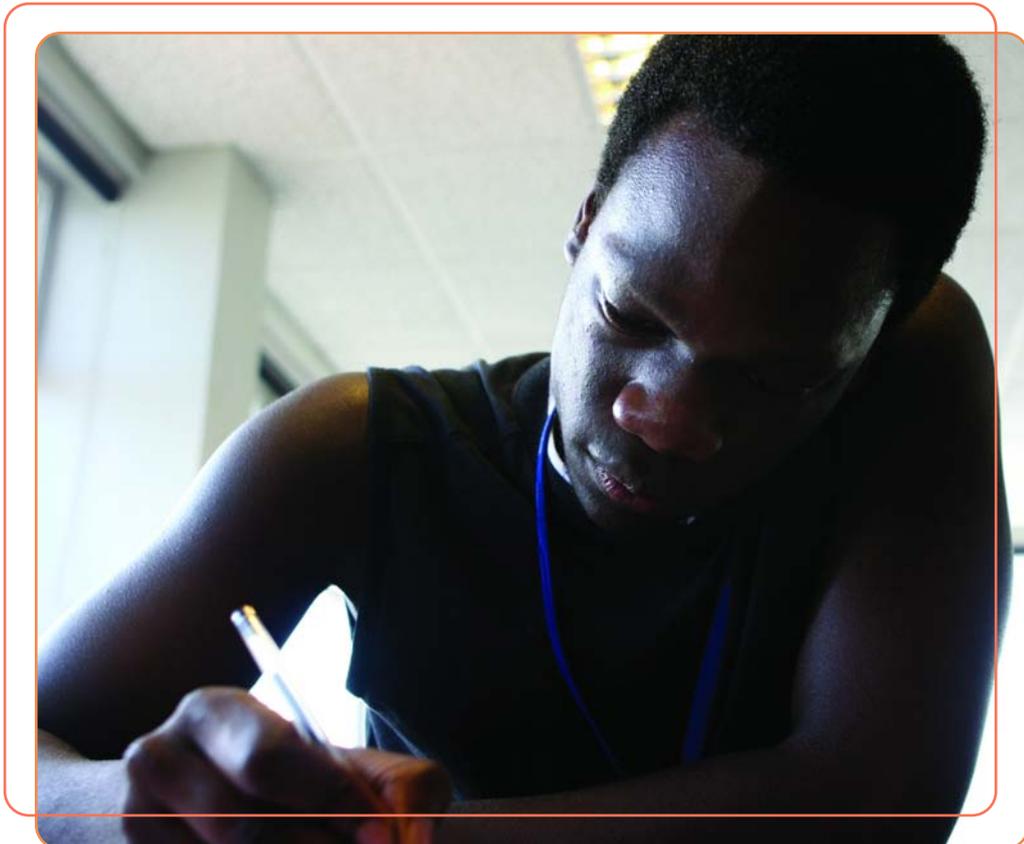
- Reduce your rate of speech.
- Encourage the student to reduce his/her rate of speech.
- Provide clear models for sound production.
- Encourage students to participate with peers in activities.
- Encourage students to initiate conversations.
- Allow additional response time.
- Try not to ask for repetitions. Instead identify for the student the portion of what he/she has said that you understand, ask the student to clarify the parts of the sentence you did not understand and encourage the student to do so in a slow, steady voice.
- Remember that difficulties and frustrated behaviour may present if the student is asked to repeat something or is put on the spot.
- Try not to complete sentences for the student.
- Encourage the student to persevere with what he/she is trying to say.
- Use visual cues where possible.
- Use concrete materials in the implementation of the curriculum.
- Home-school journals can be helpful as a means of communicating interests and experiences, particularly with younger students or students whose speech is particularly unintelligible.
- Be consistent in the language you use (e.g. instructions, explanations etc) and ensure the student is following what you are saying. Sometimes restate the instruction in a simpler manner.
- Praise the student for effort.
- Be aware that the student may need a break from oral activities.





Additional Resources/References

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SECTION 3: Dyspraxia

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Notes

Lined writing area for notes.

Section 4

Emotional Disturbance and/or Behavioural Problems



4





EMOTIONAL DISTURBANCE AND/OR BEHAVIOURAL PROBLEMS

My 11-year-old son, Craig, was suicidal. He set fires. He killed animals. He was a danger to himself and everyone around him. ... The people in the system of care really showed that they care about us as a family. They lifted us up and brought us closer. Today, Craig is on the honor roll at school. All the help from the men and women in the system of care has really paid off.

Taken from *Craig's Story* Systems of Care

<http://mentalhealth.samhsa.gov/publications/allpubs/CA-0030/default.asp>

Students with emotional disturbance and/or behavioural problems may have conditions such as neurosis, childhood psychosis, hyperactivity, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) and conduct disorder (CD). Generally a student with emotional disturbance and/or behavioural problems will present with negative behaviours that impinge on their learning and often on their social development. (This category is not intended to include students whose conduct or behavioural difficulties can be dealt with in accordance with agreed school procedures on discipline.)



SECTION 4: Emotional Disturbance and/or Behavioural Problems

Emotional Disturbance and/or Behavioural Problems

Characteristics and behaviours associated with emotional disturbance and/or behavioural problems may include: aggressive or anti-social behaviour; inattentiveness; distractibility and impulsiveness; impaired social interactions; a general inability to cope with the routine of daily tasks; obsessive and repetitive behaviours; attention-seeking behaviours such as negative interactions or a poor attitude towards work, peers or teachers; and depressed behaviours such as withdrawal, anxiety and mood swings. Some students with emotional disturbance and/or behavioural problems have negative self-concepts and low self-esteem. In the classroom, students may be frequently off-task and may adversely affect the learning of some others. Students may have problems working in groups and in forming relationships. Students may show aggression towards others or refuse to co-operate.





Tips for Learning and Teaching

- Students work best in organised, structured environments in which materials and equipment are neatly arranged and presented in a predictable way.
- Establishing good relationships based on trust is important. Be empathetic.
- Label the behaviour and not the student.
- Tactically ignore secondary behaviour.
- Ensure that the curriculum is at the appropriate level for the ability and interests of the student, one where he/she can experience success.
- Use positive rather than negative statements (e.g. 'Put your hand up if you want to say something' rather than 'no talking').
- Keep statements that relate to behaviour as clear and simple as possible. Avoid multiple commands.
- Use 'thanks' to convey an expectation that a request will be complied with (e.g. 'Looking this way, thanks').
- Get the student's attention first, and then continue with the direction (e.g. 'Jimmy,' (pause and wait for acknowledgement) 'sit down please').
- Utilise catch phrases that relate to key routines. The following are some examples:
'Four on the floor' – to get students to sit properly with all four chair legs on the ground.
'Hands up if you are listening' – to bring students back to whole-class listening from group work.
- Carefully select rules and consequences and follow through on them consistently. Rules for classroom behaviour can be generated by discussion with students and then displayed in an easily understood format. Augment class rules with visual cues to assist students who may have additional literacy difficulties.
- Devise an individual behaviour-management plan in consultation with multi-disciplinary support. Ideally, the student should be involved in this.
- Implement effective corrective strategies such as time-out or withdrawal of privileges.
- Provide a structured approach to educational experiences.
- Incorporate an element of choice in lesson activities.
- Seek regular clarification of task requirements from the student and check that the student understands them.
- Create opportunities for the student to exhibit positive behaviour.
- Redirect behaviour to more positive activities.



SECTION 4: Emotional Disturbance and/or Behavioural Problems

- Explicitly teach social skills and provide opportunities for the students to learn more about their feelings and the feelings of others. Strategies such as role play, class discussion, modelling, cognitive problem solving and Circle Time may be useful in this respect.
- Foster a supportive classroom atmosphere in which all students are valued.
- Avoid dealing with students in a confrontational manner.
- Help students to set targets to improve their behaviour. Provide regular opportunities for students to discuss and evaluate their progress.
- Work with colleagues to develop a whole-school behaviour policy, based on the concept of rights and responsibilities, which has clear rules, routines and consequences.
- Catch the student being good and reward appropriate behaviour consistently, using praise, points, etc. The following table gives examples of phrases that can be used to praise students; they are also phrases that we can give to students to praise one another.

More than 100 Ways to Say Well Done

<p>Great!</p> <p>Fantastic!</p> <p>Terrific!</p> <p>Tremendous!</p> <p>How did you do that?</p> <p>That's better!</p> <p>I'm impressed!</p> <p>Your work today was top class!</p> <p>You've really turned the corner!</p> <p>That was a great turn you did!</p> <p>It's great that I can rely on you!</p> <p>You made the right choice there!</p> <p>I really notice your improvements</p> <p>It's great when it all works out</p> <p>That was a great performance</p> <p>I've never seen anyone do it better</p> <p>Way to go!</p> <p>Superb!</p> <p>You're getting better every day</p> <p>Wonderful!</p>	<p>I knew you could do it!</p> <p>Keep working, it's getting better!</p> <p>You're doing great!</p> <p>You're really working hard today!</p> <p>That's the way to do it!</p> <p>Good effort. Keep on trying!</p> <p>You're the best!</p> <p>Nothing can stop you now!</p> <p>You've got it made!</p> <p>You're really good at that!</p> <p>You certainly did well today!</p> <p>I'm very proud of you!</p> <p>You're learning fast!</p> <p>You've got it!</p> <p>That's good!</p> <p>I'm happy to see you work like that</p> <p>You should be proud of your great work</p> <p>That's the right way to do it</p> <p>You're really learning a lot</p> <p>That's better than ever</p>
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SECTION 4: Emotional Disturbance and/or Behavioural Problems



<p>That's quite an improvement</p> <p>Marvellous!</p> <p>Now you've figured it out!</p> <p>Perfect!</p> <p>That's a fine job you've done there!</p> <p>You're in top gear today!</p> <p>That's it!</p> <p>You figured it out very quickly</p> <p>You remembered!</p> <p>You're really improving!</p> <p>I think you've got it now</p> <p>Outstanding work!</p> <p>I like that!</p> <p>Couldn't have done it better myself</p> <p>Now that's what I call a fine job</p> <p>You did that very well</p> <p>Congratulations</p> <p>That was first class work!</p> <p>Right on!</p> <p>Sensational!</p> <p>That's the best ever!</p> <p>Good remembering!</p> <p>You haven't missed a thing!</p> <p>Congratulations! You've done it!</p> <p>You must have been practising</p> <p>Good one!</p> <p>It's a step in the right direction!</p> <p>You're right on track now!</p> <p>You're doing a great job there!</p> <p>You did loads of work today</p> <p>That's right!</p> <p>Now you've the hang of it</p>	<p>That's the way</p> <p>Great stuff – here's your reward</p> <p>Now you have it!</p> <p>Great co-operation guys/girls!</p> <p>You're a super team!</p> <p>That's coming along nicely</p> <p>Excellent!</p> <p>That's good work!</p> <p>You're making such progress!</p> <p>That's the best you've ever done!</p> <p>Good going!</p> <p>Keep it up!</p> <p>That's really nice!</p> <p>Wow!</p> <p>Keep up the good work!</p> <p>Much better!</p> <p>Good for you!</p> <p>Good thinking!</p> <p>Exactly right!</p> <p>Super!</p> <p>Nice going</p> <p>You make it look so easy</p> <p>An-mhaith!</p> <p>Bhí sé sin go h-iontach!</p> <p>Ar fheabhas!</p> <p>Tá an obair sin an-deas!</p> <p>Maith an cailín/buachaill</p> <p>Tá gach rud ceart agat</p> <p>Tá an obair seo go h-álainn</p> <p>Maith thú</p> <p>Tá mé an-sásta leis an obair seo</p> <p>Comhghairdeachas!</p>
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SECTION 4: Emotional Disturbance and/or Behavioural Problems



Additional Resources/References

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Attention Deficit Hyperactivity Disorder (ADHD)

They were sympathetic that some things were difficult for Josh. They understood that he wasn't being purposefully lazy or disrespectful, but they still held high expectations for him.

Joni Poff, mother of a student with ADHD, on his teachers. In an article by Jean Crockett in Daniel P. Halligan and James M. Kauffman, *Exceptional Learners* (9th edn), Allyn & Bacon Publishers: Boston, MA (2003)

The behaviour of students with ADHD is characterised by poor sustained attention, impaired impulse control, an inability to delay gratification and excessive task-irrelevant activity. Students may often fidget with their hands or feet, appear restless, leave their seat in the classroom or in other situations in which remaining seated is expected, may run about or climb excessively in situations where it is inappropriate, have difficulty playing or engaging in leisure activities quietly and may often talk excessively.

Students with ADHD find it difficult to plan and control their behaviour. They often seem unaware of danger and have a tendency to rush into things. They also find listening to, remembering and following through on instructions difficult and fail to finish school work. Students are often reluctant to engage in activities that require prolonged effort, are easily distracted by extraneous stimuli and often have difficulty organising materials required for participating in learning tasks. Students with ADHD have difficulty with sustained play and are often disliked by their peers because of their aggression, impulsiveness and inability to take responsibility for their actions.

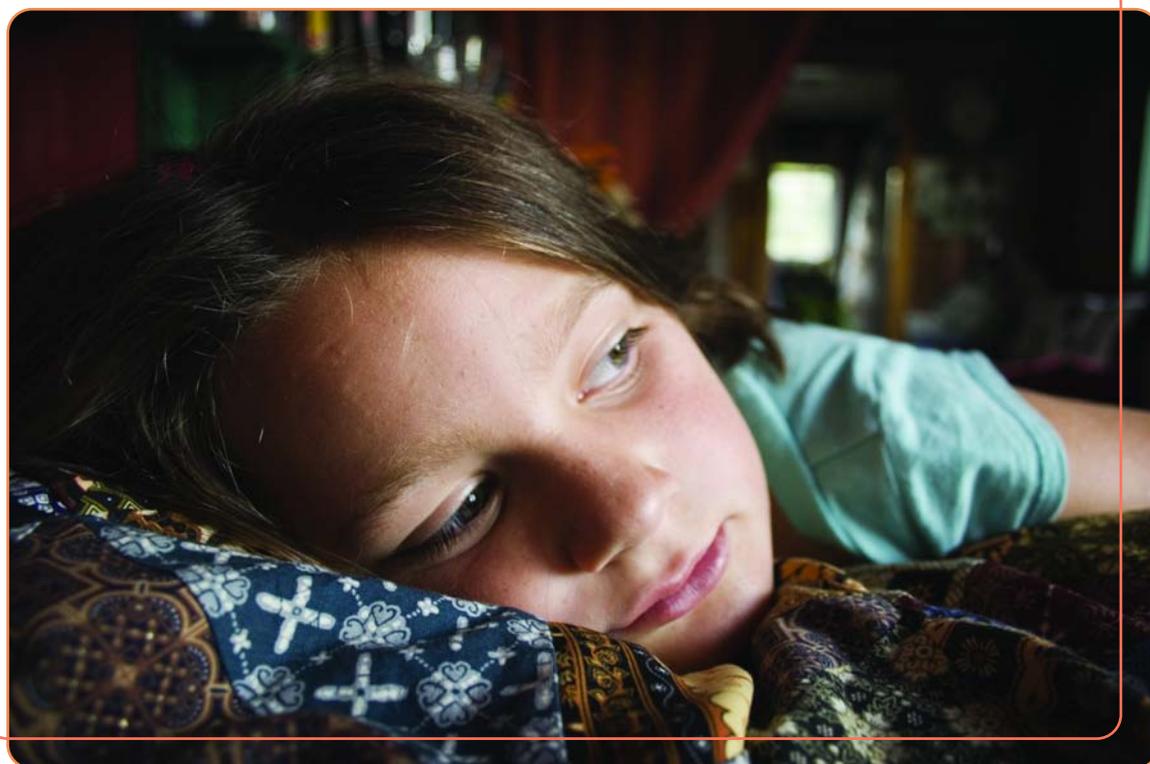
The incidence of symptoms tends to decline in adolescence and adulthood but the disorder persists. Students with ADHD are often on medical treatment to mitigate the impact of the disorder on their daily lives.



SECTION 4: Emotional Disturbance and/or Behavioural Problems

Attention Deficit Disorder (ADD)

ADD is described as ADHD without the hyperactivity and is characterised by excessive daydreaming, frequent staring, cognitive sluggishness, lethargy, confusion, memory problems and social reticence. Student often blurt out answers before questions have been completed, have problems awaiting their turn and may frequently and unwittingly interrupt or intrude on others.

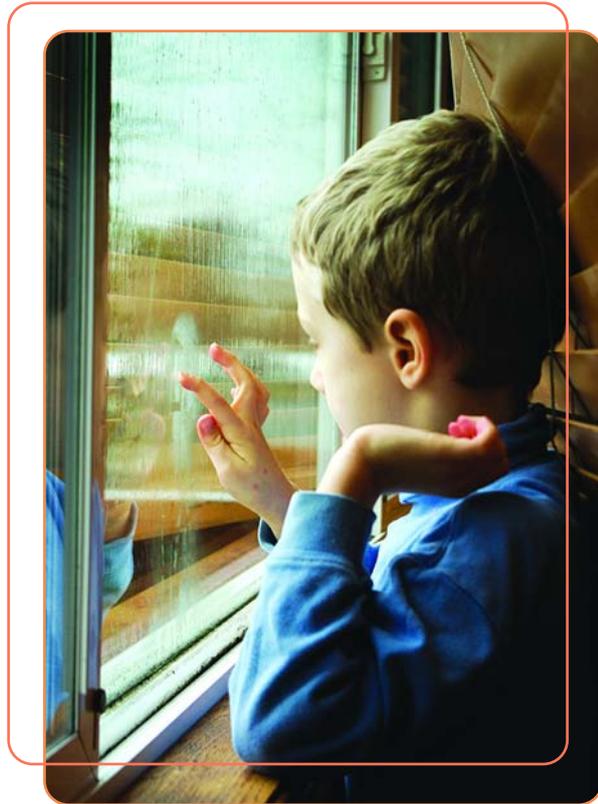


Tips for Learning and Teaching

- Facilitate easy transitions between lessons. Consider the use of a clear signal to mark the end of one activity and the beginning of another.
- Encourage and promote support for the student from peers.
- Enforce classroom rules consistently.



- Pre-establish consequences for misbehaviours.
- Provide regular, consistent and constructive feedback to the student. Reward more than you punish. Immediately praise any good behaviour or accomplishment.
- React to inappropriate behaviour by suggesting a positive alternative.
- Ignore minor inappropriate behaviour.
- To ensure as far as possible that the student is rewarded more often than he/she is reprimanded, use rewards in preference to sanctions.
- Set targets as a positive option for the student. See the completion of these targets as an opportunity to give a reward.
- Use concrete materials and computer-assisted instruction.
- Structure teaching carefully and present new material in a step by step manner.
- Ensure you have student's attention prior to issuing instructions.
- When directing a question towards the student make sure you say his/her name first as a signal for the student to pay attention.
- Have the students keep their desk and immediate environment clear of distractions and put away items that are not in use.
- Seat the student at the front with his/her back to the rest of the class.
- Seat among well-focused peers, preferably those whom the student views as significant peers.
- Try not to have the student seated near distracting stimuli such as doors, windows, high traffic areas, etc.
- Avoid multiple instructions and complex directions, keeping instructions simple and as near to the one-sentence rule as possible. Be consistent with daily instructions.
- Assign only one task at a time to the student.
- Give extra time for certain tasks as often students may work slowly.
- Use teacher-modelling and direct instruction in order to demonstrate effective ways of completing a task.
- Use a variety of learning and teaching resources that are motivating for the student.
- Interact with the student in a calm manner.





SECTION 4: Emotional Disturbance and/or Behavioural Problems

- Ensure classroom routines are predictable.
- Provide advance warning that something is about to happen/finish as these students can experience difficulties at transition periods.
- Present uncluttered text in worksheets.
- Utilise checklists for the student to work through when doing tasks and homework.
- Encourage the student to verbalise to the teacher what needs to be done and then reiterate the same silently to himself/herself.
- Directly teach concentration skills, the following of rules, self-management and organisational skills.
- Consider allowing the student to wear earphones when completing tasks if this is found to promote greater levels of task-engagement. Perhaps permit the student to choose the music he/she wishes to listen to while wearing earphones.



Additional Resources/References

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Oppositional Defiant Disorder (ODD)

Oppositional Defiant Disorder is, in my book, a red flag. It is an indication that there is something else going on. I have never... seen a kid that meets criteria for ODD and did not meet criteria for some other diagnosis. It is as if the oppositional and defiant behavior is a coping strategy for dealing with other issues. Or a poorly functional reaction to other issues that are NOT being dealt with.

Taken from entry posted on October 23 2007 by Dan Hartman, MD, on WordPress.com
<http://thesidewalkpsychiatrist.wordpress.com/2007/10/23/oppositional-defiant-disorder/>

ODD is a psychiatric disorder, the definite causes of which are unknown, although biological and environmental factors may have a role to play. The hallmark of ODD is a recurrent pattern of negative, defiant, disobedient and hostile behaviour towards authoritative figures in particular that continues for at least six months, during which four or more of the following are present:

- often loses temper
- often argues with adults
- often actively defies/refuses to comply with adults' requests or rules
- often deliberately annoys people
- often puts the blame for own mistakes or behaviour on others
- often is easily upset or annoyed by others
- often is angry and resentful
- often is spiteful and vindictive

The disturbance in behaviour causes clinically significant impairment in social, academic and/or occupational functioning. Students with ODD possess a 'counter-will': the more pressure one applies the greater the opposition. Actions are premeditated and often the student may *want* confrontation. Typically, in the school situation the student with ODD will be aggressive and will purposefully bother and irritate others.

It is exceptionally rare for a student to present with ODD alone: usually students have other neuropsychiatric disorders such as attention deficit hyperactivity disorder (ADHD), depression, conduct disorder (CD) and bipolar disorder. Students may also present with Tourette syndrome or other special educational needs.



SECTION 4: Emotional Disturbance and/or Behavioural Problems



Tips for Learning and Teaching

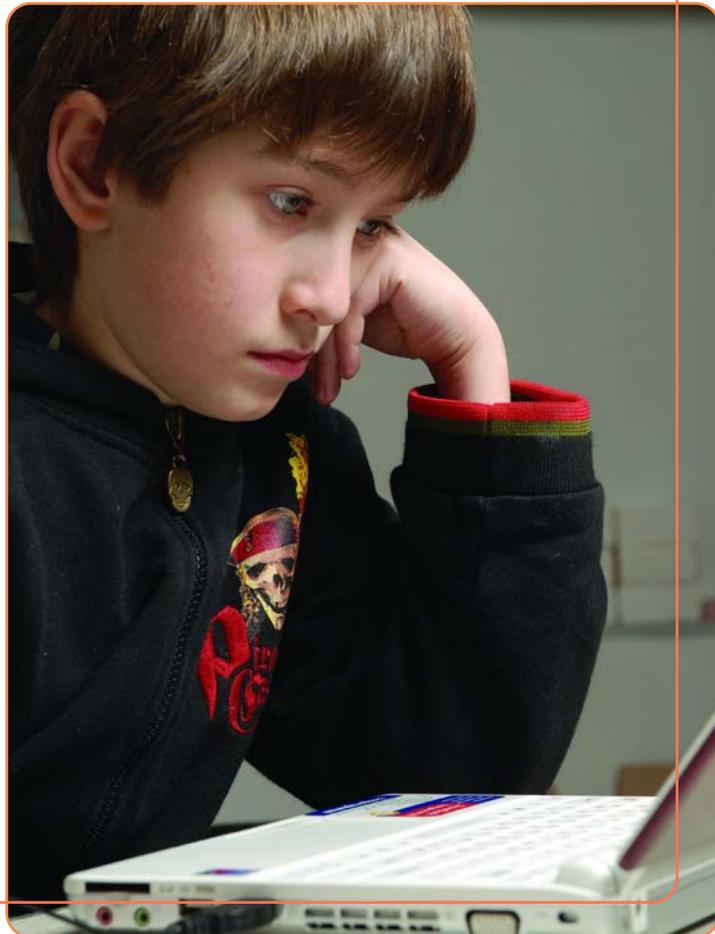
- It is important to empathise with the student and understand that you are not the cause of defiance, but rather, its outlet.
- Allow students to help others in their areas of strength.
- Develop a self-esteem programme and explicitly teach social skills.
- Seat student near a good role model.
- Identify skills or attributes that you can positively reinforce.
- Remain positive; give praise and positive reinforcement when the student demonstrates flexibility and/or co-operation.
- Be approachable and act as a positive role model.
- Develop classroom rules and a daily schedule so the student knows what to expect. Use visual cues to assist students who may have literacy difficulties. Prioritising rules for the student is also useful.
- Consistency of application of agreed rules by all stakeholders in the school is needed with students with ODD. Rules need to be realistic, specific, consistent and proactive.
- Differentiate teaching to meet identified needs.
- Adopt a structured approach to teaching learning and behaviour targets.
- Be aware that structure is required throughout the school day, including during non-structured periods such as break times.
- Programmes that deal with anger management and foster emotional intelligence can be effective for these students.
- Work in partnership with parents and/or carers.
- Put a reward system in place where the student values the outcome.
- Set targets for behaviour and learning that are **s**pecific, **m**easurable, **a**ttainable, **r**elevant and within a **t**imescale (**SMART**).
- Create workstations where the students can listen to their choice of music and work independently. Use earphones with controlled volume to avoid disruption to other students.



SECTION 4: Emotional Disturbance and/or Behavioural Problems



- Consider peer mentoring with other students.
- Have an optional exit strategy in place for the student (e.g. student has a red card).
- Build relationships with other students through Circle Time activities, Social, Personal and Health Education (SPHE), drama and role play.
- Remember rewards work better than sanctions for these students.
- Implement a behaviour contract with the student and ask for the student's suggestions on ways to improve behaviour.
- Minimise distractions.
- Minimise transitions and where transitions are necessary ensure they are clearly signalled. Consider the use of a song, a sound, a gesture or an object.
- Identify what triggers the student's behaviour: look at the **antecedents** (what happened before the problem behaviour), the **behaviour**, and the **consequences** of the behaviour. This is referred to as the **ABC** approach to managing behaviour.
- Give the student additional responsibilities. Allow the student to get used to carrying out small and reasonable requests.
- Provide the student with a choice of outcome where possible as it can help to avoid tension and negativity (e.g. if a student is using a mobile phone in class the teacher may offer a choice of outcome to the infringement of a rule by asking the student to either put the phone away or leave it on the teacher's desk until the end of class). This appears less confrontational to the student.
- Reward the student after short periods of success.
- Reward student effort as much as achievement.
- Break tasks into small manageable chunks.
- Agree methods by which the student can engage your attention.





SECTION 4: Emotional Disturbance and/or Behavioural Problems

- Allocate clear roles to all members during group work.
- Focus on the incident not the student and focus on as few behaviours as possible – perhaps even one – at a time. Decide what behaviour you will ignore and what you will not accept. Communicate clearly the consequences for the behaviours you will not accept.
- Avoid raising your voice or exhibiting any emotion. Be neutral and speak calmly, saying something similar to ‘As you broke this rule this is what you will have to do’. Be like a referee, who simply states the consequence and holds the player accountable.
- Do not allow the student an opportunity to argue.
- For students who have difficulties with change consider the use of a visual timetable. This may have sequential pictures/photographs of the activities/lessons for the day. Examples of visual timetables are presented below.

TIME	SUBJECT	TEACHER	ROOM
9.00 – 9.40		Mr Wall 	201
9.40 – 10.20		Ms James 	105
10.20 – 11.00		Ms Ryan 	203

NOW	NEXT
	



Additional Resources/References

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SECTION 4: Emotional Disturbance and/or Behavioural Problems

Conduct Disorder (CD)

The key, for the teacher as well as for the student, is hard work. When hard work is combined with love, humor and a recognition of ... the desire to learn, the ability to sacrifice, the wish to get ahead that burns in our young people, the stereotypes and the barriers begin to crumble.

Jaime Escalante

(In 1974, [he] was hired as a basic Mathematics teacher at Garfield High School, a troubled inner-city school in East Los Angeles. He attracted national attention with his spectacular success teaching advanced Mathematics to gang members and other students who had been considered 'unteachable'.)

Taken from 'Jaime Escalante Maths Program' Jaime Escalante and Jack Dirmann, pp.407-424, *Journal of Negro Education*, 1990, Summer Issue

CD may at first present as what one may believe to be oppositional defiant disorder (ODD); however, it is more severe and has more socially disruptive and disturbing characteristics. While students with CD may share characteristics similar to the students with ODD they are more physically aggressive and threatening, and appear to lack empathy. Behaviour in which the rights of others or age-appropriate societal norms are violated is persistent and repetitive. CD is one of the most disruptive and difficult conditions to affect the behaviour of students and those with CD have great difficulty following rules and behaving in a socially acceptable way. Typically, CD is not diagnosed until the student is at post-primary level.

Those with CD may be aggressive to people and/or animals and this may be exhibited when the student bullies threatens or intimidates others, initiates physical fights, uses a dangerous weapon, is physically cruel to people and/or animals, steals while confronting others (e.g. mugging, purse snatching, extortion) and/or forces someone into sexual activity. Students with CD may deliberately set fires and destroy property. Deceitfulness, lying and/or stealing also characterise the student with CD and may present when a student breaks into a house/car, lies and engages in stealing activities such as shoplifting. Serious violation of rules may also be associated with CD and may include truancy from school.

It is exceptionally rare for a student to present with CD alone. The student may have some other neuropsychiatric disorder such as attention deficit hyperactivity disorder (ADHD), depression or bipolar disorder. Students with CD may also have Tourette syndrome, learning difficulties, mood disorders, obsessive compulsive disorder (OCD) or other special educational needs.

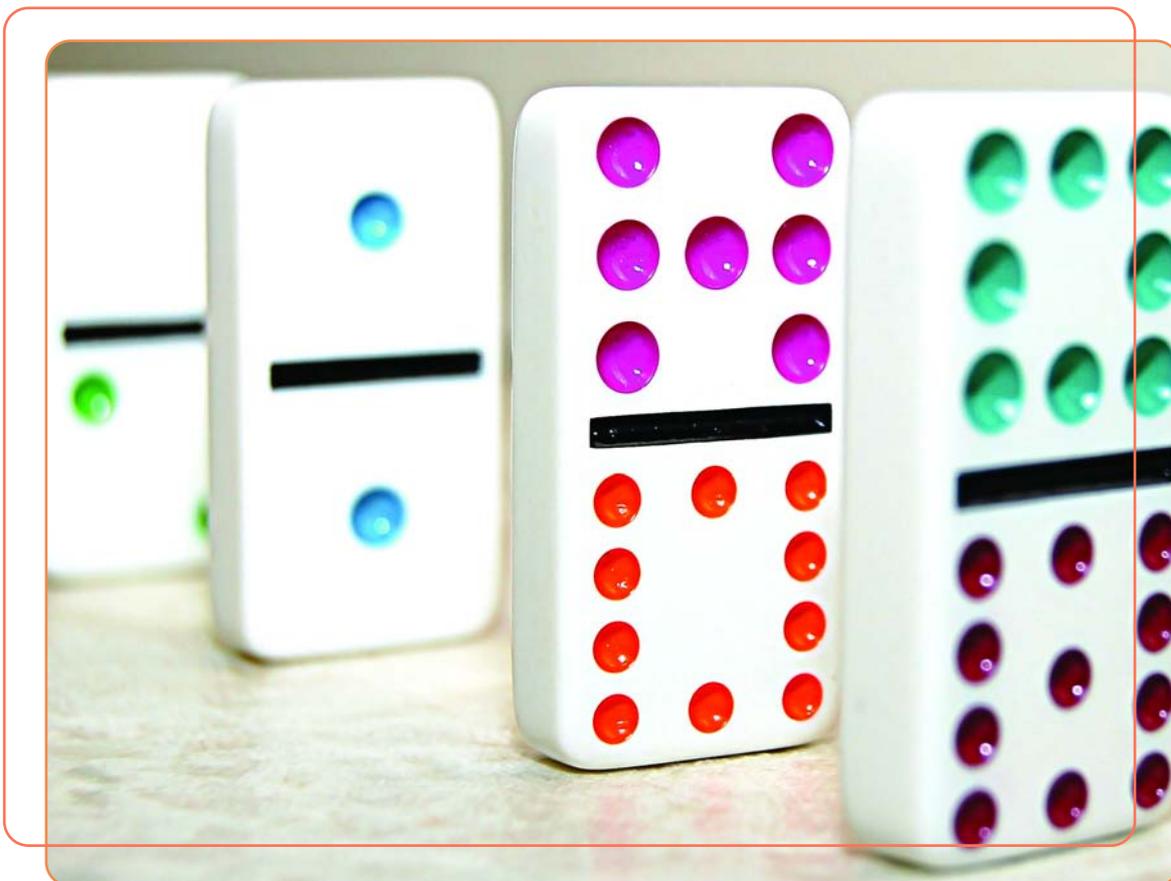


Tips for Learning and Teaching

- Develop empathy with the student and understand that you are not the cause of defiance, but rather an outlet for it.
- It is important to remain objective when interacting with the student.
- Identify skills or attributes that you can reinforce.
- Remain positive; give praise and positive reinforcement when the student demonstrates flexibility and/or co-operation.
- Be approachable and act as a positive role model.
- Display classroom rules and a daily schedule so the student knows what to expect. Add visual cues to the rules to provide for students who may have literacy difficulties. Prioritising rules for the student is also useful.
- Consistency of application of agreed rules by all stakeholders in the school is needed with students with CD. Rules need to be realistic, specific, consistent and proactive.
- Differentiate learning and teaching.
- Programmes that deal with anger management and foster emotional intelligence may be effective.
- It is important to work in partnership with parents and/or carers.
- Put a reward system in place where the student values the outcome.
- Set targets for behaviour and learning that are **s**pecific, **m**easurable, **a**ttainable, **r**elevant and within a **t**imescale (**SMART**).
- Create workstations where the student can listen to his/her choice of music for example and work independently. Earphones with controlled volume can be used to avoid disruption to the rest of the class.
- Peer mentoring with other students may be effective, particularly for organisational purposes.
- Devise an exit strategy (e.g. provide the student with a red card to display if he/she needs a time out).
- Build relationships with other students through Circle Time activities, Social, Personal and Health Education (SPHE), drama, role play and peer mediation.
- Remember rewards work better than sanctions.
- Implement a behaviour contract with the student and ask for the student's help in improving matters.
- Minimise distractions.



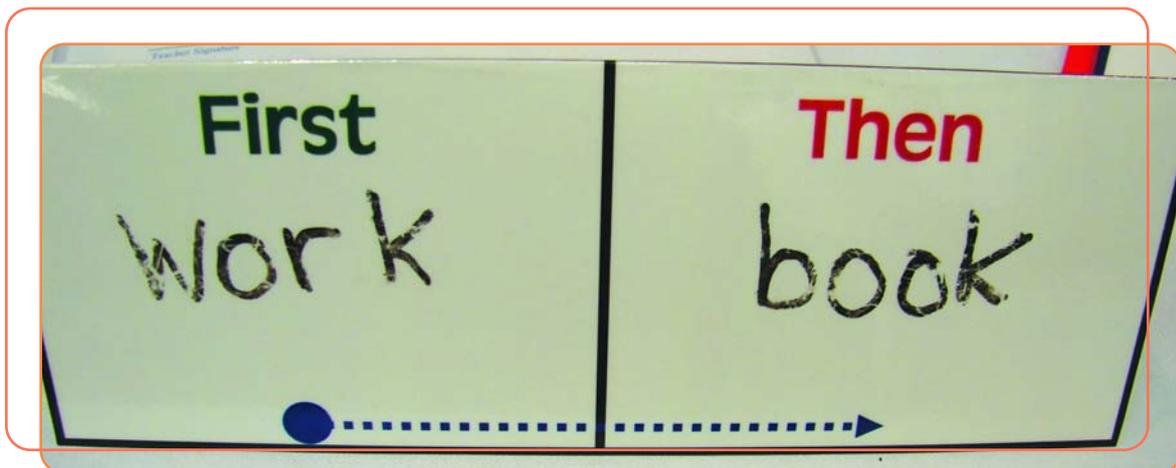
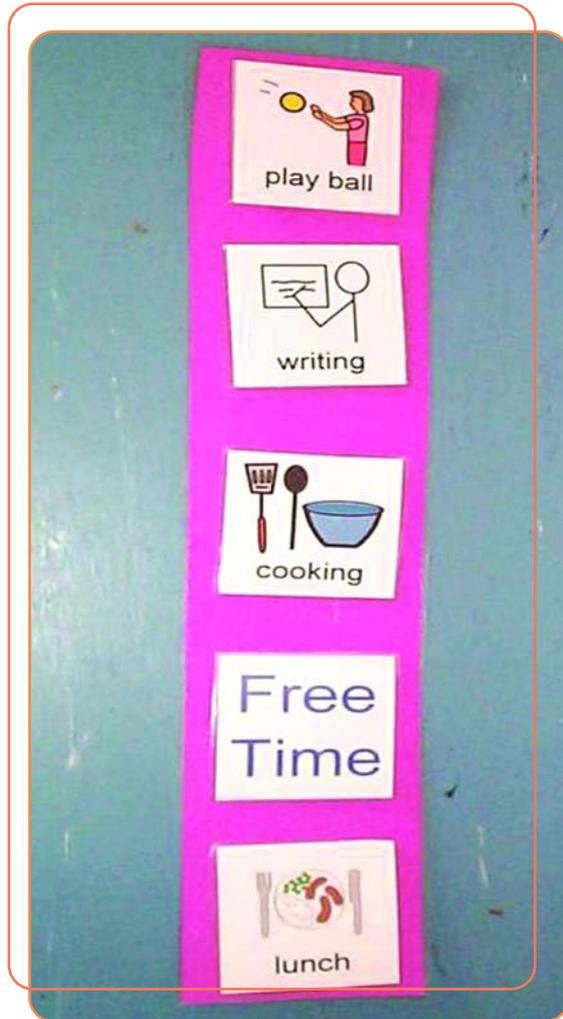
SECTION 4: Emotional Disturbance and/or Behavioural Problems



- Minimise transitions and where transitions are necessary ensure they are clearly signalled. Consider the use of a song, a sound, a gesture or an object.
- Try to establish if there are triggers for the student's behaviour through recording the antecedents (what happened before the problem behaviour), the behaviour itself and the consequences (what happened after the behaviour). This is often referred to as establishing the ABC's.
- Give the student additional responsibilities. Begin by getting the student used to carrying out small and reasonable requests.
- Provide the student with a choice of outcomes where possible.
- Allow the student to help others in his/her areas of strength.
- Develop a self-esteem programme and explicitly teach social skills.
- Seat the student near a good role model.
- Reward short periods of success.
- Reward effort as much as achievement.
- Break tasks into small manageable chunks for the student.
- Agree methods by which the student can engage your attention.
- Allocate clear roles when organising group work.



- Focus on the incident not the student and focus on as few as possible behaviours at a time. Decide what behaviour you will ignore and what you will not accept. Clearly communicate the consequences for the behaviours you will not accept.
- Avoid raising your voice or exhibiting any emotion. Be neutral and speak calmly, saying something similar to 'As you broke this rule this is what you will have to do'. Be like a referee, who simply states the consequence and holds the player accountable.
- Try not to allow the student an opportunity to argue.
- For students who have difficulties with change consider the use of a visual timetable/schedule. This may have sequential pictures/photographs of the activities/lessons for the day. Examples of visual timetables/schedules are presented here.





SECTION 4: Emotional Disturbance and/or Behavioural Problems



Additional Resources/References

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3. Flick, G.L. (1999) *Managing Difficult Behaviour in the Classroom: A Pocket Guide for Teachers*, Biloxi, MS: Seacoast Publications.
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6. Special Education Support Service (SESS) lists external websites related to emotional disturbance and/or behavioural problems and behaviour management which can be accessed from: <http://www.sess.ie/>





Childhood Psychosis

*Bipolar is the illness; I am not the illness,
I merely have the illness. I am not helpless,
I can always correct myself. I can fall down on
the sidewalk, but I can pick myself up.*

Taken from *Zahava's Story*, copyright Proctor & Gamble Ltd.

Psychosis can be defined as the presence of disruptions in thinking, accompanied by delusions or hallucinations, along with an alteration in thought processes. A clinical diagnosis is required. While incidents of psychosis amongst students are low, it is important to note that students experience the same range and types of psychotic symptoms as adults. Psychosis is a term that encapsulates different subgroups, the most common being schizophrenia and bipolar disorder.

Warning signs for psychosis may include changes in sleep patterns, withdrawal from family, friends and other social activities, difficulty understanding what others are saying, reticence, hoarding objects or searching through other's belongings, wearing inappropriate combinations of clothes, diminished motivation, decreased ability to concentrate, erratic behaviour, paranoia and anxiety. (It is important to note that delusions and hallucinations are quite different to the vivid imagination that many young students have.)

Among students with schizophrenia internalising behaviours such as paranoia, anxious thoughts, and suspiciousness are reported to be more common than externalising acting out behaviours such as temper tantrums, aggression, opposition and hostility. In the student with bipolar disorder, delusions may be characterised by an excited energetic state. There will be increased energy and physical activity, and racing thoughts and speech that may be confused and irrational. Some students may have delusions whereby they think they have special powers. Alternatively, the student may become extremely withdrawn and inactive, possibly not moving or speaking for extended periods.

Most students with psychosis have been assessed as falling within the average range of IQ (Intelligence Quotient) on standardised IQ tests. Thus, if a student with a psychotic disorder is having problems with schoolwork, there might be a number of other possible reasons for this. There may be primary problems implicit in the disorder itself such as some form of learning difficulty. Problems may also stem from coping with delusions or hallucinations, paranoia, attention deficits and hyperactivity, social and emotional problems, low self-esteem, or side effects of medication.

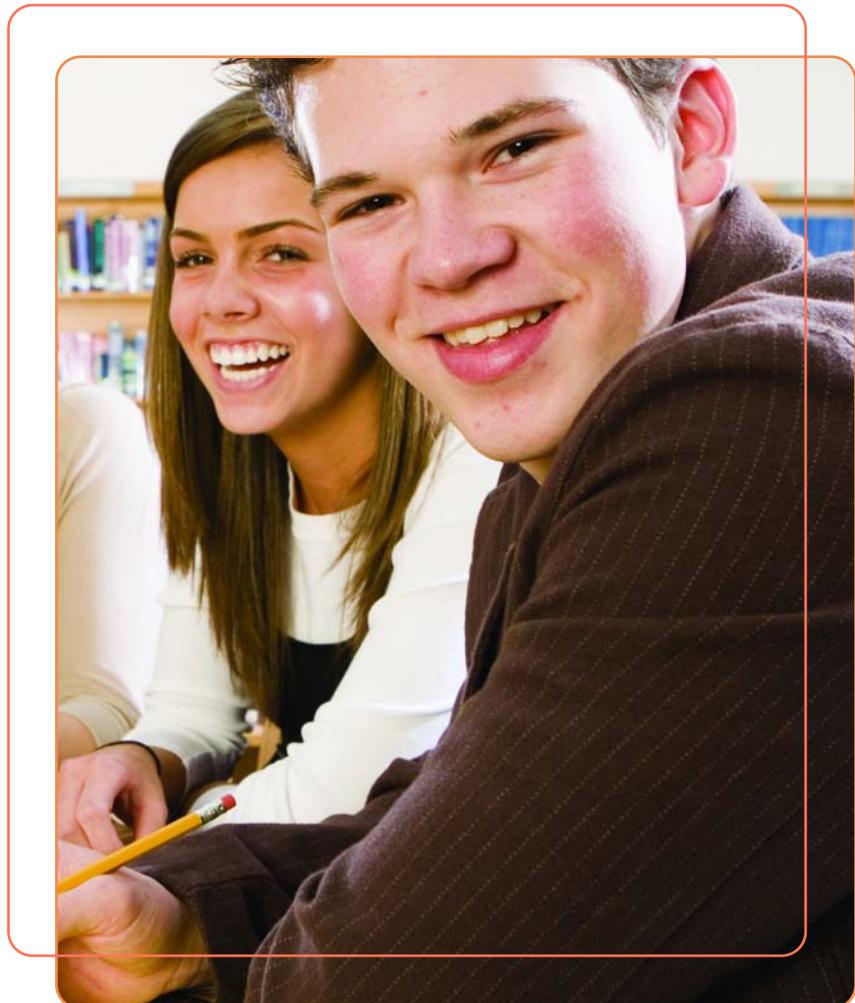


SECTION 4: Emotional Disturbance and/or Behavioural Problems



Tips for Learning and Teaching

- Students with psychotic disorders often experience difficulty making friends and maintaining friendships and benefit from social skills training and peer-mentoring systems.
- Students may need to be explicitly taught problem-solving skills as they try to cope with the school day.
- Problems with attention and impulsiveness can cause disruptions in classroom routines.
- Homework may take an excessive amount of time and may never get completed.
- Some students with psychotic disorders often appear not to be listening when spoken to, have difficulty organising things, are easily distracted and tend to fidget.
- If a student suffers from an acute episode of psychosis, support and safety are the two primary considerations and backup procedures will need to be in place to remove the student to safety.
- Attendance may be an issue as behaviour and moods may be erratic and unpredictable.
- Frequent communication with the student's parents/carers is desirable to ensure a consistent approach is taken to supporting the student.





Additional Resources/References

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2. Eggers, C., Bunk, D. and Krause, D. (2000) 'Schizophrenia with Onset before the Age of Eleven: Clinical Characteristics of Onset and Course', *Journal of Autism and Developmental Disorders*, vol.30, no.1, pp. 29-38.
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Section 5

Exceptionally Able

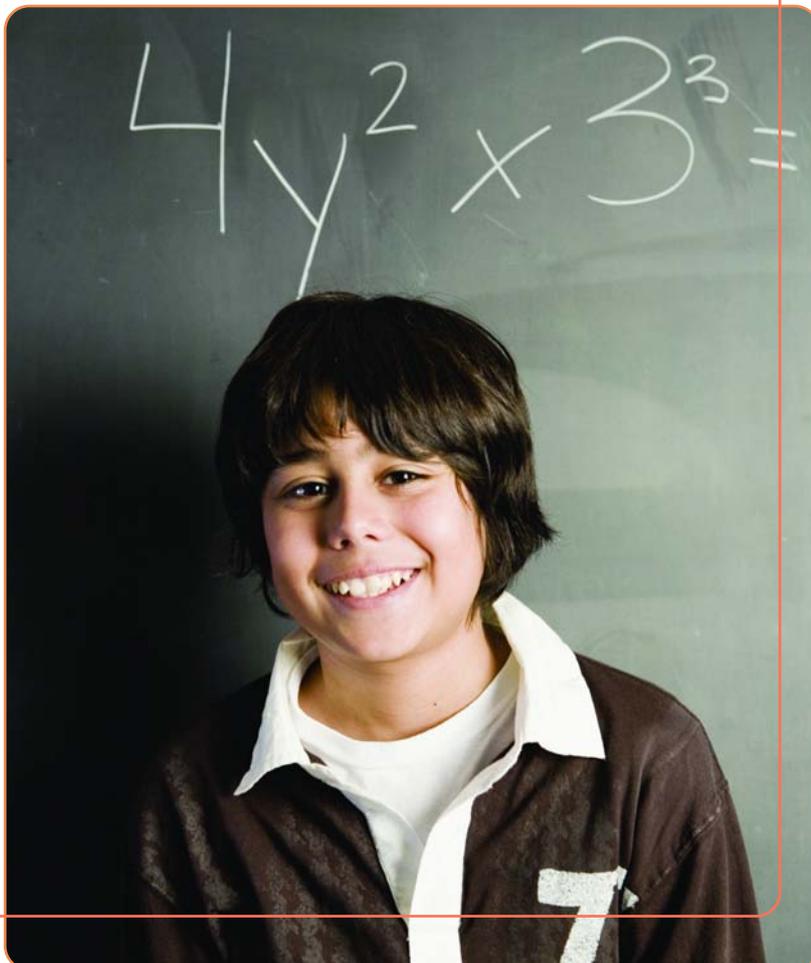




EXCEPTIONALLY ABLE

Not every child has an equal talent ... but they should have the equal right to develop their talent and ... to make something of themselves.

John F. Kennedy *Civil Rights Address* delivered 11 June 1963 taken from the National Association for Gifted Children (US) <http://www.nagc.org/>





SECTION 5: Exceptionally Able

Exceptionally Able

The Education Act, 1998, makes provision for the education of all students, including those with a disability or other special educational need. 'Special educational needs' are defined in the Act as referring to the needs of students who have a disability and the educational needs of exceptionally able students. The Education for Persons with Special Educational Needs (EPSEN) Act, 2004, does not explicitly refer to such needs. No single agreed international definition of 'exceptionally able' exists. A range of terms is used interchangeably in the literature and includes 'gifted', 'talented', 'exceptionally able' and 'exceptional'.

The *Report of the Special Education Review Committee (SERC)* (1993, p.160) defines students who are exceptionally gifted or talented as those who have demonstrated their capacity to achieve high performance in one or more of the following areas:

- general intellectual ability
- specific academic aptitude
- creative or productive thinking
- leadership ability
- visual and performing arts
- mechanical aptitude
- psychomotor ability (e.g. athletics, gymnastics)

A working definition of 'gifted' that is accepted world-wide in educational and psychological circles is that a 'gifted' student shows exceptional ability in one area or more (e.g. mathematical, verbal, spatial, musical, artistic, etc). Defining the term 'exceptional' is more difficult as the abilities of this group extend in a continuum that renders the identification of an exact cut-off point complex. The *SERC* Report observes that a decision to adopt a specific degree of endowment or performance as a criterion for inclusion among those who would be described as 'exceptionally able' or 'talented' must therefore be arbitrary.

The term 'gifted' tends to be reserved for those with an IQ (Intelligence Quotient) greater than 130 on standardised IQ tests, i.e. the top 2% of the population. It is important to remember that, although the number of such students decreases as IQ scores of 170 and above are reached, their needs become increasingly acute. The *SERC* Report cautions that adopting a precise cut-off point can have little practical application.

Exceptionally able students are likely to show some of the following characteristics: have acute powers of observation; learn to read early (often prior to attending school); read rapidly and widely; have a well-developed vocabulary; possess intellectual curiosity; absorb information rapidly (often described as sponge-like); have a very good memory; display an ability to concentrate deeply for long periods; have very good powers of reasoning and problem solving; have intense interests; and possess exceptional imaginative powers. Students may have a great interest in 'big questions', such as the nature of the universe and environmental issues. Students may be very sensitive, easily upset and demonstrate a strong sense of fairness.



As regular schoolwork may not be sufficiently challenging, students may describe experiencing boredom and frustration in school. Prolonged boredom in school may lead to underachievement as the student finds new ways to absorb him/herself (e.g. by daydreaming, scribbling, etc). If this goes unchallenged for long periods, the habit of concentrating on schoolwork may be diminished and can require an effort to 'relearn'.

Underachievement may also be related to perfectionism, where students are so afraid that their work won't measure up to their own high standards that they avoid doing it, fearing the outcome. Some students may experience low self-esteem, stemming from a perception that they cannot live up to the expectations of parents and teachers. Also, in the pre-teen and teenage years, underachievement may be an attempt to conform and blend in with their peers.



Tips for Learning and Teaching

- Use differentiated teaching, where the student remains with his/her peers, working with the same class material, but is also afforded access to differentiated materials that address the content in more depth.
- Project-based learning can draw on students' innate drive to learn and consequently increase motivation. It permits frequent feedback and opportunities for students to learn from their experience, and it can also act as a collaborative learning experience with peers that will help to develop social skills and increase self-esteem. Projects can be open-ended, thus encouraging students to engage in the art of inquiry.
- Exceptionally able students may be very verbal in the classroom. Some may want to contribute more frequently in class discussions and find it hard to understand that other students may struggle with areas that they themselves find easy. Encouraging the students to respect the opinions and ideas of others can assist in reducing difficulties in this area.
- Encourage students to manage their own learning. Ask them to discern between what they did well and what they could do better in a particular project. Find out what aspects they are especially proud of. The emphasis should be on the evaluative component, rather than on the grades achieved.
- Give the student opportunities to consider questions/problems to which there are no definitive answers.
- Give the student access to activities that enrich and extend them (e.g. chess, quizzes, debates, drama, etc).
- Invite outside speakers to make presentations and use the topics as a springboard for ongoing work.



SECTION 5: Exceptionally Able

- Avoid giving the student repetitious work as this may lead to students slowing down their work rate to avoid being given extra repetitious work as a 'reward' for finishing quickly. It is preferable to build extension activities onto the foundation of what has already been learned in new ways.
- Create opportunities for the student to express what they are learning in non-traditional ways (e.g. PowerPoint® presentations, speeches, web-page productions, inventions, classroom demonstrations, exhibitions, etc).



- The student could be invited to act as 'Expert on a Topic', if they have demonstrated a deep understanding of a topic/concept/task.
- Encourage the creation of school displays and enter competitions in the student's identified area(s) of interest. Competitions provide opportunities for the student to research a topic beyond its content in the curriculum and assist in the development of the student's autonomy.
- Compact the curriculum to render it denser and more complex. This involves sifting through and streamlining the curriculum in order to challenge students and provide more time for pursuing accelerated and/or enriched activities. It also involves establishing a baseline assessment to ascertain how much of the prescribed material the students have already mastered and how to devise a programme of enrichment.



- Plan for acceleration by moving the student through the curriculum at a faster pace. This may involve skipping sections where work has been adequately mastered to move further ahead.
- Encourage and facilitate higher-order thinking and questions. Encourage critical thinking in relation to the curriculum. Allow the student to look for themes, patterns, main features, etc.
- Involve the student in organising co-curricular activities such as exhibitions, cake sales, outside speakers, etc. This will assist in the development of skills such as assessment of key issues, fact finding, self-management, managing others, managing resources and social skills.
- Use information and communication technology to allow the student to work on specific topics in novel ways and to enhance the presentation of their work.
- The student may enjoy assisting peers with their work, which is valuable in terms of creating inclusive school environments. It is important, however, not to overuse this strategy and to negotiate it with the students concerned.
- Provide opportunities for independent study. However, ensure group work with peers is not neglected as this is important in developing students' social and emotional skills.
- Suggest and/or provide supplementary reading on selected topics.



Dual Exceptionality

'Try again, Chris,' she whispered in my ear. ... I tried once more. ... I shook, I sweated and strained every muscle. ...I drew it - the letter 'A'. That one letter ... was my road to a new world, my key to mental freedom.

Taken from *My Left Foot* by Christy Brown Vintage: London (1990)

These are students who are exceptionally able but also present with an additional disability such as an autistic spectrum disorder (ASD) or an emotional disturbance, a hearing, speech or visual impairment, physical disability or a specific learning disability. These students defy the notion of 'global giftedness', a phrase that denotes ability or talent in all academic areas. Students who are both exceptionally able and have a learning disability exhibit remarkable talents and strengths in one area, while also exhibiting the characteristics associated with the additional disability. These students are often under-identified in the exceptionally able population. Some characteristics to look for when attempting to identify these students are as follows: evidence of an outstanding talent or ability; a discrepancy between expected and actual achievement; and evidence of a processing deficit (e.g. students with visual or auditory processing deficits may underachieve in basic academic areas because of underlying difficulties that the brain has in processing and making sense of some types of visual and/or auditory information that it receives).

There are at least three subgroups of students whose dual exceptionality may remain unrecognised in school:

- students who have been identified as exceptionally able, yet exhibit difficulties in school. These students are often considered underachievers, and their underachievement may be caused by poor self-image, lack of motivation, or even laziness. As school becomes more challenging, academic difficulties may increase to the point where the student is falling significantly behind peers.
- students whose learning disabilities are severe enough that they have been identified as having learning disabilities, but whose exceptional abilities have never been recognised or addressed. Difficulties in assessing these students on standardised IQ (Intelligence Quotient) tests often lead to underestimation of these students' intellectual abilities.



- students whose abilities and disabilities mask each other, so that students are considered to have average abilities. Because these students typically function at normal school level, they are not seen as having problems or special educational needs. Their academic difficulties usually increase to the point where a learning disability may be suspected.



Tips for Learning and Teaching

(The following approaches, in addition to the tips for learning and teaching outlined in relation to students who are exceptionally able, may be of help in supporting/challenging the student. Sometimes a combination of these approaches may be needed. It is important to note that the implications for learning and teaching associated with the student's additional disability should also be accommodated.)

- Create a learning environment where individual differences are valued.
- Consideration should be given to these students in situations they find challenging. This should include time factors and the possibility of reading questions aloud to these students.
- Set short-term goals rather than longer projects.
- Teachers should find topics that the students are interested in to enhance students' on-task engagement.
- Use tips for learning and teaching outlined in the section for exceptionally able students (pages 81–83), keeping in mind the implications of accommodating the student's additional disability.



SECTION 5: Exceptionally Able



Additional Resources/References

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2. Government of Ireland (1998) *Education Act, 1998*, Dublin: The Stationery Office.
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6. National Association for Able Children in Education (NACE) aims to support teachers in getting the best from exceptionally able students whilst enabling all students to flourish, website:
<http://www.nace.co.uk/>
7. National Association for Gifted Children (NAGC) strives to support those directly involved with exceptionally able students, website:
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8. National Centre for Technology in Education (NCTE) has useful advice as to how Information and Communication Technology can be incorporated into the learning and teaching of children who are exceptionally able, website: <http://www.ncte.ie/>
9. National Council for Curriculum and Assessment (NCCA) and Council for Curriculum Examination and Assessment (CCEA) (2007) *Exceptionally Able Students: Draft Guidelines for Teachers*, Belfast: CCEA, download from:
<http://www.ncca.ie/>
10. Neag Center for Gifted Education and Talent Development has information about curriculum compacting, website:
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12. Smutny, J.F., Walker, S.Y., Meckstroth, E.A. and Lisovskis, M. (1997) *Teaching Young Gifted Children in the Regular Classroom: Identifying, Nurturing and Challenging Ages 4-9*, Minneapolis, MN: FreeSpirit Publishing Inc.



13. Sousa, D.A. (2003) *How the Gifted Brain Learns*, Thousand Oaks, CA: Corwin Press.

14. Useful Web addresses:

http://www.gt-cybersource.org/FindResourceNew.aspx?NavID=1_0

The GT-Cybersource library contains a wide range of articles on exceptionally able students, including a large collection on dual exceptionality.

http://www.ldonline.org/ld_indepth/gt_ld/gifted_ld.html

This site contains links to a number of articles on dual exceptionality.

<http://www.newhorizons.org/spneeds/gifted/nowak3.htm>

This site contains a paper on dual exceptionality by Dr Margi Nowak.

<http://www.twicegifted.net/>

This site contains information on famous people who had dual exceptionality.



15. Winebrenner, S. and Espeland, P. (2000) *Teaching Gifted Kids in the Regular Classroom: Strategies and Techniques Every Teacher Can Use to Meet the Academic Needs of the Gifted and Talented* (rev. and updated edn), Minneapolis, MN: FreeSpirit Publishing Inc.

16 World Council for Gifted and Talented Children. Its purpose is to focus world attention on exceptionally able students so that their potential is realised for the benefit of everyone, website: <http://world-gifted.org/>

Section 6

General Learning Disabilities

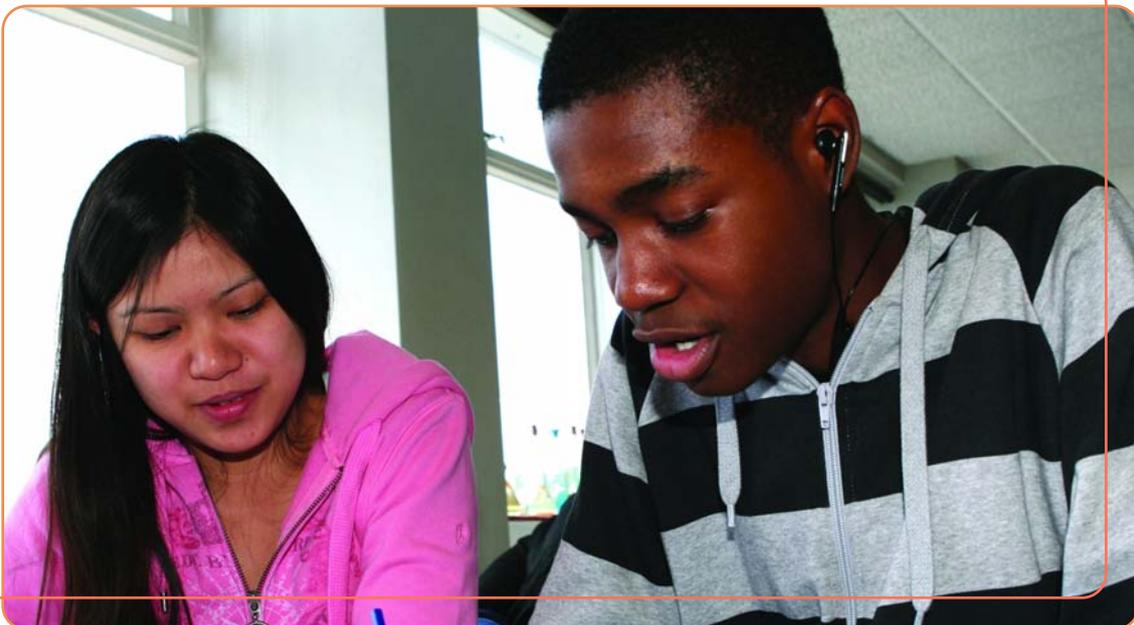




GENERAL LEARNING DISABILITIES

Deep down, John is a sensitive and caring young man. ... I think that John is tired of being different. I also believe that the labels that have been placed on John have made it difficult for him to succeed. John has learned to see himself as different. He is not different, he just has his own abilities and needs.

Taken from 'My Brother's Learning Disability: My Family's Struggle'
by Kristen Harkness in *Journal of Leisurability*, vol. 22, no. 3, Summer 1995
<http://www.lin.ca/resource/html/Vol22/v22n3a3.htm>





General Learning Disabilities

The *Report of the Special Education Review Committee (SERC)* (1993) referred to 'general learning disabilities' as 'mental handicap' and adopted the classification system used by The World Health Organisation to indicate specific levels of disability. The Department of Education and Science (DES) continues to adopt The World Health Organisation classification system, but uses the term 'general learning disability' to refer to the special educational needs of students.

It is important to be aware of the significance of the differences internationally in definitions of learning disabilities. Moderate learning difficulties in the UK are broadly comparable with moderate to mild intellectual disabilities (Australia/New Zealand), mild mental retardation or educable mentally retarded (US/Canada) and mild general learning disabilities in Ireland. In the UK, severe learning difficulties are broadly comparable with moderate intellectual disabilities (Australia/New Zealand), moderate to severe mental retardation or trainable mentally retarded (US/Canada) and moderate to severe general learning disabilities in Ireland. Profound and multiple learning difficulties in the UK are broadly comparable to severe intellectual disabilities (Australia/New Zealand), severe to profound mental retardation (US/Canada) and profound general learning disabilities in Ireland.

Mild General Learning Disability

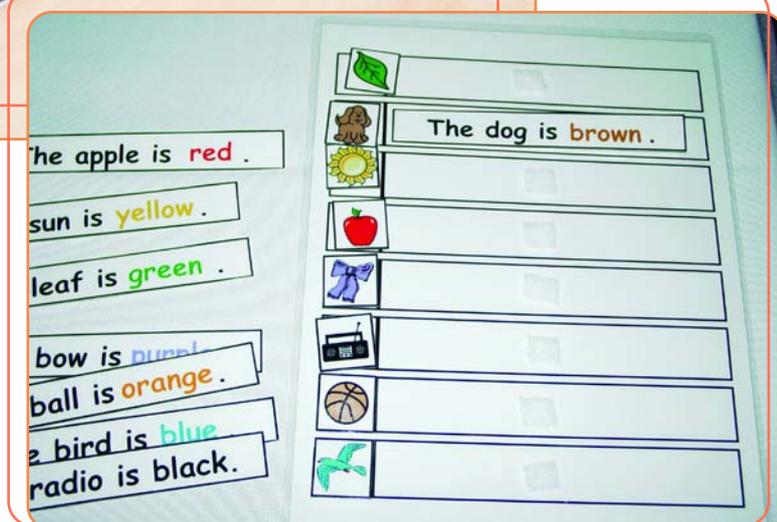
Students with mild general learning disabilities have significantly below-average general intellectual functioning. This is reflected in a slow rate of maturation, reduced learning capacity and inadequate social adjustment. Mild general learning disability may also manifest itself in delayed conceptual development, difficulties in expressing ideas and feelings in words, a limited ability to abstract and generalise what they learn, limited attention-span and poor retention ability, slow speech and language development, and an underdeveloped sense of spatial awareness. Students may experience difficulty with reading, writing and comprehension and have poor understanding of mathematical concepts. A student with a mild general learning disability is likely to struggle with both the content and presentation of his/her work.

Some students may display poor adaptive behaviour, inappropriate or immature personal behaviour, low self-esteem, emotional disturbance, general clumsiness and lack of co-ordination of fine- and gross-motor skills. Students' self-esteem can be affected, particularly when they enter post-primary provision, which may result in unacceptable behaviour as a way of avoiding failure. Insofar as IQ (Intelligence Quotient) may be used as an indicator of mild general learning disability, such students' cognitive functionings range from IQ 50 to 70 on standardised IQ tests. Remember that each student is different – what works for one may not work for another.



Tips for Learning and Teaching

- Establish a supportive relationship with the student.
- Focus on what the student can do rather than what he/she cannot do and build on his/her strengths.
- Include lots of praise and encouragement as part of the student's learning and teaching experience.
- Simplify language, repeat words and clarify meanings.
- Observe the student's learning style and differentiate learning and teaching accordingly.
- Provide the student with tasks that are within his/her capacity.





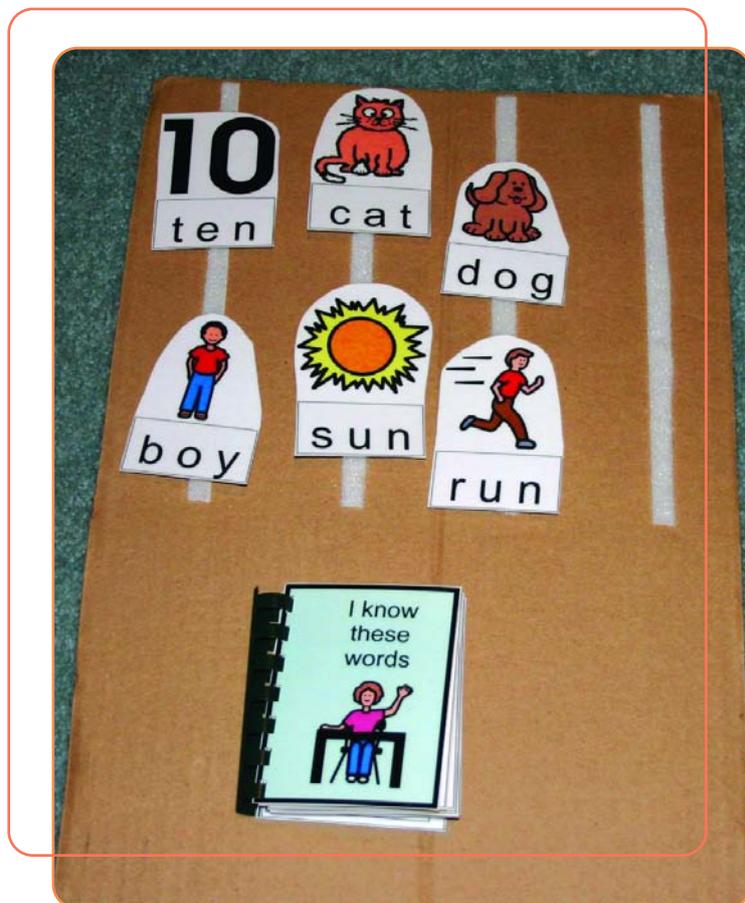
SECTION 6: General Learning Disabilities

- Enable the student to experience success through identifying realistic learning objectives for each lesson.
- Ensure tasks have a clear meaning and purpose.
- Consider a multi-sensory approach to spelling that provides opportunities for the student to follow the look, copy, trace, picture, cover, write and check sequence technique.
- Utilise semantic/concept mapping to build on the student's existing knowledge.
- Use short sequential steps when teaching.
- Build opportunities for over-learning and repetition into lessons.
- Differentiate questioning as well as teaching.
- Give the student opportunities to generalise knowledge and skills.
- Help students to realise that making mistakes is part of the learning process.
- Incorporate the students' interests, aptitudes, experiences and skills into learning and teaching.
- Utilise active learning, participation and collaboration with peers.
- Encourage the development of personal and social skills through all aspects of the curriculum and allow for the fact that social skills may also have to be taught explicitly.
- Pay particular attention to language and communication in all areas of the curriculum.
- Useful techniques to use include picking out and highlighting key words/key facts in written pieces of information, using subject dictionaries, sequencing activities and mind mapping.
- Use a wide range of learning resources (e.g. visual aids (charts/artefacts), concrete objects, computer software and accessible texts).
- Provide worksheets that minimise the amount of writing required.
- Offer students curricular programmes with an emphasis on pre-vocational skills.
- Provide immediate feedback and opportunities for self-assessment.
- If using computer equipment, students may derive benefit from assistive technology (e.g. lowercase keyboards, keyboard overlays, optical mice or roller balls).
- Peripheral hardware items such as digital cameras and scanners allow the student to relate their work directly to their own experience and assist in the implementation of a language-experience approach to learning.



Additional Resources/References

1. Cornish, U. and Ross, F. (2004) *Social Skills Training for Adolescents with General Moderate Learning Difficulties*, London: Jessica Kingsley.
2. Department of Education and Science (DES) (1993) *Report of the Special Education Review Committee (SERC)*, Dublin: The Stationery Office.
3. National Centre for Technology in Education (NCTE) offers advice on how Information and Communication Technology can be used with students with mild general learning disabilities, website: <http://www.ncte.ie/>
4. National Council for Curriculum and Assessment (NCCA) (2007) *Guidelines for Teachers of Students with Mild General Learning Disabilities*. Available to download from the National Council for Curriculum and Assessment, website: <http://www.ncca.ie/>
5. Reason, R. and Boote, R. (1994) *Helping Children with Reading and Spelling: A Special Needs Manual*, London: RoutledgeFalmer.
6. Special Education Support Service (SESS): the SESS website lists a number of sites related to general learning disabilities and also has a comprehensive list of sites for teachers where classroom resources and tips can be accessed, website: <http://www.sess.ie/>
7. Westwood, P. (2007) *Commonsense Methods for Children with Special Educational Needs* (5th edn), London: RoutledgeFalmer.
8. Winebrenner, S. (1996) *Teaching Kids with Learning Difficulties in the Regular Classroom*, London: RoutledgeFalmer.





SECTION 6: General Learning Disabilities

Moderate General Learning Disability

A student with a moderate general learning disability is likely to display significant delay in reaching developmental milestones. These students may have impaired development and learning ability in respect of basic literacy and numeracy, language and communication, mobility and leisure skills, motor co-ordination and social and personal development. Many students with moderate general learning disabilities may have difficulties with the length of time for which they can concentrate on activities, with generalising and transferring knowledge across situations and with processing input from more than one sense at a time. Insofar as IQ (Intelligence Quotient) may be used as an indicator of moderate general learning disability, such students' cognitive functionings range from IQ 35 to 50 on standardised IQ tests. Many students may have accompanying impairments such as physical, hearing or visual impairment, autistic spectrum disorders (ASDs) and emotional disturbance or impairment in communication skills. Remember that each student is different – what works for one may not work for another.

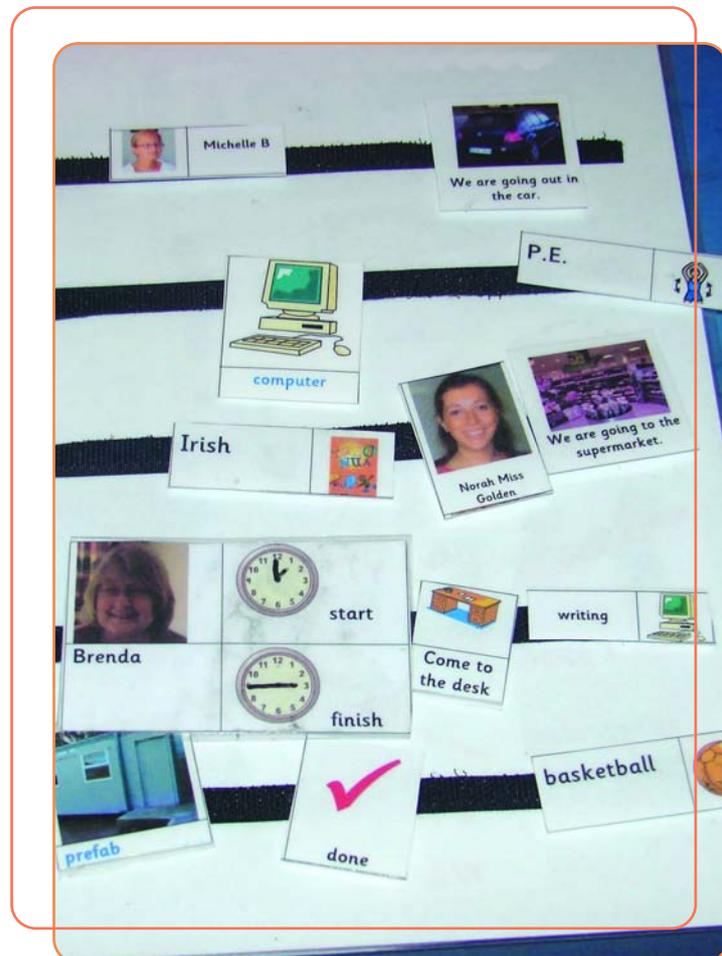


Tips for Learning and Teaching

- Allow access to a learning programme that students can follow at an appropriate pace and in a learning style appropriate to their particular abilities and potential.
- Encourage students to move from a passive to a responsive and interactive role where they initiate activities and where communication is incorporated into the learning activity.
- Focus throughout the learning and teaching process on the student's strengths as well as needs.
- Provide the student with tasks that are within his/her capacity and which have clear manageable steps.
- Be explicit when giving instructions and use clear and unambiguous language. Consider using a model or picture of the final goal or end product so that the student knows what is expected.
- Make the beginning and end points of tasks clear and avoid ambiguity, using visual clues to highlight meaning – present tasks using symbols or give instructions with a written/pictorial list or prompt cards.
- Do not introduce more than one new skill at a time.



- Encourage students to become independent learners.
- Utilise semantic/concept mapping to build on students' existing knowledge.
- Include lots of repetition, praise and encouragement.
- Provide students with access to an age-appropriate differentiated curriculum.
- Use a wide range of learning resources (e.g. visual aids (charts/artefacts), concrete objects, computer software and accessible texts).
- Use practical activities (e.g. games, simulations, role play and field trips).
- Provide access to the computer for drill, skill building, word processing and enhancing access to the curriculum.
- Use self-esteem/confidence-building exercises.
- Employ peer-tutoring and co-operative-learning groups, which facilitate interaction and communication.
- Give the student opportunities to generalise knowledge and skills. Students moving into a different environment can lose some previously acquired skills and may need to relearn skills in a new environment (e.g. when moving class or moving to another school).
- Be aware that social skills may have to be explicitly taught. Place particular emphasis on ensuring that the student understands the listener-speaker relationship, turn taking, waiting in line and working in groups with other students.
- Provide clear and explicit boundaries for behaviour.
- Link curricular programmes to the development of pre-vocational skills.
- Purposefully include opportunities to exercise choice and control in students' timetables.
- Try to ensure consistency of approach is adopted by all who are involved in the student's learning.



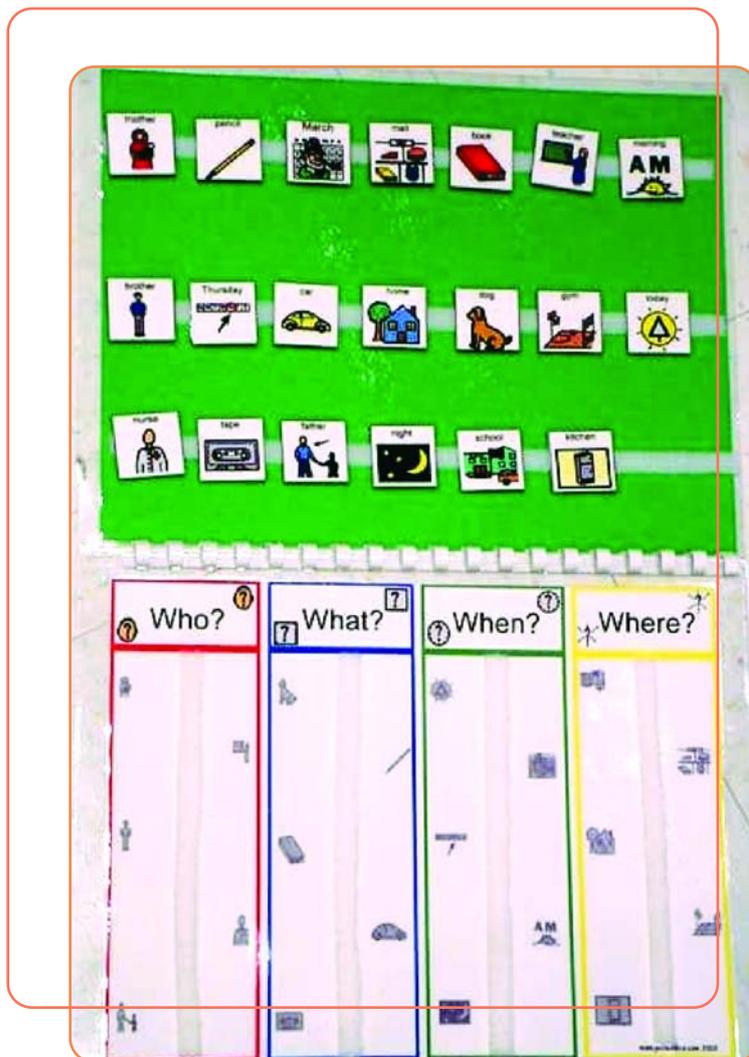


SECTION 6: General Learning Disabilities



Additional Resources/References

1. Department of Education and Science (DES) (1993) *Report of the Special Education Review Committee (SERC)*, Dublin: The Stationery Office.
2. National Centre for Technology in Education (NCTE) has useful information on how Information and Communication Technology can be used to support students with moderate general learning disability, website: <http://www.ncte.ie/>
3. National Council for Curriculum and Assessment (NCCA) (2007) *Guidelines for Teachers of Students with Moderate General Learning Disabilities*. Available to download from the National Council for Curriculum and Assessment: <http://www.ncca.ie/>
4. Special Education Support Service (SESS) lists a number of sites related to general learning disabilities, website: <http://www.sess.ie/>
5. Teachernet: for information on special educational needs and disability as it applies to the UK education system, website: <http://www.teachernet.gov.uk/wholeschool/sen/>
6. Tilstone, C. and Siddles, R. (eds.) (1991) *Teaching Children with Severe Learning Difficulties: Practical Approaches*, London: David Fulton Publishers.
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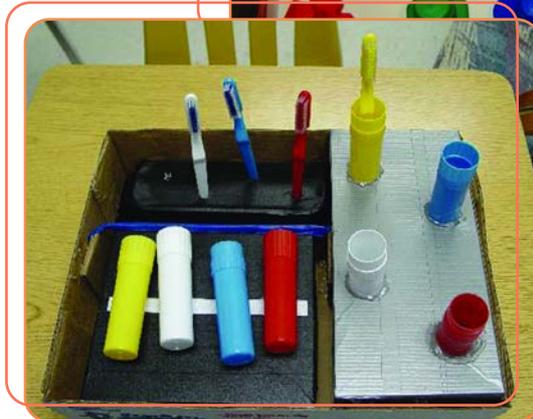


Severe/Profound General Learning Disability

Students with severe to profound general learning disabilities are likely to be severely impaired in their functioning in respect of a basic awareness and understanding of themselves, of the people around them and of the world they live in.

Many of these students will have additional disabilities such as autistic spectrum disorders (ASDs), challenging and/or self-injurious behaviour, emotional disturbance, epilepsy, hearing impairment, physical impairment, severe impairment in communication skills and visual impairment. Insofar as IQ (Intelligence Quotient) may be used as an indicator of general learning disability, a student with a severe general learning disability is described as having an IQ in the range 20 to 35 on standardised IQ tests, and a student with a profound general learning disability is described as having an IQ under 20.

Students with severe to profound general learning disabilities exhibit a wide and diverse range of characteristics, including a dependence on others to satisfy basic needs such as feeding and toileting, difficulties in mobility, problems with generalising skills from one situation to another, significant delays in reaching developmental milestones and significant speech and/or communication difficulties. Some students may have associated behavioural problems. Students may have limited communication skills and will therefore not have control of the multiple means by which other students communicate such as speech, body language, facial expressions and print. (It should be remembered that the students' difficulties in expressing themselves does not diminish their communicative intent. Opportunities to enable the student to communicate should underpin learning and teaching.) Remember that each student is different – what works for one may not work for another.



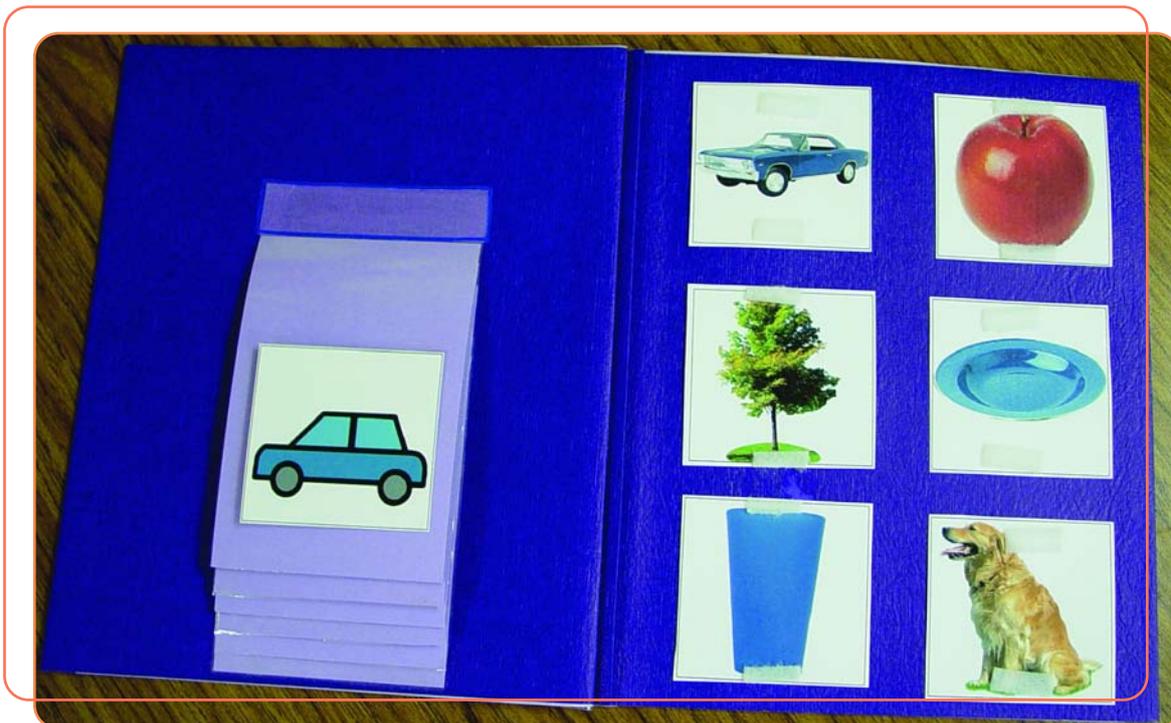


SECTION 6: General Learning Disabilities



Tips for Learning and Teaching

- There should be detailed individual assessment of all areas of functioning and an individualised, structured, step by step programme of instruction with regular and detailed reviews, to be implemented with the assistance of a multi-disciplinary team.
- Students will need a high degree of guided learning and the students' own experiences, strengths, interests and preferences should be integrated into learning and teaching activities.
- A responsive classroom environment should be created in which students' actions are always acknowledged, where students are provided with a wide range of opportunities to respond to their environment and where students are encouraged to initiate interactions.
- Objects of reference representing activities, places, people, etc should be used to mitigate the difficulties experienced by students in understanding the symbolic nature of communication (e.g. a spoon can be used to signal meal-time). Objects should be meaningful and individualised for each learner.
- Alternative communication systems that employ objects of reference – the manual Lámh signing system, the Picture Exchange Communication System (PECS) and electronic communication devices – may be used as alternative/augmentative communication systems.
- When giving oral instructions consider also using alternatives such as using objects of reference, picture cards or signs.





- Every effort should be made to allow the student to have the greatest possible control over their work and to enable them to make choices (this may involve waiting for a prolonged period of time to allow the student to demonstrate a response).
- Students generally require the stimulation of their basic sensory, perceptual and cognitive abilities. Consider intensively teaching for as long as they can address themselves to a stimulus and concentrate on a task.
- The provision of a flexible timetable should be considered that takes account of students' periods of non-attention, sleeping and rest-patterns.
- Particular attention should be directed to the development of perceptual and cognitive skills, language and communication, self-care, fine- and gross-motor abilities, and social and personal development.
- Students should be enabled to develop self-esteem and increased independence. They should be encouraged to make choices, express preferences and be active participants in their learning; to gain communication skills and to access a wide variety of resources (e.g. information and communication technology and multimedia); to develop awareness of themselves and others; and to have opportunities for socialising and socialisation.
- Classroom layout should reflect a consideration of the student's identified need for medication, special diets and/or specialist equipment.
- Cognisance of student's medical and physical needs must inform curriculum planning.
- Communication between home and school is vital to ensure that curriculum access is appropriate, reflects the student's interests and needs, and enables the student's meaningful engagement.



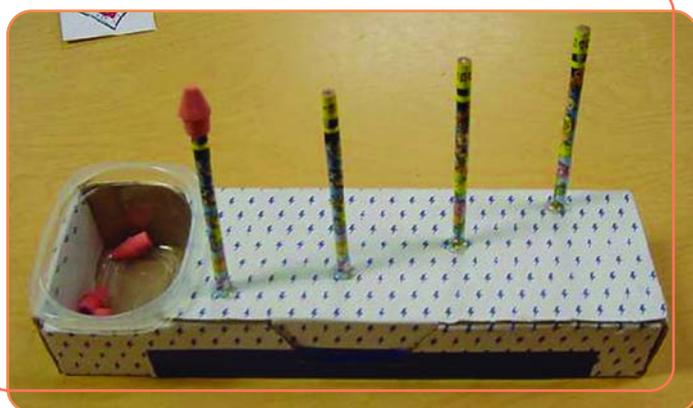
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1. Bag Books provide multi-sensory stories, website: <http://www.bagbooks.org/>
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3. Cartwright, C. And Wind-Cowie, S. (2005) *Profound and Multiple Learning Difficulties*, London: Continuum.
4. Davis, J. (2001) *A Sensory Approach to the Curriculum: for Pupils with Profound and Multiple Learning Difficulties*, London: David Fulton Publishers.



SECTION 6: General Learning Disabilities

5. Department of Education and Science (DES) (1993) *Report of the Special Education Review Committee (SERC)*, Dublin: The Stationery Office.
6. Mencap: UK based and works with people with a learning disability and their families and carers, website: <http://www.mencap.org.uk/>
7. Inclusion Ireland, National Association for People with an Intellectual Disability in Ireland (formerly NAMHI), website: <http://www.inclusionireland.ie/>
8. National Centre for Technology in Education (NCTE) offers advice on how Information and Communication Technology can be used with students with severe/profound general learning disabilities, website: <http://www.ncte.ie/>
9. National Council for Curriculum and Assessment (NCCA) (2007) *Guidelines for Teachers of Students with Severe and Profound General Learning Disabilities*. Available to download from the National Council for Curriculum and Assessment, website: <http://www.ncca.ie/>
10. Pagliano, P. (2001) *Using a Multisensory Environment: A Practical Guide for Teachers*, London: David Fulton Publishers.
11. Staves, L. (2001) *Mathematics for Children with Severe and Profound Learning Difficulties*, London: David Fulton Publishers.
12. Ware, J. (2006) *Creating a Responsive Environment for People with Profound and Multiple Learning Difficulties* (2nd edn), London: David Fulton Publishers.
13. Welsh Assembly Government (2006) *Routes for Learning: Additional Guidance: Assessment Materials for Learners with Profound Learning Difficulties and Additional Disabilities*, Cardiff: Qualifications and Curriculum Group, Department for Education, Lifelong Learning and Skills, download from: <http://accac.org.uk/eng/content.php?cID=3&pID=1309>





Notes

Lined area for taking notes, consisting of horizontal blue lines.



Section 7

Specific Speech and Language Disorders





SPECIFIC SPEECH AND LANGUAGE DISORDERS

Having your child assessed for a speech problem is not a sentence. Many wildly successful people had speech and communication problems in their childhood. We don't realize this, because for so many of them, the problem is no longer there.

Dr Nancy Dickey, taken from *Dr Nancy Dickey's Column*

http://www.medem.com/msphs/msphs_drDickeycolumns_detail.cfm?article_ID=ZZA8JQQ1KE

The criteria for students to be assessed as having a specific speech and language disorder are outlined in Department of Education and Science (DES) Circulars *SP ED 02/05* and *0038/2007*.

Students may have receptive, expressive or global language disorders. Language disorders can result in poor self-confidence and low self-esteem, which can affect personal and social relationships. Research indicates that students with more complex disorders have a greater likelihood of experiencing behaviour problems. Students need to be directly taught the speech, language and social communication skills that other students learn naturally.

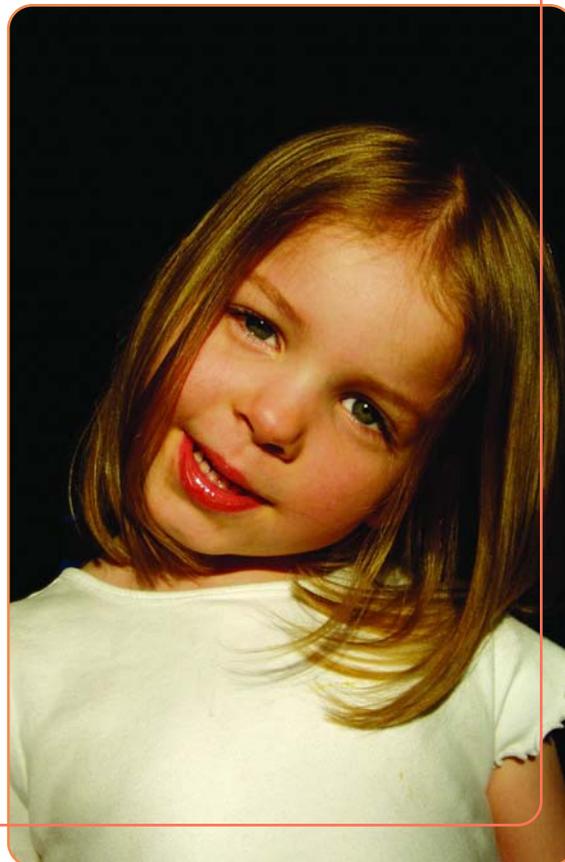


Receptive Language Disorder

... the focus is now very much on her GCSE's. We are confident that she will do herself justice in the summer when she takes them, and feel that this is really a success story ...This shows what can be achieved if children with speech, language and communication needs are given the right support, and how important it is that they should get that help.

Taken from *Chloe's Story* on Talking Point <http://www.talkingpoint.org.uk/>

Students with a receptive language disorder have problems understanding oral language or in listening. They may have difficulties processing and retaining auditory information, and in following instructions and directions. Difficulties understanding what is said may be exacerbated in group discussions. Difficulties in answering questions may be related to a limited understanding of question forms. Students may have difficulties filtering out background noise and have difficulties with verbal reasoning. Difficulties remembering strings of words and difficulties with sound discrimination may also be evidenced. Language limitations may also interfere with topic maintenance. As a result of comprehension difficulties, students may experience difficulty with turn taking in conversation. There may be pragmatic difficulties such as poor understanding, poor use of tone, facial gesture and body language, and poor eye contact. Difficulties may occur in establishing and maintaining peer relationships.



Expressive Language Disorder

Students with an expressive language disorder have problems using oral language or talking. The student's understanding of language is likely to outstrip his/her ability to communicate with the spoken word. There may be a reticence to talk and students may resort to pointing or gesturing to get their message across. Expressive language may lack variation in intonation or volume. Imaginative play and social use of language may be further impaired. Students may have difficulties in describing, defining and explaining, and in retelling stories/events. Limited vocabulary may result in the students using empty phrases and non-specific words. Expressive language difficulties may impact on the students' abilities in relation to writing, spelling, composing sentences/compositions and answering all but the most straightforward of questions. There may be evidence of omission of function words such as 'the' and 'is', and grammatical markers such as tense endings. Difficulties may be noted in the formulation of full sentences and in the understanding of multiple word meanings. Difficulties may occur in establishing and maintaining peer relationships.



Global Language Disorder

Some students have global language disorder and experience difficulties with both receptive and expressive language. Global language disorders affect both the understanding and use of language.



SECTION 7: Specific Speech and Language Disorders



Tips for Learning and Teaching

- Teach an understanding of words and concepts through the use of actual objects and progress from the concrete to the abstract.
- Consistently check understanding.
- Seat the student in a position that facilitates the use of prompts, cues or other strategies during learning and teaching.
- Before initiating conversation it is important to ensure that the student's attention has been secured.
- Use a slower speech rate if necessary as this facilitates the processing of information. However, it is important that the speech rate is not so slow as to lose the continuity of the message.
- It may be necessary to exaggerate and use gestures when helping a student with a severe receptive language disorder understand the meaning of a word that symbolises an object or an action. Depending on the age of the student it sometimes helps to involve the students in selecting the strategy that works best for them.
- Use pictures or photographs to reinforce and review the vocabulary that has been taught.
- Use role play as a regular feature of language learning as this helps alternate speaker/listener roles.
- An understanding of sentences is difficult for these students and often presents in the classroom with difficulties in following instructions and poor oral comprehension. Give simple directions in sentences to provide students with experiences in understanding sentences (e.g. 'Put the book on the table', etc). Have students repeat what they have heard to check understanding.
- Activities such as conversations, discussions, radio/television broadcasts, puppetry, telephoning, reporting, interviewing, telling jokes/riddles, book reports and role playing can be used to develop oral language activities.
- Co-operative learning can be used to encourage discussion.
- Have clear rules stipulating that the verbal contributions of all students have equal value.
- Be aware of the role that misunderstanding can have in possible behaviour and/or social problems.
- As some students may have to attend speech and language therapy sessions during school time, try to ensure students will not always be missing out on the same subject/activity.



Additional Resources/References

1. Afasic UK (association for students and young people with speech and language impairments and their families), website: <http://www.afasic.org.uk/>
2. Castle, F., Blamires, M. and Tod, J. (1999) *Individual Education Plans: Speech and Language (IEPs)*, London: David Fulton Publishers.
3. Department of Education and Science (DES) (2005) *Circular SP ED 02/05: 'Organisation of Teaching Resources for Pupils Who Need Additional Support in Mainstream Primary Schools'*, download from: <http://www.education.ie/>
4. Department of Education and Science (2007) *Circular 0038/2007: 'Criteria for Enrolment in Special Classes for Pupils with Specific Speech and Language Disorder'*, download from <http://www.education.ie/>
5. Department of Education and Science (2005) *An Evaluation of Classes for Pupils with Specific Speech and Language Disorder*, Dublin: The Stationery Office, can be downloaded from: <http://www.sess.ie/>
6. Hayden, S. and Jordan, E. (2007) *Language for Learning: A Practical Guide for Supporting Pupils with Language and Communication Difficulties Across the Curriculum*, London: David Fulton Publishers.
7. Dockrell, J. and Messer, D. (1999) *Children's Language and Communication Difficulties*, London: Cassell.
8. Fleming, P., Miller, C. and Wright, J. (2001) *Speech and Language Difficulties in Education: Approaches to Collaborative Practice for Teachers and Speech and Language Therapists*, Bicester: Speechmark.
9. I CAN (national UK charity for students with speech and language difficulties), website: <http://www.ican.org.uk/>
10. Irish Association of Speech and Language Therapists (IASLT) 29 Gardiner Place, Dublin 1. Tel: 01 8780215.
11. Martin, D. (2000) *Teaching Children with Speech and Language Difficulties*, London: David Fulton Publishers.
12. Ripley, K., Barrett, J. and Fleming, P. (2001) *Inclusion for Children with Speech and Language Impairments: Accessing the Curriculum and Promoting Personal and Social Development*, London: David Fulton Publishers.
13. Rustin, L., Cook, F., Botterill, W., Hughes, C. and Kelman, E. (2001) *Stammering: A Practical Guide for Teachers and Other Professionals*, London: David Fulton Publishers.



SECTION 7: Specific Speech and Language Disorders

14. Stuart, L., Wright, F., Grigor, S. and Howey, A. (2002) *Spoken Language Difficulties: Practical Strategies and Activities for Teachers and Other Professionals*, London: David Fulton Publishers.
15. Thompson, G. (2003) *Supporting Communication Disorders: A Handbook for Teachers and Teaching Assistants*, London: David Fulton Publishers.



Notes



Section 8

Physical Disabilities





PHYSICAL DISABILITIES

*There are no spectators at life's banquet -
everyone is at the table,
no one is excluded.*

President Mary McAleese speaking at Enable Ireland Cork Services on 16 July 2004, taken from
Enable Ireland Newsletter Autumn 2004
<http://www.enableireland.ie/info/publication.html>





Physical Disabilities

Students may have physical disabilities arising from conditions such as congenital deformities, spina bifida and/or hydrocephalus, muscular dystrophy, cerebral palsy, brittle bones, haemophilia, cystic fibrosis or severe accidental injury. It is important to state that there is no necessary direct correlation between the degree of physical disability and the inability to cope with the school curriculum, apart from the elements involving physical activity. Students with severe physical disability may have minimal special educational needs, while those with minimal physical disability may have serious learning needs. Physical access can be a major concern for students who have physical disabilities as those who use wheelchairs, braces, crutches, rotators, canes or prostheses, or those who fatigue easily may have difficulty moving around a school campus.

The SESS is aware that the range of physical disabilities is wide, and while a selection is presented in this publication, it is envisaged that information pertaining to other disabilities will be presented in future issues of its newsletter, *CABHAIR*, which will be accessible from the main website <http://www.sess.ie/>.

It is to be noted that there is some repetition in this section with regard to tips for learning and teaching and the additional references and resources. Such repetition is unavoidable owing to the shared experiences of students with a range of physical disabilities.



Tips for Learning and Teaching

(Depending on the type and degree of physical disability some of the following may need to be considered.)

- Ensure physical access for students through the use of ramps into buildings, appropriate adjustments to toilets, etc.
- When considering seating needs foot-blocks, sloped desks, seat adjustors and customised cushions may have to be used for some students. Ensure that the student is able to sit comfortably and is in a good position to engage appropriately in curricular activities.
- Use assistive and augmentative technology appropriately in implementing students' learning and teaching programmes.
- Students may require the use of mobility aids such as wheelchairs, crutches, walking frames, rotators, splints, adapted footwear or mobile standers.

- If the student cannot write, provide other means of recording work, such as tape or computer.
- Keep written activities short if completing these is time consuming and exhausting.
- The student can experience difficulties in the areas of personal and social development, so social skills and coping strategies may need to be explicitly taught.
- Adapt activities so that the student can participate in Physical Education.
- Note that typing may also be difficult owing to involuntary and uncontrolled movements.



- Allow more time to complete tasks and provide rest periods to prevent fatigue.
- Personalised settings may need to be considered for mouse, keyboard, speed of cursor, font size, etc when using the computer.
- Put sponge pieces on the corners of books/copies to make it easier for the student to turn.
- Tape/stick worksheets to the surface of the desk to minimise interference for the student in task completion.
- Maximise opportunities for language development.
- Study buddies may be used to help a student organise materials.
- For some students putting books on audio-tapes can be considered.
- Tables with rims around the edges may need to be considered to prevent items falling to the floor.



Additional Resources/References

1. Algozzine, B. and Ysseldyke, J.E. (2006) *Teaching Students with Medical, Physical and Multiple Disabilities: A Practical Guide for Every Teacher*, Thousand Oaks, CA: Corwin Press.
2. Central Remedial Clinic, Ireland: provides a range of specialised services for children and adults with physical disabilities, website: <http://www.crc.ie/>
3. Enable Ireland: provides services for children and their families, which cover aspects of a child's physical, educational and social development from early infancy through to adolescence. Enable Ireland also provides services for adults, website: <http://www.enableireland.ie/>
4. Fox, M. (2003) *Including Children 3-11 with Physical Disabilities: Practical Guidance for Mainstream Schools*, London: David Fulton Publishers.
5. Grogan, M. (2007) *Partners in Education: A Handbook on Disability Awareness and Inclusive Practices for Students with Disabilities* (2nd edn), Offaly: Offaly Centre for Independent Living. Available from Michael Nestor, Offaly CIL. Tel: 0579322832/24144 email ocil@eircom.net
6. McCarthy, E., Moloney, M. and Quigley, U. (2007) *What Difference: Working Effectively with Children who have Special Needs in Early Years Settings*, Limerick: Curriculum Development Unit Mary Immaculate College and Limerick Childcare Committee.
7. National Centre for Technology in Education (NCTE) offers advice on how to support students with physical disabilities, website: <http://www.ncte.ie/>
8. Special Education Support Service (SESS) offers general information pertaining to physical disabilities, website: <http://www.sess.ie/>



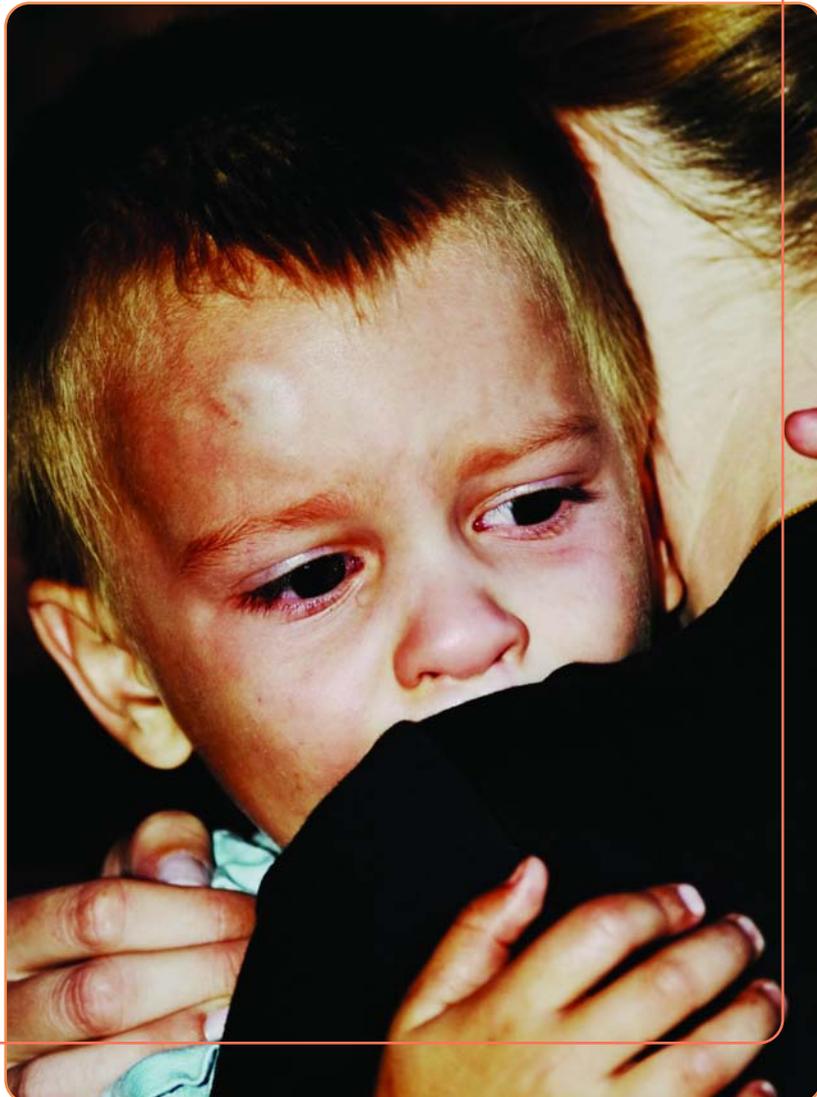


Brittle Bone Disease

Most people with OI [Brittle Bone Disease], with support and specialized equipment, can lead active and fulfilled lives.

Patricia Minor author of *What Life is Like Living with OI*, PublishAmerica: Frederick, MD, (2006); taken from <http://www.freewebs.com/sputnik490/mybooks.htm>

Brittle bone disease is a skeletal disease characterised by an abnormal fragility of the bones. The collagen (a key component of bones, tendons and skin) is affected and this leads to bones breaking easily – consequently repeated fractures and weak bones may present. Students with brittle bone disease bruise easily and may be thought of as accident-prone. Many students with brittle bone disease are left-handed owing to a high frequency of fractures to the right hand. Students with brittle bone disease are no more likely to have learning difficulties than the rest of their peers.



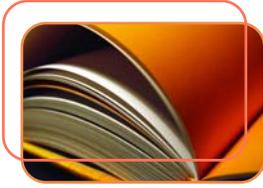


SECTION 8: Physical Disabilities



Tips for Learning and Teaching

- Allow extra time for completion of tasks.
- Remove clutter from classrooms or access areas to reduce the risk of falling.
- Remember that students may need to catch up on missed work due to periods of hospitalisation. If possible liaise with parents/carers in this regard.
- It may be necessary for the student to experiment with different types of pen and paper.
- Participation in games, Physical Education and other physical activities will be difficult and tasks will have to be modified. Perhaps use lighter bats and balls, foam javelins, etc.
- Consult with the occupational therapist with regard to the most suitable type of seating and desk for the student.
- Aids for mobility may be required.
- Aids for writing may have to be utilised.
- As writing will perhaps be slow for the student, handouts of notes will be helpful.
- Schedule study buddies to help students to organise learning materials, while also remembering to promote students' independence as much as possible.
- Consider using assistive technology.
- If students are mobile, arrangements need to be made to minimise the risk of being bumped into or knocked over (e.g. the student may have to wait until peers have left the classroom before he/she leaves).
- If students use wheelchairs, where possible place yourself at their eyelevel when talking to them.
- Table-type desks with adequate leg space may need to be considered if the student has a wheelchair.
- The black/white board in the classroom may have to be lowered if the student is in a wheelchair.
- To facilitate students' reading, use easels, portable reading racks or adjustable desks.



Additional Resources/References

1. Algozzine, B. and Ysseldyke, J.E. (2006) *Teaching Students with Medical, Physical and Multiple Disabilities: A Practical Guide for Every Teacher*, Thousand Oaks, CA: Corwin Press.
2. Brittle Bone Society provides support and advice in relation to brittle bone disease, website: <http://www.brittlebone.org/>
3. Central Remedial Clinic, Ireland: provides a range of specialised services for children and adults with physical disabilities, website: <http://www.crc.ie/>
4. Enable Ireland: provides services for children and their families, which cover aspects of a child's physical, educational and social development from early infancy through to adolescence. Enable Ireland also provides services for adults, website: <http://www.enableireland.ie/>
5. Fox, M. (2003) *Including Children 3–11 with Physical Disabilities: Practical Guidance for Mainstream Schools*, London: David Fulton Publishers.
6. Grogan, M. (2007) *Partners in Education: A Handbook on Disability Awareness and Inclusive Practices for Students with Disabilities* (2nd edn), Offaly: Offaly Centre for Independent Living. Available from Michael Nestor, Offaly CIL. Tel: 0579322832/24144 email ocil@eircom.net
7. National Centre for Technology in Education (NCTE) offers advice on how to support students with physical disabilities, website: <http://www.ncte.ie/>
8. Special Education Support Service (SESS) offers general information pertaining to physical disabilities, website: <http://www.sess.ie/>

Cerebral Palsy

I realize that I can do things and I can do them very well. Some things I can't do ... but I will have to live with that. At 16, I believe, I've learned more than many people will learn in their whole lives.

Taken from 'It's OK to be different', by Angie Erickson,
(student with Cerebral Palsy) *Newsweek* 24 October 1994

Cerebral palsy is a term used to refer to a group of complicated conditions that affect movement and posture because of damage to or failure in the development of the part of the brain that controls movement. This happens before birth, during birth or during early childhood before the brain's growth has reached a certain level of maturity. The condition itself does not normally change but individuals with cerebral palsy can become increasingly better at managing their difficulties as they get older. Generally speaking cerebral palsy is characterised by involuntary jerking movements, a poor sense of balance, spastic muscles and speech impairment. Many forms of cerebral palsy are now recognised and it is described either:



(a) in terms of the *part* of the body affected:

- **Hemiplegia:** affecting one side of the body.
- **Diplegia:** affecting the whole body.
- **Quadriplegia:** affecting both arms and legs.

Or

(b) in terms of *how* the body is affected:

- **Spasticity:** difficulty moving limbs and problems with posture and general movements.
- **Athetosis:** involuntary movements such as twitches or spasms.
- **Ataxia:** difficulty co-ordinating muscle groups and problems with balance, walking, etc.

It is sometimes the case that students present with a mixture of these conditions, as well as other associated difficulties, so the term embraces a wide spectrum. The associated difficulties include difficulties with constipation, epilepsy, general/specific learning disabilities, sleeping, speech and understanding the spoken word, and visual perception.

It is estimated that 1 in 400 students are affected by cerebral palsy and it is important to note that there is a huge variation in the manner in which cerebral palsy affects each individual. Some but not all students will have communication difficulties (including social mixing difficulties), movement and control difficulties, difficulties in processing and in ordering information, and spatial and perceptual difficulties.



Tips for Learning and Teaching

- Encourage independence.
- Remove obstacles so that the student can move freely from lesson to lesson.
- Encourage support for the student from classmates.
- Consider physical access issues such as ramps, toilets, lifts and classroom layout.
- Incorporate advice from the occupational therapist in the student's programme.
- Use computers and audio-visual aids in the student's learning and teaching programme.
- Specialised equipment may also be necessary such as adapted keyboards, page turners, word boards or special desks.
- If writing is difficult consider using a tape recorder.
- Encourage communication to prevent isolation.

SECTION 8: Physical Disabilities

- Teach social skills if necessary.
- Allow students extra time to complete tasks.
- If teaching Physical Education, note that slower-paced activities are better than those requiring a fast response. Students will do better catching a bounced ball than a thrown one; kicking a stationary ball than a moving one.
- Students may have a low self-image, therefore it is important to ensure that the student feels included and is encouraged and praised.
- As students tend to become distracted quite easily minimise distractions in the classroom environment.
- If students use wheelchairs, where possible place yourself at their eyelevel when talking to them.
- Table-type desks with adequate leg space will need to be considered if the student has a wheelchair.
- The board in the classroom may have to be lowered if the student is in a wheelchair.
- To facilitate students' reading, use easels, portable reading racks or adjustable desks.





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Spina Bifida

Our vision is that people with Spina Bifida and/or Hydrocephalus will participate to their fullest potential in all aspects of life.

Taken from IASBAH's (Irish Association for Spina Bifida and Hydrocephalus) Goals
<http://www.iasbah.ie/about.htm>

Spina bifida is a defect in the spinal column in which one or more vertebrae fail to form properly, leaving a gap that can result in damage to the central nervous system. Those born with spina bifida may need surgery and other extensive medical care owing to the paralysis that may result from damage to the spinal cord. Spina bifida may also be associated with bowel and bladder complications. A large percentage born with spina bifida also present with hydrocephalus (an accumulation of fluid in the brain).

There are three main types of spina bifida: *spina bifida occulta* (hidden); *spina bifida cystica* (cyst-like); and *cranium bifida*. The one most likely to present with physical disability is *spina bifida cystica*. There are two forms: *meningocele*, the least common form of spina bifida, where the nerves are usually not badly damaged and are able to function, and *myelomeningocele*, the most common form of spina bifida and also the most serious, where there is always some degree of paralysis and loss of sensation. With *myelomeningocele*, the amount of disability depends on where the spina bifida is and the amount of nerve damage involved. Students with this condition are invariably wheelchair users and many experience problems with bowel and bladder control.

The student with spina bifida can have co-ordination and perception difficulties that will affect his/her learning. Short-term memory, speech and vision difficulties may also be present. However, one must remember that wide variations exist with regard to the needs of each individual student.



Tips for Learning and Teaching

- Explicit teaching of skills for these students, such as skimming and scanning and how to use eye movements, may have to be considered. Difficulties often arise with such skills owing to co-ordination and/or perception difficulties.
- Consider allowing the student to audio-record lessons.
- If students use wheelchairs, where possible place yourself at their eyelevel when talking to them.



- Refer to the occupational therapist for assistance.
- Motor, perceptual and spatial problems may cause delays in learning reading, writing and Mathematics.
- Poor motor co-ordination may affect the student's access to the Physical Education curriculum, and activities should be adapted to take this into consideration.
- Table-type desks with adequate leg space will need to be considered if the student has a wheelchair.
- Use a 'Buddy system' for tasks such as Science experiments.



SECTION 8: Physical Disabilities

- Allow the student adequate time to complete activities.
- The white/black board in the classroom may have to be lowered if the student is in a wheelchair.
- To facilitate students' reading, use easels, portable reading racks or adjustable desks.
- Encourage active participation in the classroom.
- Foster social relationships.



Additional Resources/References

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Muscular Dystrophy

Everyday Thom endures a great deal of pain, but he never complains. He just lives each day to the fullest ... he has taught me so much ... He is truly a hero in my eyes and I love him so very much.

Taken from *Living with MD* by Leslie, whose husband has muscular dystrophy
<http://www.geocities.com/SiliconValley/Lakes/1992/md.html>

Muscular dystrophy is a collective term for a variety of neuromuscular conditions characterised by the progressive deterioration and wasting of muscle fibres. There are two main types of muscular dystrophy: *Duchenne muscular dystrophy* and *Myotonic muscular dystrophy*. The main characteristic of muscular dystrophy is a progressive weakening of the muscles; the child at birth appears quite normal but as growth occurs and muscles deteriorate the child becomes noticeably weaker. *Duchenne muscular dystrophy* is a progressive, life-limiting condition in which a significant change in the student's abilities is seen over the years. While intellectual impairment may occur with some students with *Duchenne muscular dystrophy*, it only affects a minority of students.



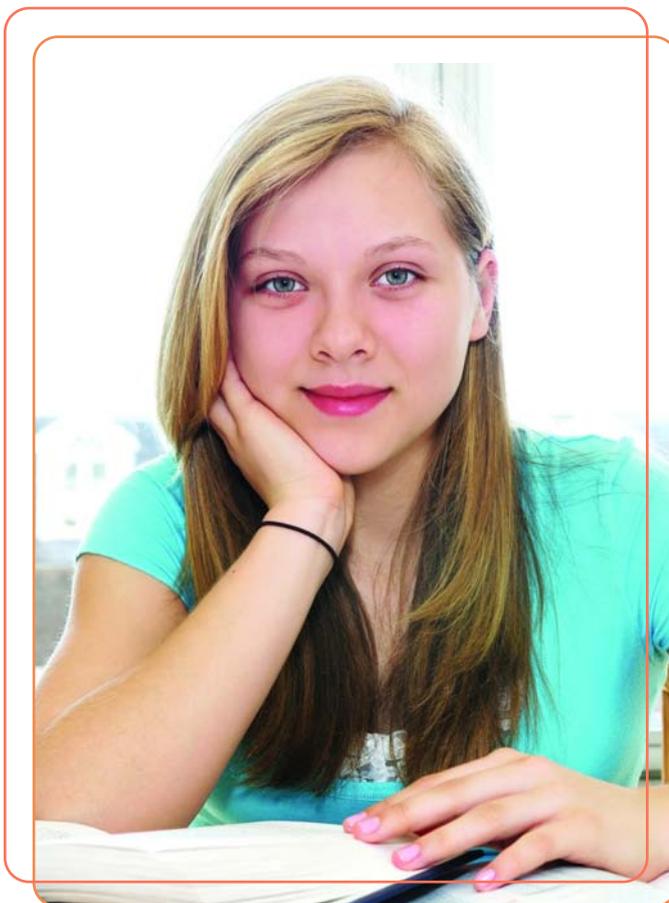


SECTION 8: Physical Disabilities



Tips for Learning and Teaching

- Thought needs to be given to physical access and safety around the school building.
- Specialised seating may be utilised. Consult with the occupational therapist in this regard.
- Encourage the student to be as active as possible to keep healthy muscles in condition as long as possible.
- Utilise different strategies such as computers, handouts, tapes, etc, to allow the student to keep pace with the rest of the class.
- Adapt Physical Education activities so the student can participate (e.g. use lightweight equipment).
- Orientate the student towards ramps or lifts if necessary.
- Consult with the physiotherapist for guidance and assistance.
- Be alert for signs of withdrawal and depression, the student may feel less part of the class as the condition progresses.
- Allow extra time, if necessary, for the student to complete tasks.
- Ensure appropriate seating and that tables are suitable for a wheelchair.
- Utilise a 'Buddy system'.
- Provide consistent encouragement and support for students.
- If students use wheelchairs, where possible place yourself at their eyelevel when talking to them.
- Table-type desks with adequate leg space will need to be considered if the student has a wheelchair.
- The board in the classroom may have to be lowered if the student is in a wheelchair.
- To facilitate students' reading, use easels, portable reading racks or adjustable desks.





Additional Resources/References

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Section 9

Sensory Impairments



SENSORY IMPAIRMENTS

*Alone we can do so little;
together we can do so much.*

Helen Keller

C A B H A I R



S E S S



Hearing Impairment

I truly believe that the only disability out there today is attitude.

Kathy Buckley (award-nominated, stand up comedienne who has a hearing impairment)
in an article by D'Agostino, D. 'Laughing out loud: Turning a deaf ear to comedy', *Exceptional Parent*, vol. 27 Issue 3, March 1997

The *Report of the Special Education Review Committee (SERC)* (1993) described a person with a hearing impairment as one whose hearing is affected to an extent that renders the understanding of speech through the ear alone, with or without a hearing aid, difficult or impossible. Circulars issued by the Department of Education and Science (DES) refer to hearing impairment as a hearing disability that is so serious as to impair significantly students' capacity to hear and understand human speech, thus preventing them from participating fully in classroom interaction and from benefiting adequately from school instruction. It is further stated that the great majority of these students will have been prescribed hearing aids and will be availing of the Visiting Teacher Service. The category does not include students with mild hearing loss.

It is to be noted that The Irish Deaf Society (IDS), representing members of the Deaf community, defines Deaf as a state of being that defines a group of people who share a perception of the world through an emphasis on visual and kinaesthetic input. This description of deaf is used most commonly for people who are deaf at birth or from very early childhood. Deaf here defines a cultural, social and linguistic group, and is often signified by the use of a capital 'D'. The term 'hearing impairment' is disliked by the Deaf community, who do not consider deafness to be an impairment but rather the mark of a distinct culture.

Hearing loss is usually expressed in terms of decibels (dB), the unit used to measure the intensity of sound. The degree of loss is measured by the number of decibels needed to amplify a sound above the normal hearing level before it is heard. Therefore, the larger the number of decibels needed the more severe the hearing loss. The *SERC* Report provides a useful summary (p. 105) that illustrates the levels of hearing impairment. (See table on following page.)

Minimum Audible Intensity	Level of Impairment
20–30 Decibels	Mildly Hard of Hearing
30–60 Decibels	Moderately Hard of Hearing
60–89 Decibels	Severely Hard of Hearing
90 Decibels or over	Profoundly Deaf

Mildly Hard of Hearing: the student hears nearly all speech but may hear incorrectly if not looking at the speaker or if there is background noise. It can be very difficult to identify this condition. Students may have difficulties responding to conversational speech especially with background noise.

Moderately Hard of Hearing: the student will experience difficulty hearing others speaking who are close by. The student may subconsciously augment his/her understanding with lip-reading and visual cues. It is difficult to identify the student's hearing loss from his/her speaking voice, but on close examination the student misses word endings and omits definite and indefinite articles.

Severely Hard of Hearing: the student requires a hearing aid and needs to use lip-reading and body language to augment understanding. The student's speaking voice is characterised by shortened sentences.

Profoundly Deaf: the student may use a hearing aid but relies on visual cues and/or sign language to communicate. The student's speaking voice may seem incomprehensible but some students can achieve good oral skills. Radio aids may be used to transmit the speaker's voice to the listener.

The majority of students with hearing loss in mainstream schools will have mild to moderate hearing loss and use oral/aural methods as their main mode of communication. However, an increasing number of students with severe to profound loss are now entering mainstream education and some of these students choose to use sign language as their preferred mode of communication.

Indicators of a hearing loss may include difficulties pronouncing some words or speech sounds, failure to pay attention when spoken to, frequent observation of peers for a lead as to what to do, giving incorrect answers to simple questions, a high frequency in asking for repetition of words and sentences, intense face and/or lip watching, mispronunciation of some words/sounds, straining to watch a speaker, a tendency to speak loudly and to have difficulty monitoring voice level, and withdrawal.

The greatest difficulties faced by deaf students are in relation to language and communication. The acquisition of language and the development of a communication system are central to all aspects of learning and teaching for these students. The communication approach used by students is based on the student's own communication needs and parental preference.



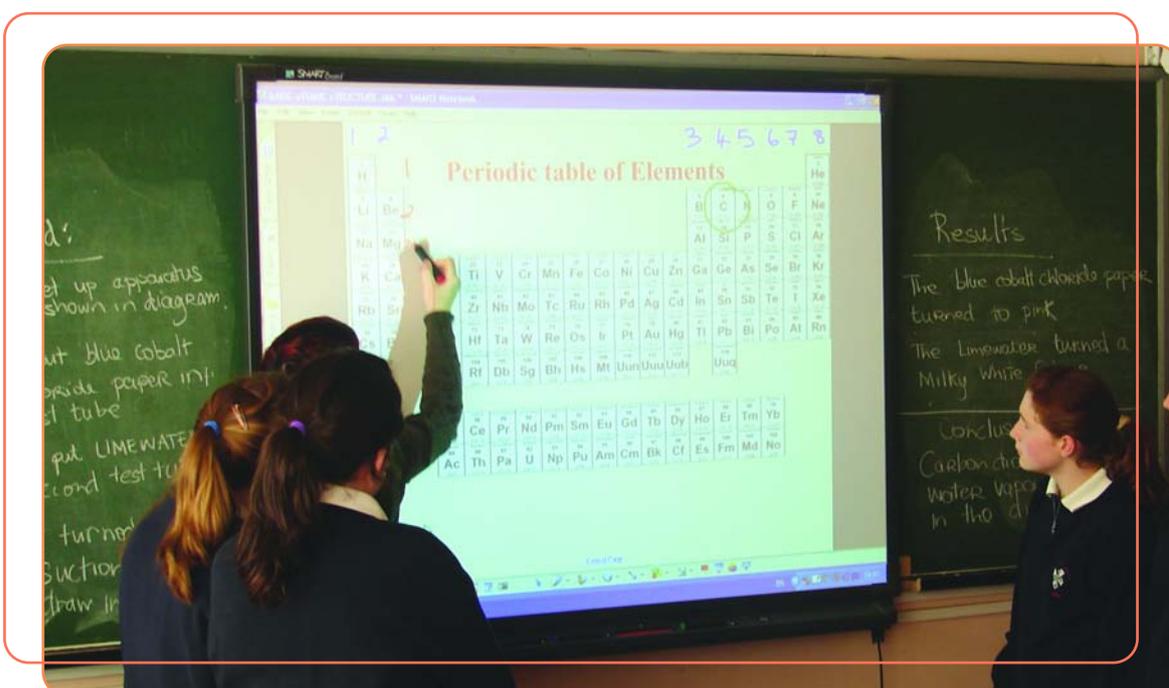
Tips for Learning and Teaching

(Teachers should note that the Visiting Teacher Service for children and young people with a hearing impairment supports parents/guardians, teachers and other professionals involved with the student. More information is available in Appendix 3.)

Accessing the curriculum involves modifying the acoustic/physical environment and the linguistic/communication environment.

Modifying the acoustic/physical environment

- Ensure appropriate use of hearing aids and assistive technology.
- Where necessary utilise technological aides such as closed caption decoders, FM systems, sound field systems and silent overhead projectors.
- Check the best seating position. Seat the student close to the teacher in order that he/she may lip-read effectively.
- Seat the student away from the hum of projectors or computers.
- Do not stand with your back to the window as the light will affect the ability of the student to interpret facial cues and gestures.
- Do not stand with your back to the student.
- During class discussions allow only one student to speak at a time and indicate where the speaker is.



- If students are to be asked to work together, arrange the seating so that the students can see everyone by putting chairs in a circle or horseshoe shape.
- When other students answer, repeat their answers.
- Do not walk around the room when giving instructions.
- Classrooms are noisy environments that create listening difficulties for all students, especially those with hearing loss. Look for minor changes or additions to a classroom that can reduce ambient noise and improve acoustics (e.g. acoustic ceiling tiles, carpeting, curtains for windows, double-glazed windows, elimination of background music, rubber tips on chair, table and desk legs, and avoidance of open-plan classrooms).



Modifying the linguistic/communication environment

- Prepare students for the introduction of a new topic, perhaps by writing the title on the board.
- Place a deliberate emphasis on the important instructions or keywords.
- Write on the whiteboard/blackboard/flipchart to support verbal instruction.
- Utilise visual cues to clarify what is said.
- Employ visual resources such as computer programmes/video tapes/DVDs/PowerPoint.
- Rephrase and repeat difficult words.
- Pace oral lessons appropriately.



SECTION 9: Sensory Impairments

- ◊ Speak clearly and at a moderate pace.
- ◊ Be aware that the student will find dictation difficult – supply photocopied notes where possible.
- ◊ Avoid over-pronunciation or exaggeration.
- ◊ Modify text and simplify language where necessary.
- ◊ Use lively gestures and facial expressions when teaching.
- ◊ Short phrases are easier to understand than single words. Chunk information to assist memory and for revision purposes.
- ◊ Phrase questions to the student carefully and always say student's name beforehand.
- ◊ Avoid blocking visual access to face through hand movements/books.
- ◊ It is harder for a student to communicate with a bearded or bespectacled teacher as these can mask facial expressions.
- ◊ Give homework instructions only when class is quiet.
- ◊ Allow a friend to check that instructions and information are clear.
- ◊ Obtain feedback from the student at regular intervals without drawing too much attention to him/her.
- ◊ Consider providing notes prior to a lesson.
- ◊ A 'Buddy system' can work well, especially in terms of note taking and peer support.
- ◊ The student may find it difficult to communicate orally with classmates and it may be useful to explore the possibility of providing signing lessons for hearing peers.
- ◊ Encourage social communication with classmates during curricular and extra-curricular activities.
- ◊ Remember that students have to concentrate more in class than their peers with normal hearing, thus they may become tired more easily. Frequent breaks are essential.
- ◊ Encourage students with hearing loss to identify their own strengths and needs. Students who can ask for assistance when necessary and proactively seek reasonable accommodations will serve themselves well in school and in their futures.
- ◊ Teachers need to be sensitive to a student's level of comfort with regard to self-advocacy and may need to give some children phrases or strategies to use during stressful times. (E.g. 'Please repeat the last part of the directions.'; 'There's a lot of noise in the hallway, could you close the door please?'; and, 'I missed what Mary just said. Could you repeat it please?')



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17. Visiting Teacher Service for the Deaf and Hard of Hearing, information: <http://www.education.ie/>. General information available in Appendix 3.



SECTION 9: Sensory Impairments

Deafblind

*You are the arm that I hold
I am the hand that receives
your sign and touch
Are you there?
Is that You?
Let me know that you care.*

From 'Are You There' by Carol Pollington; Deafblind adult, taken from
<http://www.sense.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=5fd3fa003ca245778677da8bfda9e2d0&mode=link&guid=f4dcb955c3a74f2481e69a3d532fd51d>

Deafblind students (also called 'dual-sensory impaired people') have a combined sight and hearing loss that leads to difficulties in communication, information-access and mobility. Deafblind students cannot learn incidentally or by imitation. They learn slowly, but this does not necessarily mean that they have cognitive learning difficulties. Deafblind students tend to fall into four groups:

- Group 1: those born deaf and blind**, which may happen if for example the mother suffered Rubella (German measles) during pregnancy.
- Group 2: those born deaf who then lose their sight**. This is often caused by Usher syndrome – (see page 20) deafness followed by a decrease in sight because of retinitis pigmentosa (tunnel vision).
- Group 3: those born blind who then lose their hearing**.
- Group 4: those who become deafblind**, most commonly as a result of old age, or through an illness or accident.



Tips for Learning and Teaching

- Deafblind students need an emphasis on conceptual development and exploration of the environment. Provide them with opportunities to explore their environment and to understand and control it.
- Deafblind students often have problems generalising skills and concepts from one situation to another and require specific teaching in generalisation.
- Access to sensory information should be provided (e.g. awareness of pressure and temperature, balance, smell, taste and touch) as these are important learning pathways for the student.
- Encourage meaningful student-adult interaction that responds to the student rather than leading.
- Place an emphasis on mobility and the development of hand function. This is essential for most Deafblind students, who use their hands for exploration, information and communication to a much greater extent than sighted, hearing peers.



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5. Sense (UK Deafblind charity), website: <http://www.sense.org.uk/>

Visual Impairment

After living with my vision loss for two decades, I find myself living my life positively and productively.

Joan Brock, taken from *Joan Brock More Than Meets The Eye*
http://www.joanbrock.com/vision_loss_and_blindness.htm

Students with visual impairment are described in Department of Education and Science (DES) circulars as having a visual disability that is so serious as to impair significantly their capacity to see, thus interfering with their capacity to perceive visually presented materials such as pictures, diagrams and the written word. Some will have been diagnosed as suffering from such conditions as albinism,

cataracts, congenital blindness, retinitis pigmentosa, etc. Most are described as requiring the use of low-vision aids and of availing of the services of a Visiting Teacher. The category is not intended to include students whose visual difficulties are satisfactorily corrected by the wearing of glasses and/or contact lenses.



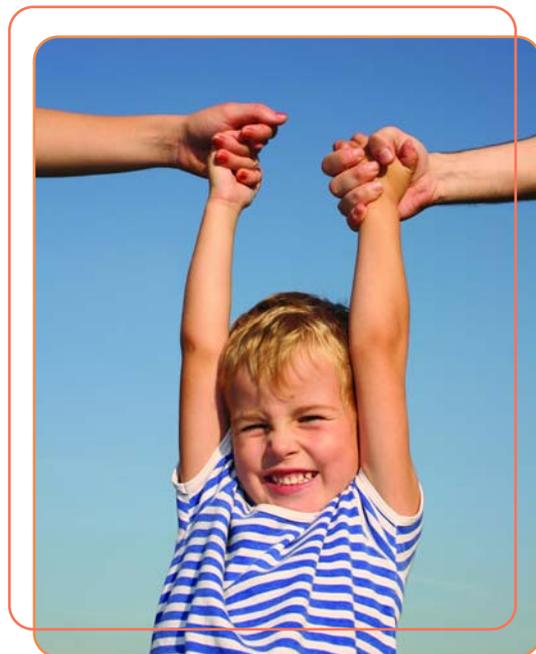
Students with visual impairment may display comprehension difficulties, have poor organisational skills, fail to complete assignments and experience difficulty staying on-task. Most students described as having visual impairment are, in fact, partially sighted and can function in the school situation with the assistance of low-vision aids. Those who have deteriorating minimal residual vision or who are totally blind may need to read and write through the medium of Braille.



Tips for Learning and Teaching

(Teachers should note that the Visiting Teacher Service for children and young people with a visual impairment supports parents/guardians, teachers and other professionals involved with the student. More information is available in Appendix 3.)

- Encourage the student to use visual aids/resources that have been prescribed (e.g. glasses, magnifiers, big-print books, etc).
- Seat the student appropriately in the classroom (e.g. in the middle towards the front).
- Make sure lighting is suitable.
- Make efforts to eliminate the risk of glare from the desk and whiteboard.
- If possible ensure lights are coming from behind or to the side of the student.
- Give clear instructions as the student may misinterpret gestures and facial expressions.
- Consider the use of enlarged print/magnified worksheets.
- The less configurations on a page the better (worksheets can be cut in strips and stapled together to present less work at a time).
- Print materials need to be clear and dark.
- Have lined paper for assignments (the darker the lines the better).
- Nearpoint work should be limited to fifteen minutes or less. The student should be encouraged to look away from his/her work, sharpen a pencil or participate in another activity as this will allow the student to refocus his/her eyes so that the student is less likely to become fatigued.
- Have students measure from their elbow to their fingers and tell them they need never get closer to their work than that distance.
- Slanted desks may be of benefit to individual students.
- Provide contrast on any visual materials used: black and white is best.
- Avoid italic or ornate script. Remember that lower-case letters are easier to read than capital letters because they have a greater number of ascenders and descenders, making them more visually distinctive.



SECTION 9: Sensory Impairments

- ◊ Supplement visual material with clear verbal explanation.
- ◊ Require less copying from the board or elsewhere.
- ◊ Increase oral activities.
- ◊ Use concrete material and hands-on experience whenever possible.
- ◊ Allow more time to complete tasks and provide breaks to combat fatigue.
- ◊ Do not lower expectations because the student has a visual impairment.
- ◊ Provide mobility and orientation training as students with visual impairment experience great difficulty in acquiring skills in direction, mobility and travel. This is particularly important at post-primary level where the student may have to move for individual subjects.
- ◊ Arrange for other students to act as buddies and use peer tutoring. Peer-groups should be encouraged to include and support the student.
- ◊ Use the student's name when seeking his/her attention.



Additional Resources/References

1. Grogan, M. (2007) *Partners in Education: A Handbook on Disability Awareness and Inclusive Practices for Students with Disabilities* (2nd edn), Offaly: Offaly Centre for Independent Living. Available from Michael Nestor, Offaly CIL. Tel: 0579322832/24144 email oiel@eircom.net
2. NCBI National Council for the Blind of Ireland, website: <http://www.ncbi.ie/>
3. Royal National Institute for the Blind, website: <http://www.rnib.org.uk/>
4. National Centre for Technology in Education (NCTE) offers advice on how Information and Communication Technology can be used with students with visual impairment, website: <http://www.ncte.ie/>
5. Visiting Teacher Service for Children with Visual Impairment, information: <http://education.ie/>. General information available in Appendix 3.



Notes

Lined writing area for notes.

Section 10

Specific Learning Disabilities



SPECIFIC LEARNING DISABILITIES

So what can people with learning disabilities do that I can do also? Well it would take pages and pages to name them all, so I'll describe them in one short word:
EVERYTHING!

Holly Hanlon, Scoil Bhríde Naofa, Kildare taken from *I Can, You Can: Primary Schools Essay Competition*, Department of Justice, Equality and Law Reform (2005)

The *Report of the Special Education Review Committee (SERC)* (1993, p. 86) defines specific learning disability as 'impairments in specific aspects of reading, writing and arithmetical notation, the primary cause of which is not attributable to assessed ability being below the average range, to defective sight or hearing, emotional factors, a physical condition or to any extrinsic adverse circumstances'.



Dyslexia

Many people think dyslexic people are boneheads. Dyslexia doesn't equal a lack of intelligence. Don't laugh at your mates when they have problems with reading! Maybe they'll become movie stars and you'll want tickets to their premieres.

Orlando Bloom on his dyslexia taken from the *Orlando Bloom Files*
<http://www.theorlandobloomfiles.com/articles/j1404march.html>

Dyslexia affects the learning process in relation to reading, writing and speaking, such difficulties being disproportionate to the student's other academic abilities. Dyslexia is indicated by a mismatch between an individual's assessed ability and his/her attainments in literacy-related areas. Dyslexia may affect the development of the student's ability to remember in sequence what is seen or heard, his/her ability to identify sounds in words and his/her ability to put things in order (e.g. information, letters, stories, numbers, the days of the week, the months of the year, etc); it may affect concentration, co-ordination, letter/numeral formation skills and the speed of reading and understanding. In addition students may have problems with directions, map-reading, recognising left and right, spelling, copying words and numbers from a book or a blackboard, recalling the names of words or objects and reading music.

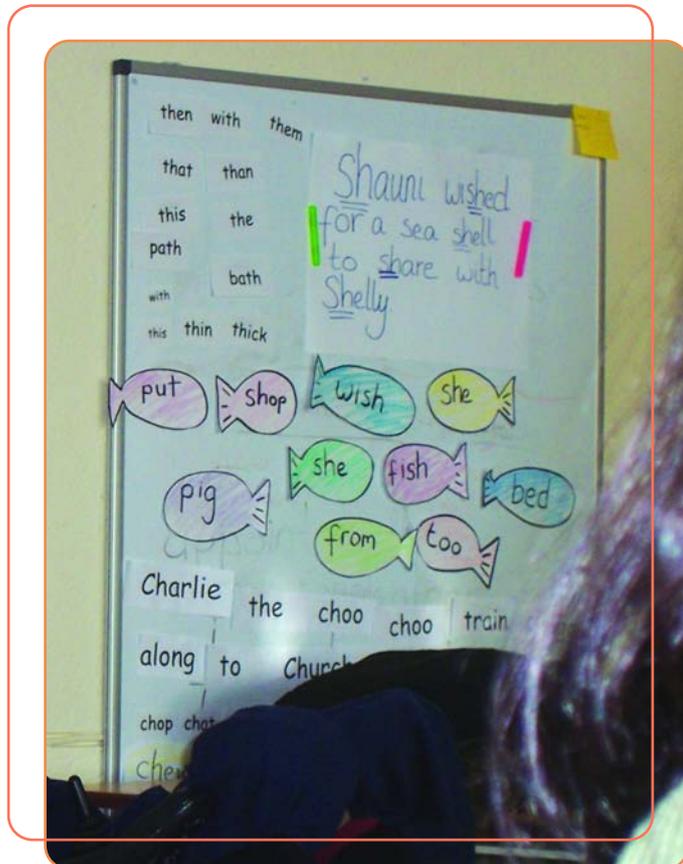
Students' learning difficulties arising from dyslexia are in a continuum that ranges from mild to severe. Students' confidence and self-esteem are often affected and they appear to lack motivation. Dyslexia may co-exist with other special educational needs such as dyscalculia (see page 158), dyspraxia (see page 41) and attention deficit hyperactivity disorder (ADHD) (see page 59). It occurs across all socio-economic groups and affects people differently. Although dyslexia occurs across the lifespan it may be alleviated with appropriate intervention.



Tips for Learning and Teaching

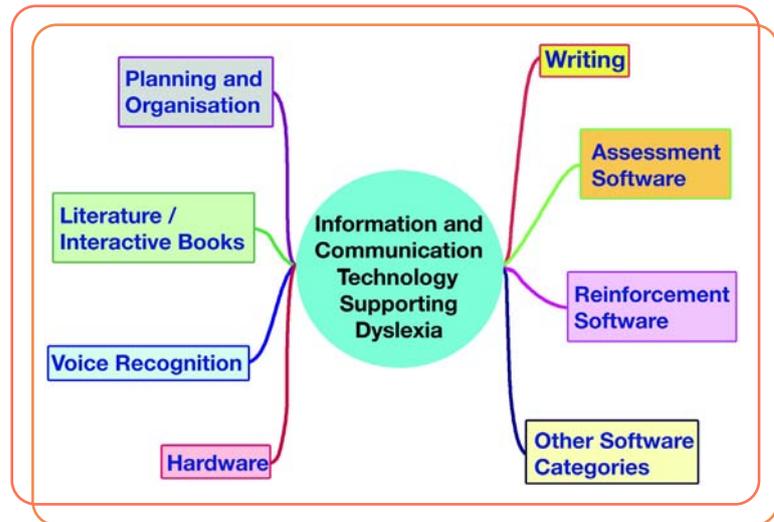
- Recognise the confusion and frustration of the student and avoid situations that increase pressure.

- Do not equate genuine variability of performance with lack of effort.
- Provide support with additional recording mechanisms where appropriate (e.g. appropriate literacy software, charts, diagrams, dictaphones, electronic dictionaries, models, voice recognition software and word processors with spellchecker).
- Employ line trackers and/or coloured overlays as appropriate.
- Provide opportunities for the student to re-learn and over-learn.
- Encourage the process of drafting and redrafting.
- Amend worksheets to make them understandable.
- Provide assistance with elements of the writing process, such as the using of planning sheets and editing checklists.
- Read questions aloud.
- Encourage self-correction.
- Practise memory games.
- Use a structured multi-sensory literacy programme with the student.
- Establish the students' strengths and their individual learning styles.
- Teach a range of word-attack skills (e.g. contextual cues, look and say, phonics, punctuation and word shapes).
- Use a graded-reading programme that is appropriate to the student's level of literacy skills as well as his/her interest level.
- Provide supplementary reading material that is below the student's assessed reading level, which allows the student to read independently (i.e. less than two errors in one hundred words).
- Use a rehearsal-reading system. Instead of calling on students at random to read aloud, assign each student a specific passage a day in advance.
- Start with the student's free writing when selecting spellings to learn. Target specific spelling patterns that the student requires assistance with as evidenced in the student's free writing.
- Correct spellings positively and allow students credit for correct letters or sounds in words.
- Employ a number of multi-sensory methods when teaching spellings and consider the use of the strategy of look, copy, trace, picture, cover, write and check selectively.



SECTION 10: Specific Learning Disabilities

- ✦ Construct logs or diaries of essential words.
- ✦ Break tasks into small steps and allow adequate time for completion.
- ✦ Select and highlight most important errors, not all errors – focus on the nature of the errors (quality) rather than the number of errors (quantity).
- ✦ Teach study skills (e.g. highlighting central points, mind-maps®, mnemonics, etc).
- ✦ Give regular constructive praise and encouragement and maintain high expectations.
- ✦ Limit copying from the board. Write in different colours on the blackboard.
- ✦ Expect students' work to be erratic and inconsistent.
- ✦ Encourage students to repeat the directions for completing a task.
- ✦ Use visual cues to help the students to organise themselves.
- ✦ Acknowledge that extra time is needed by students in order to complete tasks.
- ✦ Use appropriate computer software to support reading, spelling and writing (e.g. Wordshark®, Numbershark®, etc).
- ✦ Encourage the use of spelling dictionaries such as ACE Spelling Dictionary® and spellcheckers such as the Franklin®.
- ✦ Particularly at post-primary level consider the use of some non-printed learning materials such as taped books, recorded classes and curriculum texts on tape.
- ✦ Remember a student with dyslexia may have great difficulty with figures (e.g. learning tables), reading music or anything which entails interpreting symbols. Learning foreign languages can be particularly difficult.



Additional Resources/References

1. Augur, J. (1996) *'This book Doesn't Make Sens, Cens, Sns, Scens, Sense'* (Living and Learning with Dyslexia), London: Whurr Publishers Ltd.

2. Ball, M., Hughes, A. and McCormack, W. (2006) *Dyslexia: An Irish Perspective*, Dublin: Blackhall Publishing.
3. The British Dyslexia Association, website: <http://www.bdadyslexia.org.uk/>
4. Curriculum Development Unit Mary Immaculate College (2001) *Neart: An Information Booklet for Resource/Special Needs Teachers*. Available from Curriculum Development Unit, Mary Immaculate College, Limerick. Download from: <http://www.mic.ul.ie/ted/pdf/neart%202005.pdf>
5. Department of Education and Science (DES) (1993) *Report of the Special Education Review Committee (SERC)*, Dublin: Stationery Office.
6. Department of Education and Science (DES) (2001) *Learning Support Guidelines*, download from: <http://www.sess.ie/>
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8. Dyslexia Association of Ireland, website: <http://www.dyslexia.ie/>
9. MacKay, N. (2005) *Removing Dyslexia as a Barrier to Achievement: The Dyslexia Friendly Schools Toolkit*, Wakefield: SEN Marketing.
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11. Moseley, D. (ed.) (1998) *ACE Spelling Dictionary: Find Words Quickly and Improve Your Spelling*, Bayside, NY: LDA.
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14. Reason, R. and Boote, R. (1994) *Helping Children with Reading and Spelling: A Special Needs Manual*, London: RoutledgeFalmer.
15. Shaywitz, S. (2005), *Overcoming Dyslexia: A New and Complete Science-Based Program for Reading Problems at Any Level*, New York: Vintage Books.
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17. Special Education Support Service (SESS) lists a number of sites related to dyslexia, website: <http://www.sess.ie/>
18. Westwood, P. (2007) *Commonsense Methods for Children with Special Educational Needs* (5th edn), London: RoutledgeFalmer.
19. Winebrenner, S. (1996), *Teaching Kids with Learning Difficulties in the Regular Classroom*, London: RoutledgeFalmer.

Dyscalculia*

Living with dyscalculia ... can be really frustrating at times ... the biggest challenge is dealing with the attitudes I get from others, who cannot understand my apparent inability to remember locations or follow directions. Hopefully as more of us talk about such struggles and share our experiences of dealing with such a disability, more people will become more understanding.

Virginia Beach, taken from *D means Deaf and Dys... (whatever!)*,
<http://deafpagancrossroads/2007/11/10/d-means-deaf-and-dys-whatever/>

Dyscalculia primarily affects the learning process in relation to Mathematics. Two of the types of dyscalculia that have been identified are:

Type 1: developmental dyscalculia where students exhibit a **marked discrepancy between their developmental level and general cognitive ability as it pertains to Mathematics**. As a basic indicator of developmental dyscalculia students will perform below expectations with no obvious explanation (e.g. general ability, emotional state or illness) available.

Type 2: dyscalculia where students exhibit a **complete inability to manage mathematical concepts** and numbers. It presents as an enduring condition that affects the ability to acquire mathematical skills despite appropriate teaching.

Dyslexia and dyscalculia may co-exist, but not all students with dyslexia will have difficulties in Mathematics. However, dyslexia will affect all kinds of learning that depend on reading including Mathematics.

Dyscalculia may manifest itself through the student's inability to conceptualise number, number relationships and outcomes of numerical operations (estimating). Students variously exhibit difficulties in the following areas: computation, direction, laterality,



mathematical concepts, mental Mathematics, money, omissions, reading and writing numbers, reversals, rote counting, rules and formulae, sequencing, and time and time management. Students may be unable to comprehend or 'picture' mechanical processes as they often lack 'big picture' thinking.

Other symptoms of dyscalculia may be noted in poor athletic co-ordination, difficulty keeping scores during Physical Education and problems keeping track of whose turn it is during games. Transitioning between lessons, particularly at post-primary level may also be difficult. Students may also have a poor sense of direction, display a tendency to lose things and may seem absent minded. Additional problems may be seen in difficulties that arise in grasping concepts of formal music education such as reading music, and in students sometimes having poor name/face retrieval when recollecting individual's names.

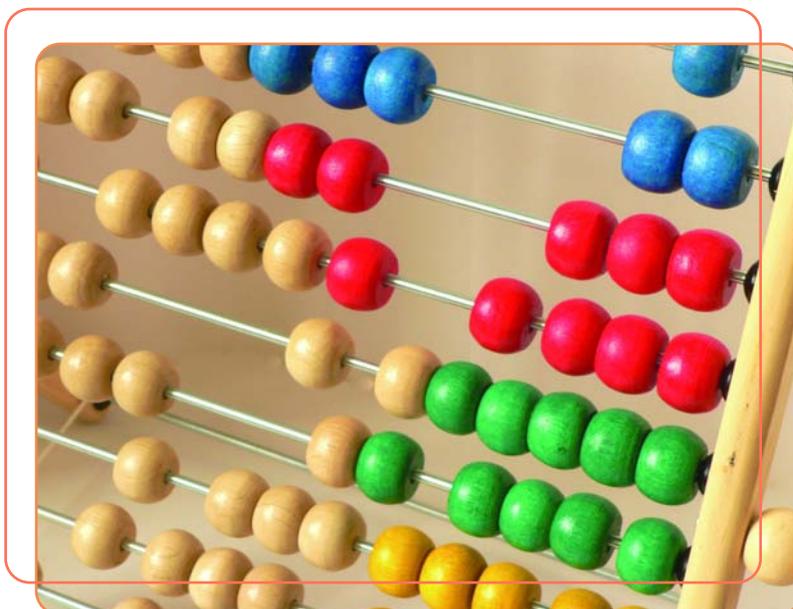


Tips for Learning and Teaching

- Use concrete materials and start from practical activities.
- Avoid creating anxiety for the student.
- Establish the student's preferred learning style.
- Teach more than one way to solve mathematical operations.
- Build on student's existing knowledge.
- Try to understand the student's errors, do not just settle for wrong.
- Concentrate on one concept at a time.

SECTION 10: Specific Learning Disabilities

- ✦ Language should be kept to a minimum and specific cues given for various mathematical operations in word problems.
- ✦ Encourage students to visualise mathematical problems. Allow students to draw a picture to help them understand the problem and ensure they take time to look at any visual information such as charts and graphs.
- ✦ If the student does not have co-existing reading difficulties, encourage him/her to read problems aloud.
- ✦ In the early stages of teaching new mathematical skills ensure that the mathematical problems are free of large numbers and unnecessary calculations.
- ✦ Provide examples and try to relate problems to real-life situations.
- ✦ Provide students with graph paper/squared paper and encourage them to use this to keep the numbers in line.
- ✦ Ask to explain verbally how he/she arrived at particular solutions.
- ✦ Explain new concepts in a logical manner.
- ✦ Encourage students to teach a concept back in order to check understanding.
- ✦ Ensure worksheets are uncluttered and clearly laid out and provide ample room for uncluttered computation. Ensure that the page does not look intimidating.
- ✦ Limit copying from the board.
- ✦ Allow students to use computers and calculators, especially to self-correct.
- ✦ Provide students with extra time to complete tasks and encourage the use of rough work for calculations.
- ✦ Directly teach the language of Mathematics.
- ✦ Always bear in mind the language of Mathematics differs significantly from spoken English.
- ✦ Use consistent mathematical language both in your classroom and throughout the school.
- ✦ Make use of mnemonics and visual prompting cards to assist students in memorising rules, formulae and tables. Repetition is also very important.
- ✦ Always match the strategy to the student's identified needs and abilities.





Additional Resources/References

1. British Dyslexia Association: supplies leaflets on Mathematics and dyslexia, website: <http://www.bdadyslexia.org.uk/>
2. Butterworth, B. (1999) *The Mathematical Brain*, London: Macmillan.
3. Chinn, S.J. and Ashcroft, J.R. (2007) *Mathematics for Dyslexics: Including Dyscalculia* (3rd edn), London: Whurr Publishers.
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5. Henderson, A. (1998) *Mathematics for the Dyslexic: A Practical Guide*, London: David Fulton Publishers.
6. Miles, T.R. and Miles, E. (eds.) (2004) *Dyslexia and Mathematics* (2nd edn), London: RoutledgeFalmer.
7. National Numeracy Strategy (UK) (2001) *Guidance to Support Pupils with Specific Needs in the Daily Mathematics Lesson*, download from: <http://www.standards.dfes.gov.uk/primary/publications/mathematics/12812/>
8. Other websites/links related to dyscalculia:
 - <http://www.dyscalculiainfo.org/>
Cognitive Centre, Malmo, Sweden.
 - <http://www.dyscalculia.org/>
A free e-book in relation to dyscalculia can be obtained from this site.
 - <http://www.standards.dfes.gov.uk/primary/faqs/inclusion/56233>
This e-book offers general information on dyscalculia as well as a question and answer session with Steve Chinn.
9. Westwood, P. (2004) *Commonsense Methods for Children with Special Needs* (5th edn), London: RoutledgeFalmer.
10. Westwood, P. (2004) *Numeracy and Learning Difficulties: Approaches to Teaching and Assessment*, London: David Fulton Publishers.

Dysgraphia*

Simply put it is a disorder of handwriting primarily that causes my handwriting to be illegible to many people ... and makes it next to impossible for me to learn spelling. My verbal IQ however, is in the 99th percentile - the highest possible score. So clearly bad spelling has nothing to do with my actual mastery of the english language.

I have Dysgraphia, Angela Dark, taken from the Experience Project
<http://www.experienceproject.com/uw.php?e=97767>

Dysgraphia affects a student's ability to write coherently, regardless of their ability to read. Types identified include:

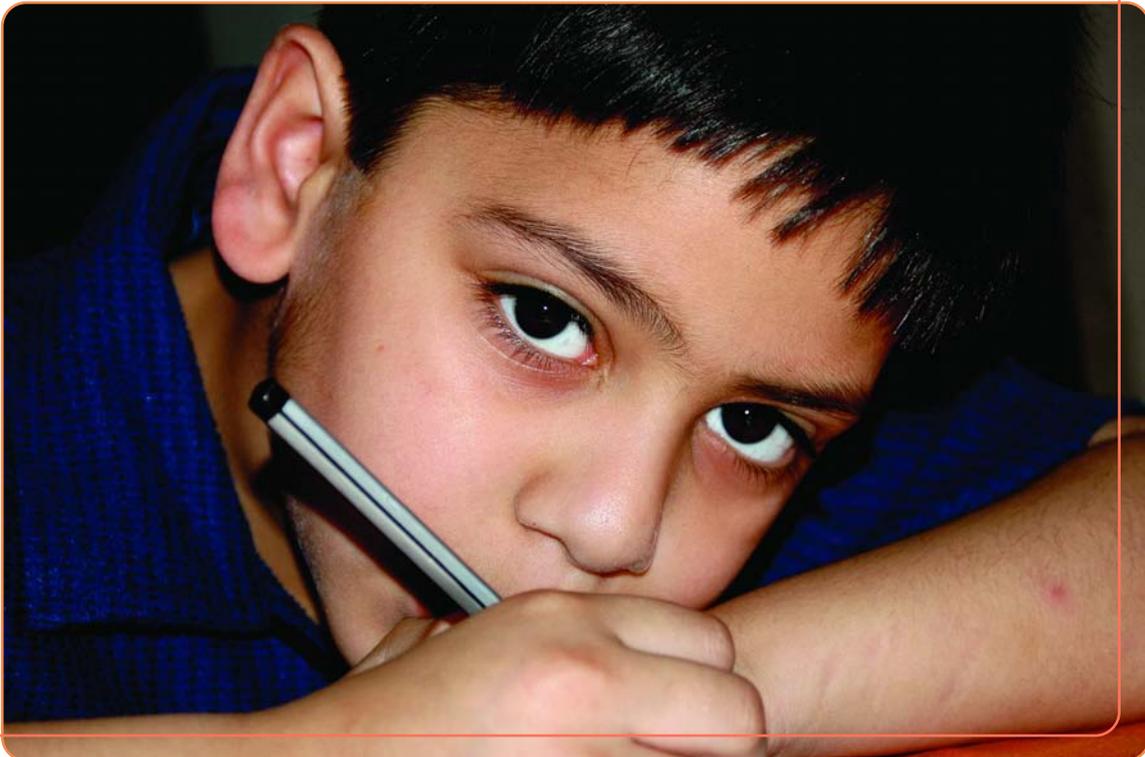
- Type 1: dyslexia dysgraphia** where **written work that is created spontaneously is illegible, copied work is good and spelling is poor.** A student with dyslexia dysgraphia does not necessarily have dyslexia.
- Type 2: motor dysgraphia** where the condition may be **caused by poor fine-motor skills, poor dexterity and/or poor muscle tone.** Generally written work is poor to illegible, even if it is copied from another source. While letter formation may be legible in very short samples of writing, this is usually after extreme efforts and the dedication of unreasonable amounts of time on the student's part. Spelling skills are not impaired.
- Type 3: spatial dysgraphia** where the condition is **caused by a defect in spatial awareness** and students may have illegible spontaneously written work as well as illegible copied work. Spelling skills are generally not impaired.

In general, written work may be presented with a mixture of upper/lower case letters, irregular letter sizes and shapes, and unfinished letters. Students struggle to use writing as a communication tool, and as so much effort goes into the actual writing process there may seem to be little imagination or thought in their work. They may have unusual writing grips, odd wrist, body and paper positions, and may suffer discomfort while writing. Excessive erasing may be evidenced as may a misuse of lines and margins. Students may also poorly organise writing on a page. Other difficulties may be observed in a poor organisation of ideas, poor sentence and/or paragraph structure and a limited expression of ideas. They may be reluctant to complete writing tasks or refuse to do so.



Tips for Learning and Teaching

- Provide support with additional recording mechanisms where appropriate (e.g. charts, diagrams, dictaphones, models, voice recognition software and word processors).
- Minimise the amount of writing a student is required to do.
- Encourage oral responses.
- Use paper with lines that are raised; this will act as a sensory guide to help the student to stay within the lines.
- Try different pens and pencils to find one that the student is most comfortable working with.
- Explore concepts such as mindmapping®, spider diagrams and concept maps as a means of exploring topics or demonstrating learning.
- Adapt written activities and worksheets (e.g. instead of expecting a student to write full sentence answers, either encourage the student to fill in the missing word or circle the correct response).
- Use workbooks where appropriate to reduce the need to copy material from books.
- When organising written work, particularly projects, create a list of keywords.



SECTION 10: Specific Learning Disabilities

- Use assistive technologies, such as voice-activated software, if the mechanical aspects of writing remain a major hurdle.
- Experiment with a variety of writing utensils (e.g. thick/fine-tip marker, use of grips on pencils, etc).
- Break tasks into small steps and allow adequate time for completion.
- Select and highlight most important errors not all errors – focus on the nature of the errors (quality) rather than the number of errors (quantity).
- Give regular constructive praise and encouragement and maintain high expectations.
- Limit copying from the board.
- Acknowledge that extra time is needed by students in order to complete written tasks.
- Explicitly teach organisational skills, for example **POWER** for essay writing:

PLANNING

ORGANISING

WRITING

EDITING

REVISING





Additional Resources/References

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Section 11

Appendices



APPENDIX 1

GENERAL REFERENCE MATERIAL

Department of Education and Science (DES) (1993) *Report of the Special Education Review Committee (SERC)*, Dublin: Stationery Office.

Department of Education and Science (DES) (2000) *Learning-Support Guidelines*, Dublin: The Stationery Office.

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Department of Education and Science (DES) (2007) *Inclusion of Students with Special Educational Needs: Post-Primary Guidelines*, Dublin: Stationery Office.

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National Council for Curriculum and Assessment (NCCA) (2007) *Guidelines for Teachers of Students with General Learning Disabilities*, download from: <http://www.ncca.ie/>

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National Council for Special Education (2006) *Guidelines on the Individual Education Plan Process*, Dublin: Stationery Office.

National Educational Psychological Service (2007) *Special Educational Needs: A Continuum of Support: Guidelines for Teachers*, Dublin: Stationery Office.

National Educational Psychological Service (2007) *Special Educational Needs: A Continuum of Support: Resource Pack for Teachers*, Dublin: Stationery Office.

Other relevant documents issued by the Department of Education and Science (DES) are available on the DES website: <http://www.education.ie/>



APPENDIX 2

EPIGRAPH SOURCES

The SESS would like to acknowledge the following sources for permission to quote copyright material. As it has not been possible to identify all sources the SESS would welcome information from other copyright holders.

Page 10 The Prader-Willi Syndrome Association UK *Educating my daughter Daisy*, by Sharon Cliff, taken from <http://pwsa.co.uk/main.php>

Page 18 The Turner Syndrome Support Society UK *Cheryl and Mellissa's Story*, taken from *Aspects*, June 2005 issue

Page 29 Donna Williams, author of *Nobody, Nowhere & Somebody, Somewhere* Jessica Kingsley: London, (1998)

Page 41 Dyspraxia Foundation UK, headline from a survey commissioned for Dyspraxia Awareness Week 24–30 September 2007, taken from <http://www.dyspraxiafoundation.org.uk/>

Page 42 Dyspraxia Support Group of New Zealand, *How do I teach a child with Dyspraxia?*, taken from <http://www.dyspraxia.org.nz/>

Page 45 mumsnet.com for message of 27 April 2003, Mumsnet Discussions – verbal dyspraxia, taken from a post on <http://www.mumsnet.com/Talk/8/7503>

Page 108 Talking Point for *Chloe's Story* on Talking Point, taken from <http://www.talkingpoint.org.uk/>

Page 138 'Laughing out loud: Turning a deaf ear to comedy', by O. D'Agostino, reprinted with the expressed consent and approval of *Exceptional Parent*, a monthly magazine for parents and families of children with disabilities and special health care needs. Subscription cost is \$39.95 per year for 12 issues; Call (877) 372-7368. Offices at 416 Main Street, Johnstown, PA 15901

Page 144 Carol Pollington, for quote taken from 'Are You There' on *Express Yourself!* <http://www.sense.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=5fd3fa003ca245778677da8bfda9e2d0&mode=link&guid=f4dcb955c3a74f2481e69a3d532fd51d>

Page 146 Joan Brock, for quote taken from Joan Brock *More than Meets the Eye* http://www.joanbrock.com/vision_loss_and_blindness.htm

Page 158 Virginia Beach, taken from <http://deafpagancrossroads.com/2007/11/10/d-means-deaf-and-dys-whatever/>

Page 162 the Experience Project Inc for quote from *I Have Dysgraphia* by Angela Dark, taken from <http://www.experienceproject.com/uw.php?e=97767>



The SESS would also like to acknowledge the following as sources for chapter opening quotes.

Page 03 ©*The Daily Progress*, Charlottesville Virginia for ‘Something to Cheer About’, Tom Gresham, 7 May 2000.

Page 04 *Share the Journey*, 2007 Calendar, Down Syndrome Ireland

Page 07 parents of Conor and Zach, taken from <http://fragilex.ca/sons.html>

Page 13 Connie Coughlin, whose daughter has Rett/Rhett syndrome, taken from <http://members.tripod.com>

Page 15 Home Box Office Inc, <http://www.hbo.com/>

Page 20 Boys Town National Research Hospital, Lawrence W. Lee, taken from http://www.boystownhospital.org/Hearing/info/genetics/perspectives/my_life.asp,

Page 23 *Meghan Sings!* <http://www.meghansings.ws/>

Page 31 Mark Haddon, author of *The Curious Incident of the Dog in the Night-Time* Vintage: London, (2004)

Page 53 SAMHSA’S National Mental Health Information Center for *Craig’s Story*, taken from <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0030/default.asp>

Page 59 ©Pearson Higher Education, taken from Daniel P. Halligan and James M. Kauffman *Exceptional Learners, Introduction To Special Education* (9th edn) Allyn & Bacon Publishers: Boston, MA (2003)

Page 63 Dan Hartman, MD, on WordPress.com, taken from <http://thesidewalkpsychiatrist.wordpress.com/2007/10/23/oppositional-defiant-disorder/>

Page 68 ©*Journal of Negro Education*, 1990, Summer Issue, for ‘Jaime Escalante Maths Program’, Jaime Escalante and Jack Dirmann

Page 73 ©Proctor & Gamble, <http://www.pg.com/>, for *Zahava’s Story*

Page 84 ©Random House for quote taken from Christy Brown *My Left Foot*, Vintage: London, 1990

Page 91 *Journal of Leisurability* for ‘My Brother’s Learning Disability: My Family’s Struggle’ by Kristen Harkness, taken from <http://www.lin.ca/resource/html/Vol22/v22n3a3.htm>

Page 107 ©Medem Inc for ‘Speech Disorders: Baby Talk or a Problem?’ by Dr Nancy Dickey, taken from ‘Dr Nancy Dickey’s Column’ http://www.medem.com/msphs/msphs_drdickeycolumns_detail.cfm?article_ID=ZZA8JQQ1KE

Page 121 ©Freewebs.com for quote from Patricia Minor author of *What Life is Like Living with OI*, PublishAmerica: Frederick, MD, (2006), taken from <http://www.freewebs.com/sputnik490/mybooks.htm>

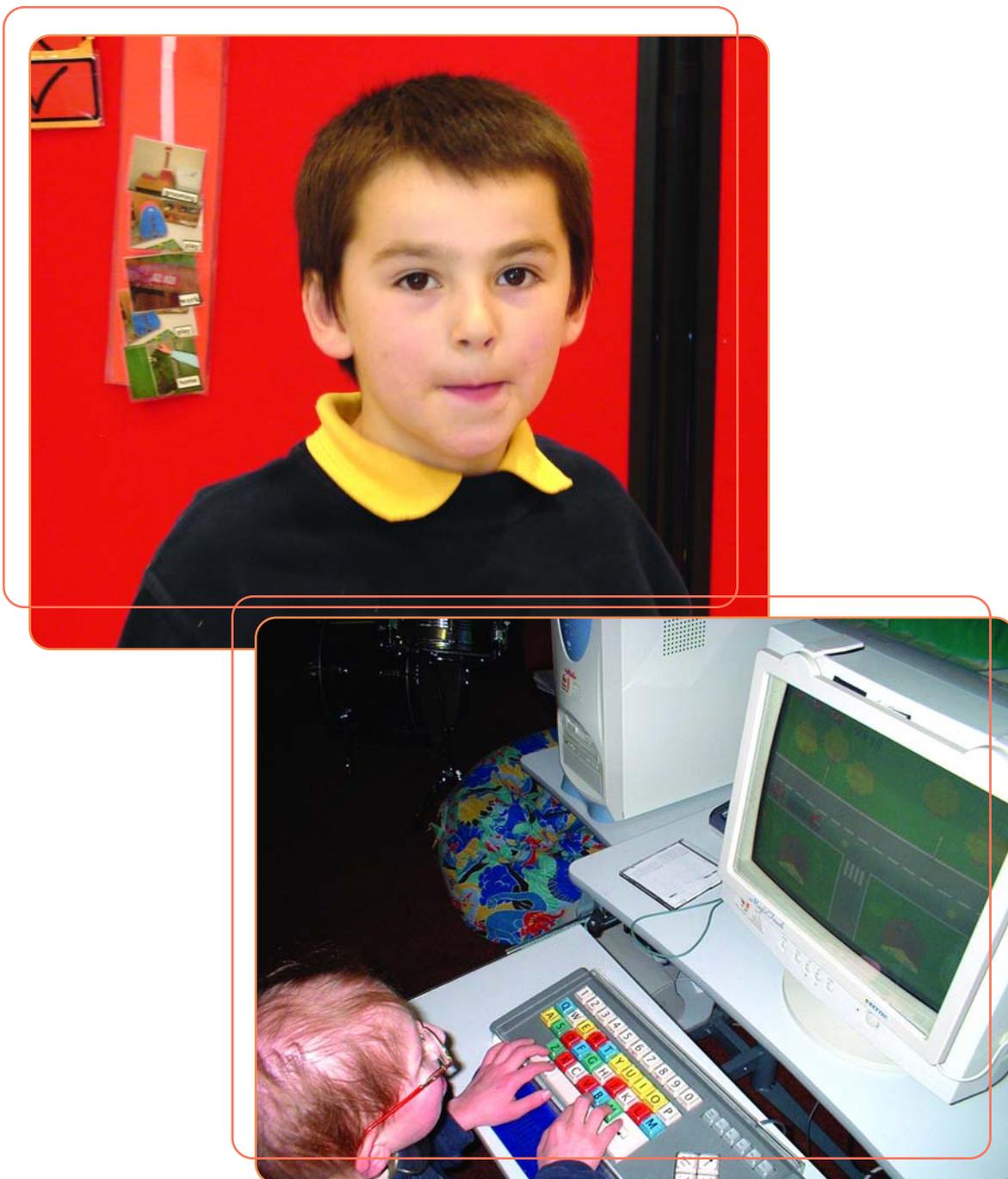
Page 124 ©Newsweek Inc.; <http://www.newsweek.com/> ‘It’s OK to be different’, Angie Erickson, 24 October 1994

SECTION 11: Appendices

Page 128 ©IASBAH (Irish Association for Spina Bifida and Hydrocephalus), taken from <http://www.iasbah.ie/about.htm>

Page 131 ©Thomas and Leslie Whitten, *Living with MD*, taken from <http://www.geocities.com/SiliconValley/Lakes/1992/md.html>

Page 153 Department of Equality, Justice and Law Reform, *I Can, You Can Primary Schools Essay Competition National Information Day on Disability 2005*.





APPENDIX 3

VISITING TEACHER SERVICE

BACKGROUND

The Visiting Teacher Service for Children and Young People with a Hearing or Visual Impairment is provided by the Department of Education and Science (DES) from the time of referral through to third level education. Each visiting teacher is responsible for a particular region and is allocated a caseload of students. The visiting teacher supports the students, parents/guardians, teachers and other professionals involved with the student. The nature and frequency of visits will depend on a range of factors, including the age of the student, severity of impairment, educational placement and individual learning needs.

Their aim, through partnership with home and school, is the successful development of the whole student on an educational, social and emotional level.

- Informing
- Advising
- Teaching
- Supporting
- Facilitating
- Liaising

THE SERVICE

The Visiting Teacher Service provides advice and support to ensure that the needs of children and young people with hearing and visual impairment are met. This service is available at pre-school, primary, post-primary and at third level.

Such a service may include:

- guidance and support to pre-school children and their parents in the home
- specialist teaching, support and monitoring
- advice on curricular and environmental implications, including the use of assistive technology
- supporting, advising, training and liaising with parents, teachers and other professionals
- ensuring Reasonable Accommodations are provided to post-primary students by the State Examinations Commission
- advising and liaising with disability and access officers to ensure appropriate supports at third level

THE REFERRAL PROCESS

A student with visual or hearing impairment may be referred to the Visiting Teacher Service by:

- parents
- schools
- Eye Clinics
- National Council for the Blind of Ireland (NCBI)
- HSE Audiological Services
- Cochlear Implant Unit, Beaumont Hospital
- National Association for Deaf People (NAD)
- National Council for Special Education (NCSE)





SECTION 11: Appendices

DEPARTMENT OF EDUCATION AND SCIENCE REGIONAL OFFICES

Dublin City/Fingal

Floor 1, Findlater House, Cathal Brugha Street, Dublin 1.

Tel: 01-8896765 Fax: 01-8896761

<http://dubcityfinro@education.gov.ie/>

Dublin South Co. (Sth. Co. Dublin and Dun Laoghaire Rathdown)

County Hall, Belgard Sq Nth, Town Centre, Tallaght, D. 24.

Tel: 01-4635500 Fax: 01-4635532

<http://dscro@education.gov.ie/>

Kildare/Wicklow Region

Block A, Maudlins Hall, Dublin Rd, and Naas, Co. Kildare.

Tel. 045-848500 Fax: 045-848599

<http://naasregoff@education.gov.ie/>

Midlands Region (Laois, Longford, Offaly, Westmeath)

Friar's Mill Road, Mullingar, Co. Westmeath.

Tel: 044-9337000 Fax: 044-9337070

<http://midlandro@education.gov.ie/>

Mid Western Region (Clare, Limerick, Tipperary NR)

Rosbrien Rd, Punch's Cross, Limerick

Tel: 061-430000 Fax: 061-430050

http://ro_midwestern@education.gov.ie/

North Eastern Region (Cavan, Louth, Meath, Monaghan)

1st Floor, Beechmount Shopping Centre,

Navan, Co. Meath.

Tel: 046-9067410 Fax: 046-9067411

<http://nero@education.gov.ie/>

North Western Region (Donegal, Leitrim, Sligo)

Kempton Promenade, Bridge Street, Sligo.

Tel: 071-9135700 Fax: 071-9135701

<http://nwro@education.gov.ie/>

South Eastern Region (Carlow, Kilkenny, Tipperary SR, Waterford, Wexford)

Johnstown Business Park, Waterford.

Tel: 051-310000 Fax: 051-310008

<http://sero@education.gov.ie/>

Southern Region (Cork, Kerry)

Heritage Business Pk, Bessboro Rd, Mahon, Cork.

Tel: 021-4536300 Fax: 021-4536392

<http://southern@education.gov.ie/>

Western Region (Galway, Mayo, Roscommon)

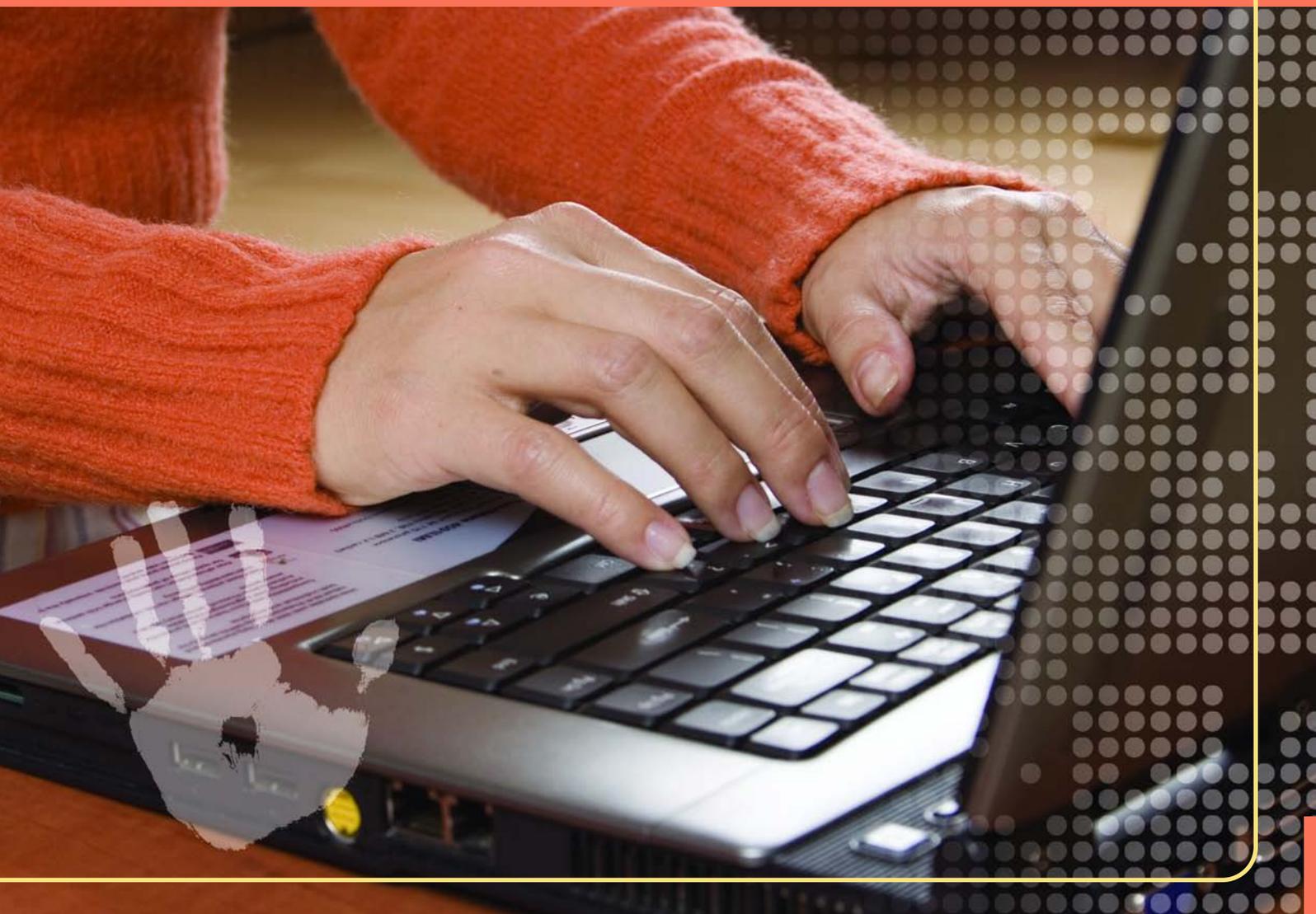
Victoria Place, Galway.

Tel: 091-864500 Fax: 091-864599

<http://wro@education.gov.ie/>

Section 12

Useful Websites





USEFUL WEBSITES

Department of Education and Science (DES), website:
<http://www.education.ie/>

Health Service Executive (HSE), website:
<http://www.hse.ie/en/>

National Centre for Technology in Education (NCTE), website:
<http://www.ncte.ie/>

National Council for Curriculum and Assessment (NCCA), website:
<http://www.ncca.ie/>

National Council for Special Education (NCSE), website:
<http://www.ncse.ie/>

National Disability Authority (NDA), website:
<http://www.nda.ie/>

National Educational Psychological Service (NEPS), information:
<http://www.education.ie/>

National Educational Welfare Board (NEWB), website:
<http://www.newb.ie/>

Scoilnet (official education portal of the Department
of Education and Science (DES)), website:
<http://www.scoilnet.ie/>

Special Education Support Service, website:
<http://www.sess.ie/>

Visiting Teacher Service for Children with Visual Impairment and the Visiting Teacher Service for
Children who are Deaf/Hard of Hearing, information:
<http://www.education.ie/>

