Chapter 3

Teaching Learners with Special Needs

by Caroline Moore and Joep van der Werff
Reviewed by Angela M. Caton-Abousamra, MSW, BSL

Getting Started

1 Read and complete the table.

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<td>Have you ever received training for teaching students with special needs?</td>
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<td>Have you ever taught a student who had a disability?</td>
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<td>Should students with disabilities attend regular schools?</td>
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<td>Do you know any techniques for helping learners with special needs?</td>
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<td>Should learners with disabilities have a less challenging curriculum?</td>
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<td>Do your students have access to health professionals who can screen for and diagnose disabilities?</td>
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2 Read and mark (√) the conditions that are familiar to you.

- autism
- Down syndrome
- dyslexia
- ADHD
- dysgraphia
- hearing impairment
- intellectual disability
- speech impairment
- visual impairment
- mobility impairment

Think about it  What challenges do learners with special needs face? What goals should we have for learners with special needs?
Introduction

Many conditions can affect a student’s ability to fully participate in and benefit from classroom activities. Some are physical in nature, and immediately apparent: the child uses a wheelchair or is accompanied by a service animal. Some are not obvious: partial deafness, visual impairment, or speech-related conditions. Other conditions are neurological in origin; the student’s brain functions differently, resulting in specific learning challenges. These conditions are harder to identify, or may be entirely invisible except under specific circumstances. This chapter attempts to equip the teacher to provide assistance to students with special needs, particularly in situations where little outside help is available.

Addressing Students’ Special Needs

All students, in the most literal sense, are special needs students; they have individual strengths and weaknesses, and they develop and learn at different rates. However, “special needs students” are children with conditions or disabilities that have a significant negative impact on their ability to succeed in school under normal circumstances. Current education policy favors the use of the same curriculum for students of all abilities, adapting it to meet various needs rather than creating a parallel learning environment. Children with special needs do not necessarily need to go to a special school; in most cases, they can attend a regular school and do well there, providing that minor adaptations are made to help them. This practice of keeping special needs students in mainstream classrooms rather than putting them in a separate school or program is called “educational integration” or “inclusion.” It is based on the principle of “normalization,” that everyone, no matter their ability, should live and learn in environments as close to normal as possible (Wolfensberger & Nirje, 1975). The main goal of the teacher should be to give the special needs child the best possible support without limiting the educational opportunities we give to the rest of the class. We should contribute toward the well-being of the special needs student by ensuring their safety, dignity, independence, and access to education. A special needs student should have the same rights, responsibilities, and opportunities as the other students in the group.

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Acceptance

Your most effective tool is an attitude that promotes acceptance. Remember that you are a role model for your students. Children may not understand why a classmate looks or acts differently. They will be looking for cues from the teacher and from fellow classmates on how to respond to these differences. The attitude you take towards the student with a disability is key in establishing a warm, welcoming learning environment.

In some schools, there is a special education teacher who can provide additional support to the child and the regular classroom teacher. Some schools, though, do not have special education teachers. They may rely on a school psychologist to help out with or give advice about children. In other schools, teachers may have to find their own resources for addressing the needs of students with disabilities.
Taking Action
The first step toward providing support for a special needs student is to have a welcoming, accepting attitude toward children of all abilities and at least a basic awareness of common conditions and disabilities. It also helps to know about resources that are available in the community, such as organizations, occupational therapists, and medical and behavioral health services. The next step is to observe your students as they go about their school activities:

- Are any students falling behind?
- Do any students routinely withdraw from participating in some or all activities (not paying attention, getting off task, watching quietly without participating)?
- Do any students demonstrate a lack of age-appropriate skills and abilities, such as the ability to hold a pencil and form letters, use scissors, or follow multi-step instructions?
- Are any students unusually fidgety (constantly moving their bodies or nearby objects)?
- Are any students regularly disruptive (talking out of turn, engaging in negative attention-seeking behaviors, demonstrating defiance)?

Some special needs are more apparent than others, but if a student seems to be struggling, it is important to investigate the matter. In many cases, the negative impact of a disability can be reduced if support is provided early on. Speak with the child’s parents and his or her other teachers to see if they have similar or related concerns. (When you talk with parents, be sure to emphasize that the child is not in trouble.) You will often need to recommend that the child see a professional if at all possible. As a teacher, you cannot diagnose a condition or prescribe treatment; in many cases, students’ needs are complex. A student may appear to have Attention-Deficit and Hyperactivity Disorder, but may actually have a form of autism, or a health problem, such as lead poisoning, that leads to unusual behavior. The right diagnosis is important to providing appropriate assistance to the child. However, for many different reasons, a professional diagnosis is not always possible. The parents may not have the financial resources to get the child evaluated, or a specialist may not be available in the local area. Some parents are hesitant to accept that their child may have a disability, even if it is one that can be treated. There are often stigmas associated with certain conditions, and parents may respond negatively, or fail to respond at all. (In some cases, even if professional evaluation is available, the results may be inconclusive.) In these situations, careful observation (documenting learning difficulties and the circumstances in which they occur), research, problem solving, and dialogue are important tools in your teacher’s toolbox. With or without a diagnosis, you can still respond to the child’s observed needs by incorporating adaptations of educational materials and the classroom environment.

Accommodations
Accommodations are changes in the classroom environment and in the manner of instruction (presentation style, timing, and testing arrangements) that increase the student’s access to education; they allow the student to be included.
in and benefit from regular activities. **General accommodations you can try with many special needs students include:**

- ensuring that the student can access school facilities (classrooms, the bathroom, common areas, etc.) and is comfortable in the classroom.
- seating the student in a location that is convenient for him or her, especially for seeing the board and participating in classroom activities.
- placing classroom supplies in a place that is easy for the student to access.
- pairing the student with a classmate who can help with some tasks: reading instructions aloud, modeling an activity, etc.
- offering individual or small-group instruction to students with difficulties.
- providing additional support activities for students to do at home.
- ensuring that activity instructions are clear and straightforward.
- using multiple ways to express meaning: visual, auditory, text, gesture, etc.
- breaking larger, more complex tasks into short, manageable steps.
- offering extra time to complete assignments.
- reducing the amount of work (items or pages) assigned.
- giving breaks.
- changing the format of tests so that they truly measure the student’s progress and not his or her degree of disability. Consider testing:
  - at a different time of day.
  - in a small-group setting.
  - at an alternative location.
  - without a time limit, or with a less restrictive time limit.
  - with extra models and examples.

Cambridge English Language Assessment offers accommodations for a range of physical and learning disabilities. Go to http://www.cambridgeenglish.org/exams-and-qualifications/special-circumstances for more information.

**Interventions**

Interventions are extra strategies and skills in addition to what is typically taught. Interventions help the student to build academic, social, and behavioral skills, enabling the student to reach learning objectives. Examples include:

- teaching the student to ask for help and express his or her needs to the teacher. (Some students may not realize that they can ask to go to the bathroom, or mention that they are thirsty or feel ill.) Picture cards that illustrate common needs may be helpful.
- providing illustrated schedules and lists of rules.
- working with students on increasing their ability to remain on task for longer intervals of time.
- teaching self-calming strategies to students who experience distress or anxiety in the classroom.

Because interventions are aimed at building the students’ skills, they change over time as the student develops new strengths, and as new needs arise.
Modifications

Modifications are changes made to the learning objectives or goals for a special needs student (National Dissemination Center for Children with Disabilities [NICHCY Disability Fact Sheet 3], 2010). Modifications may be necessary for students with moderate to severe cognitive disabilities, mainly through providing separate instruction and more accessible standards. However, these should be applied with caution. There is a risk of having overly low expectations and of unnecessarily excluding a child from regular activities. It is important not to give up on other strategies prematurely. It takes time to develop an effective set of accommodations through continued problem solving; it is a trial-and-error process. Consult with parents, medical professionals, and school staff before determining that a student cannot progress even after implementing accommodations and interventions.

The Individualized Education Program

In the United States, a child who has been evaluated and determined to have a disability that impacts his or her learning is given an Individualized Education Program (IEP). This is a document that outlines the adaptations that teachers, parents, and other support providers (for example, the school psychologist) agree are best for the student in terms of allowing him or her access to educational opportunities and providing him or her with adequate support for reaching learning aims. If your school does not have a similar process for documenting the planned assistance for special needs children, make sure to note strategies that you implement in your classroom. Identifying a student’s needs and appropriate accommodations and interventions requires time and effort. Good documentation can extend the benefits of these efforts beyond your classroom, to help the student at home and in other classes.

Conditions and Disabilities

Students with special needs are students who have differing levels of physical, cognitive, and/or socio-emotional abilities. In some cases, they are lifelong conditions and in other cases, they are temporary and/or treatable conditions; these conditions are relevant because they can interfere with a student’s ability to participate effectively and/or achieve learning aims. It is important to note, though, that all students develop differently and reach important milestones at different times. An increased understanding of learning differences and disabilities can help to ensure that all of your students get the chance to succeed.

Physical Conditions and Disabilities

Special needs that originate from a physical condition will demand many different kinds of compensation strategies. Accommodations and interventions will not center on cognitive performance. Physical disability does not indicate intellectual disability or cognitive impairment; however, it is a potential barrier to academic performance. Students with physical disabilities need help accessing classroom activities. Keep in mind that students with physical disabilities are also susceptible to bullying and low self-esteem.
Visual Impairment

Visual impairment is a condition resulting from injury, disease, or congenital conditions that interfere with the sense of sight and cannot be corrected through medication, surgery, or the use of corrective lenses. A child may be completely blind, or may have “low vision,” where the ability to see is severely limited. Children who have visual impairment will need special accommodations in order to participate in classroom activities. The accommodations you provide depend on:

- the level of the child’s visual impairment.
- the time that the impairment started; a child who has always been blind or low vision may have a different concept of the world and more coping skills than those of a child who has lost his or her vision recently.
- the level of emotional support from the family; this is important for the child’s self-esteem.
- the level of financial and technical support available to the child, such as a cane, a guide dog, a screen reader, or other software.

Vision Problems vs. Visual Impairment

The majority of students with vision problems will have only minor near- or far-sightedness that can be corrected with glasses or contact lenses. In some cases, a student will have vision problems that are not apparent until the child is in school. The child may squint in order to see the board, withdraw during reading or board activities, or start to develop headaches. Children who seem to have difficulty seeing clearly should be referred to an optometrist to get an eye exam and corrective eyewear (glasses or contacts). In the meantime, you may need to make temporary accommodations to include the student in classroom activities.

Adaptations for Children with Visual Impairment

You can make certain changes in the way you teach to facilitate learning for visually impaired students. The best approach is to create a sense of teamwork between you and the child, and the child and his or her classmates. The following are some suggestions that may help accommodate blind and low vision students in your class in addition to the general accommodations on page 72:

- Give the child a tour of the school in parts. Repeat the tours several times, depending on the child’s age and his or her level of training in orientation and mobility. Include tours for:
  - how to get to the classroom from the main entrance. (For a blind child, leave all doors closed so that he can feel the walls and doors.)
  - how to get to the bathroom from the classroom.
  - the layout of the bathroom.
  - how to get to the child’s seat in class.
  - the positions of classroom furniture.
- Be sure to notify the student of any changes in the layout of the classroom.
- Establish a buddy system, where classmates take turns (over the course of the term) reading instructions and text information aloud to the student.
- Provide a hand or stand magnifier for the student to use if helpful.
- Make large print versions of class materials.
- Use materials that are available in both print and Braille.
Describe visual information that you are giving to the rest of the class: *I’m drawing two big circles on the board. In one circle, it says, “Farm Animals,” and in the other circle it says, “Pets.”*

- Use more realia in class. Students can take turns touching and holding the objects as they learn the words for them in English. This is more inclusive to low vision students and beneficial for the entire class.
- Don’t avoid expressions or vocabulary that refer to sight, such as *See you later!* Visually impaired children use these expressions themselves, figuratively rather than literally.
- Consider recording summaries of lesson information for the child to listen to at home.
- Read test items aloud to the student for him or her to answer orally, or create an alternative form of assessing learning aims through conversation or role-play.

### Hearing Disorders

There are two main types of hearing disorders: hearing loss, or deafness, and auditory processing disorder (AP). Hearing loss refers to a reduction in or loss of the ability to perceive sounds. It is often the result of a congenital defect, but can also be caused by accidents or illnesses such as chicken pox, measles, or chronic ear infections (NDCCD [NICHCY Disability Fact Sheet 3], 2010). Auditory processing disorder is a neurological problem that results in difficulty understanding speech and other sounds.

#### Undiagnosed Hearing Disorders

While most children with hearing loss are identified through regular screenings as infants or upon entering preschool, some children have undiagnosed hearing loss that presents itself in the classroom. 

- You might observe that the child does not respond when you say his or her name, or is slow to react to classroom instructions.
- The child may respond to sounds on one side but not the other.
- The child may ask people to repeat themselves frequently.
- He or she may have speech problems in his or her first language.
- Parents might notice that the child turns the TV volume up beyond a comfortable level.

A simple hearing test at the doctor’s office can help to determine whether a child has a hearing impairment, and if so, to what degree. If hearing loss is diagnosed, the child should then see a specialist to determine appropriate treatment.

Children with hearing loss have different needs in the classroom depending on:

- their level of impairment and the length of time they have been receiving support. A child who has gone a long time with undiagnosed hearing loss may have developmental delays.
- the use of a hearing aid or cochlear implant.
- the knowledge of sign language and/or lip reading (for children who are deaf).
- the level of support at home and in the community.
Adaptations for Children with Hearing Disorders

You can make certain changes in the way you teach to facilitate learning for students with hearing disorders. As with all students of different abilities, the best approach is to create a sense of teamwork between you and the child, and the child and his or her classmates. Here are some suggestions that may help accommodate a deaf or hearing-impaired student in your class in addition to the general accommodations on page 72 (NDCCD [NICHCY Disability Fact Sheet 3], 2010):

- Give the child a notebook or dry-erase board. He or she can write down questions, or answer questions in this way.
- Write instructions on the board and point to them as necessary. This will be beneficial to the other students as well.
- Prepare a simple written summary of new language students will be learning and how it is used. The student can read this before the lesson and refer to it as needed.
- Let the child make audio or video recordings of the lessons to review at home. If the child is partially able to hear, he or she may be able to listen to the recordings with the volume increased. The student can also use speech recognition software to convert the audio into text.
- Use labeled flashcards and word cards, posters, charts, and illustrations to present and practice the target language.
- Use video rather than audio materials when possible. Turn on subtitles.
- Give the student a copy of the audio transcript for listening activities.
- Have the child turn his/her desk sideways, so as to permit a view of the other students and the board (to read your and the other students’ lips).
- If the child uses sign language, ask the parents or the student to teach you basic signs. You can even invite the student to teach certain signs to the class.
- Meet with the parents regularly to discuss any concerns they may have, and how the student feels about his or her experiences in the classroom.

Speech and Language Impairment

A child with a speech or language impairment has difficulty producing language to communicate effectively in his or her native language. There are many distinct types of speech disorders, but they usually affect the students’ speech in one of four ways (NDCCD [NICHCY Disability Fact Sheet 11], 2011):

- **Articulation** – The student has difficulty producing certain sounds—like /l/ or /r/.
- **Fluency** – The student stutters, or has long pauses between words; the flow of speech is altered.
- **Voice** – The student has an unusual quality to his or her voice. The child might speak with an unusual pitch or volume.
- **Language** – The student has difficulty using basic language to communicate wants, needs, and ideas, and to understand others’ use of language.

Adaptations for Children with Speech and Language Impairments

Children with speech or language impairments may need a variety of accommodations and interventions depending on their specific challenges. Like other children, they need acceptance and a safe learning environment free from bullying (For more information on bullying, see page 48 in Chapter 2, *Teaching*)
Primary Learners. They will benefit most from the help of professionals such as speech-language pathologists, speech therapists, and other professionals such as professional behavioral analysts. However, the following accommodations and interventions, in addition to the general accommodations on page 72, may prove helpful:

- Assess and identify the student’s abilities; then start building upon his or her specific language capabilities.
- Take special care not to laugh at the student or allow other students to do so.
- Offer pronunciation correction strategically and patiently. The child will need to practice sounds outside of class to improve pronunciation over a period of time.
- Avoid putting the student in embarrassing situations by telling him or her to read aloud, or by giving constant correction.
- Do breathing and articulation exercises with the whole class at the beginning of each lesson, for example: mimimi-mememe-mamama-momomo-mumumu. Have students repeat in chorus.
- When teaching new vocabulary, focus the students’ attention on the number of syllables in the word and the stress pattern of the word. Exaggerate the pronunciation and drill the word four or five times.
- For especially challenging words and expressions, try back-chaining. Start by saying the final syllable for the class to repeat: noon. Then say the last two syllables for the class to repeat: ternoon. Keep adding syllables until students have said the entire word or expression: Good afternoon.

Students may benefit from learning the following strategies:

- Encourage the child to write down words he or she has difficulty with using syllable breaks (hos-pi-tal) and then ask the child to articulate the word slowly and then repeat it.
- Focus the child’s attention on the position of the tongue and lips in the articulation of particular sounds. Have the child use a small mirror to watch and compare the way he or she articulates the sound.
- Have the child record words and phrases he or she can pronounce correctly, and then have the child listen to the recording. This will boost self-esteem and motivation.
- Let the student do as much work as possible on the computer and show him or her how to use the spell-check tool. (Some students have difficulty spelling words because they are unable to pronounce them correctly; a spell-check tool can help them to identify these errors.)
- Be selective when correcting written work. Don’t expect the child to spell words correctly if he or she is unable to articulate them.
- Don’t penalize unclear speech in English if errors are related to the child’s speech impairment in his or her first language. For example, if a student has a stuttering disorder, a fluency grade should take the child’s natural rate of speech into consideration.

Mobility Impairments

Some students may have difficulty moving from one place or position to another without the assistance of a walking cane, braces, or a wheelchair.
Adaptations for Children with Mobility Impairment

A child who has had a physical impairment since birth is usually highly resourceful and can often manage his or her mobility with little assistance from others. However, this may not be the case with children who are experiencing recent loss of mobility. Here are some suggestions that may help accommodate a child with a mobility impairment in your class in addition to the general accommodations on page 72:

- Speak with parents ahead of time about the child’s specific needs. Find out what the child needs assistance with and what the child can do independently.
- Ensure access to the classroom, the bathroom, and other important school facilities. If at all possible, the student should be able to access these places independently.
- Ensure that the child has enough space in the classroom to participate in activities. There should be enough space to accommodate the child’s mobility equipment.
- Carefully plan pair and group work so that the child is not excluded or forced to navigate between closely spaced desks.
- Carefully plan how the student will be able to participate in physical games and activities. For example, a child in a wheelchair might not be able to play Simon Says without some modifications to the game. If the student needs to do something different than the other students, let him or her know in advance.
- In instances of physical activity where it is not possible or safe for the child to participate, assign him or her a special role: timekeeper, judge, scorekeeper, etc.

Neurocognitive Conditions

There are a number of neurocognitive conditions: learning disabilities, such as dyslexia, dysgraphia, and dyscalculia; attention-deficit/hyperactivity disorder (ADHD); intellectual disability (ID); Down syndrome; and autism spectrum disorder (ASD).

Learning Disabilities

Learning disabilities are neurocognitive conditions that specifically affect the processing of sensory information. They include dyslexia, dysgraphia, and dyscalculia. Learning disabilities are lifelong conditions, but with the right supports, children can often overcome the difficulties caused by their learning disability (NDCCD [NICHCY Disability Fact Sheet 7], 2011).

Dyslexia

Dyslexia causes a person to have trouble interpreting visual information, particularly symbols like words and letters. It primarily affects reading ability and is most often diagnosed in the early to middle years of primary school, after children start reading more proficiently. It is not typically diagnosed when students are just beginning to read and write because very young learners often invert or reverse words, letters, and numbers. At a young age, this is considered normal development and does not indicate a disability. Signs of dyslexia may include (The International Dyslexia Association, 2012):
Letters and numbers may be read and written in the wrong order. The child often looks at the word and guesses what it says.

It may be very difficult for the child to read aloud. Even if he or she manages to read a text aloud, the child may not understand the text at all.

Words like “nap” and “pan” look the same to the student. The child confuses similar-looking letters, for example, “p” and “q,” and “d” and “b.”

The child may have difficulty following a sequence of steps in the correct order, or following a set of instructions.

The child finds it hard to distinguish left from right.

The child yawns often during literacy tasks. (This is due to mental fatigue.)

Handwriting may be consistently untidy or “babyish,” although the child can write neatly when not under pressure.

The child may have low self-esteem and “feel stupid” because he or she can’t perform as well or as effortlessly as other classmates.

Dysgraphia

Writing is a process that requires coordination between the hand and the brain. In students with dysgraphia, this process doesn’t work properly. The result is a learning disability that can affect spelling, handwriting, and the organization of writing on the page. Signs of dysgraphia include (National Center for Learning Disabilities [Common warning signs of dysgraphia in children in grades 3-8], 2013):

- illegible printing and/or handwriting.
- difficulty holding a pencil correctly.
- difficulty writing on the lines or within the margins of a ruled notebook.
- leaving inconsistent spaces between letters and words.
- copying letters and numbers incorrectly.
- misspelling familiar words.
- reading aloud while writing.

Dysgraphia does not only affect the physical act of writing. It also affects the student’s ability to express ideas through writing. He or she may have trouble thinking of words while writing or organizing ideas in an outline (NCLD, [Common warning signs of dysgraphia in children in grades 3-8], 2013).

Dyscalculia

Dyscalculia is a disability that affects the way a child understands and uses numbers. While this does not directly impact a student’s ability to learn English, it may interfere with specific classroom activities that incorporate numbers or mathematical concepts: counting activities, telling time, understanding charts, and understanding spatial directions (NCLD [Common warning signs of dyscalculia in children in grades 3-8], 2013).

Adaptations for Children with Dyslexia, Dysgraphia, or Dyscalculia

As a teacher, you can make certain changes in the way you work that will facilitate learning for students with learning disabilities such as dyslexia, dysgraphia, and dyscalculia in addition to the general accommodations on page 72 (NDCCD [NICHCY Disability Fact Sheet 7], 2011):

- Pair the student with a peer who can help by reading challenging words or texts aloud.
Give verbal as well as written instructions. After you give instructions, ask a student to explain them to the class.

- Keep instructions simple. Break more complex tasks into short, manageable steps.
- Use props, charts, and other visual aids such as pictures and symbols to help the child access and assimilate key information.
- Read texts aloud, or verbally summarize the main ideas.
- Have the student record the lesson to listen to and review at home.
- Show the child how to use a pointer or bookmark to keep track of the words on a page.
- Encourage the child to use a highlighter pen to mark key information in longer texts.
- Show the child how to use the spell-check function in a word processor and let him or her do as much work as possible on the computer.
- Let the student take a bathroom break or stand up and stretch as a way to oxygenate the brain and reduce fatigue.
- Allow extra time for tests and give partial credit for partial work. Don’t deduct points for spelling or handwriting in written work. Consider testing the student orally.
- Avoid tasks that require copying. Provide handouts so that the student will have less to copy.
- Be gentle when giving feedback about spelling and/or handwriting.
- Use wide-rule paper so the student can write with larger letters.

**Attention-Deficit/Hyperactivity Disorder**

Attention-deficit/hyperactivity disorder (ADHD) is a neurocognitive condition that affects a child’s behavior in multiple contexts and may negatively impact his or her ability to learn. The most common characteristics of ADHD are (NDCCD [NICHCY Disability Fact Sheet 19], 2013):

- an inability to pay attention during routine tasks.
- hyperactivity.
- impulsivity, acting without thinking.

There are three types of ADHD: inattentive, hyperactive-impulsive, and combined ADHD (NDCCD [NICHCY Disability Fact Sheet 19], 2013, from APA, 2000, pp. 85-86).

**Inattentive ADHD**

Children with this form of ADHD struggle specifically with paying attention. Indications of inattentive ADHD include:

- an inability to stay focused on schoolwork or play activities.
- a lack of attention to detail: sloppy or babyish handwriting, careless mistakes.
- a tendency not to respond when spoken to.
- difficulty following instructions and completing tasks.
- an inability to organize tasks.
- a tendency to be easily distracted.
- a tendency to forget or lose personal belongings.
- an aversion to tasks that require mental effort for an extended period of time.
Students with inattentive ADHD may be harder to recognize because they are not disruptive in the way that students with other forms of ADHD may be.

**Hyperactive-Impulsive ADHD**

Children with hyperactive-impulsive ADHD are overly active and tend to do things without thinking first. This form of ADHD is characterized by:

- constant physical activity: wiggling and not staying in his or her seat, touching other students, tapping his or her hands or fingers, or manipulating objects.
- difficulty playing quietly.
- excessive talking.
- an inability to wait for his or her turn to speak or participate: interrupting and shouting out answers.

**Combined Type ADHD**

Students with combined type ADHD demonstrate both inattentive and hyperactive-impulsive behaviors.

**Adaptations for Children with ADHD**

The most effective tool in helping a student with ADHD is to demonstrate a positive attitude and create a sense of teamwork between you and the child. Set clear expectations for good behavior and academic work, and give the child immediate positive feedback whenever he or she meets those expectations. In addition, you may consider the following accommodations and interventions:

- Seat the child as close as possible to your desk (or wherever you spend the most time during class). Avoid seating the child near the windows or the door, which can be distractions.
- Keep instructions simple. Give instructions one step at a time and repeat as necessary.
- Monitor activities closely and remind the student of details he or she may have missed. Make sure that the student completes tasks.
- Make eye contact with the child on a regular basis while addressing the class.
- List the activities for the lesson on the board and check each step off as you cover it in the lesson. Encourage the child to do the same with the steps for instructions in class work.
- Vary the pace of the lesson and include a mix of activities that are rapid and intense, and slower and more focused. Make sure there is quiet in the class (no distractions) when learners are working on more challenging tasks.
- Incorporate short stretching activities at different points in your lessons; this helps students to release tension and regain focus.
- Provide acceptable, non-disruptive alternatives for students who need constant movement: a small object or squeeze ball that the student can manipulate, or replace the seat with an exercise ball (as long as this can be done safely).
- For students who interrupt or have outbursts in class, provide a notebook so that he or she can still express the idea, but in a less disruptive way. (Read the notes at a later time.)
- Include physical games and learning activities into your lessons.
- Establish a signal with the child, such as touching the desk, to remind him or her to stay on task.
Divide longer tasks into short, manageable steps. When possible, provide illustrations or symbols that students can check off as they work.

Give small, frequent quizzes rather than long, end-of-term exams. When a longer test is required, give the test in sections with breaks in between.

Institute a reward system to encourage positive behavior: a sticker for remaining seated for the whole class, a certificate after a week of high effort, or randomly timed positive feedback about a specific behavior.

Make sure there are predefined consequences for problem behaviors; for example, after three warnings (in one week), the teacher sends a note home to the parents. To avoid interrupting the lesson to give a warning, quietly place a yellow warning card on the student’s desk. This is best applied to more serious infractions.

Intellectual Disability

According to the American Association on Intellectual and Developmental Disabilities (2013), an intellectual disability is associated with “significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.” In other words, students’ ability to think, learn, and perform everyday tasks is reduced. Intellectual disability (ID) is often measured through a child’s IQ. A typical child with ID will have an IQ of 70-75, where 100 indicates average intelligence (NDCCD [NICHCY Disability Fact Sheet 8], 2011). Intellectual disability can be the result of a birth defect, an injury, or an illness. ID can be mild, moderate, or severe. In the past, intellectual disability was called “mental retardation.” However, this is now considered a derogatory term.

Adaptations for Children with Intellectual Disability

In addition to the accommodations listed on page 72, here are some adaptations that may be beneficial to students with ID (NDCCD [NICHCY Disability Fact Sheet 8], 2011):

- If possible, allow more time for students to acquire new language and skills. The teacher should incorporate activities that support a range of learning styles.
- Use audio and visual resources and do kinesthetic activities whenever possible. It is also important to include model language and examples because children with intellectual disability have trouble making generalizations.
- Opt for concrete input over abstract input whenever possible. Use props, realia, and illustrations.
- Divide projects and tasks into small, more manageable steps. Demonstrate activities and steps.
- Be patient when eliciting answers: give the child more time to answer.
- Offer positive feedback at every opportunity. Encourage the student to keep trying.

Down Syndrome

Down syndrome is a condition caused by a chromosomal abnormality. It can be mild or severe, and it affects cognitive and motor performance. Children
with Down syndrome often have distinct physical characteristics, particularly a difference in facial features and reduced muscle tone. They tend to grow at a slower rate than their peers and may also suffer from congenital health conditions such as heart defects or hearing and vision problems (KidsHealth, 2013). Some children with Down syndrome also have a misalignment of the spine that makes them vulnerable to neck injury (NDCCD [NICHCY Disability Fact Sheet 4], 2010). Parents should have their child checked by doctors to rule out or treat any of these additional health concerns.

Adaptations for Children with Down Syndrome

All children with Down syndrome are unique, with individual abilities and challenges. Observation of the student’s strengths and needs is the best approach to determining the right adaptations for him or her. Here are some accommodations to start with (NDCCD [NICHCY Disability Fact Sheet 4], 2010):

- As with students who have intellectual disability, use visual aids, props, and realia to illustrate concepts and clarify verbal explanations and instructions.
- Nonverbal students may benefit from learning to communicate through labeled picture cards (Picture Exchange Communication Systems) and choice boards. Sign language is also an option, especially for expressing basic needs.
- Get as much information as possible from the child’s parents.
- Divide projects and tasks into small, more manageable steps. Demonstrate activities and steps.
- Be patient when eliciting answers; give the child more time to answer and offer plenty of positive feedback.
- If objectives are too ambitious for the child to achieve, focus on making progress toward the objectives.

Autism Spectrum Disorder

In the past, when a child was diagnosed with autism, it referred to “classic autism,” a condition characterized by severe social and developmental disability, often in combination with a form of intellectual disability. However, it is possible to have some attributes of autism without having all of them, or to have some mild symptoms and other severe symptoms. For this reason, a child with some attributes of autism is considered to be “on the autism spectrum.” Some children with autism have a more severe form of intellectual disability (also called “low-functioning autism”). Others may have generally average or even above-average intelligence (also called “high-functioning autism”), while still lacking certain adaptive behaviors. Common signs that a child has autism spectrum disorder (ASD) include:

- a tendency to avoid eye contact.
- a tendency to isolate him or herself from others when experiencing anxiety; the child may shut his or her eyes or cover his or her ears, or simply stare off into space.
- extreme aversion to specific sensory stimulation: students cannot tolerate certain sounds, smells, or textures of food or clothing.
- self-injury when under stress: biting, pinching, digging of fingernails into the skin, etc.
- repetitive movements when experiencing excitement, stress, or discomfort: arm flapping, stroking, folding, rocking, humming, etc.
- atypical play behaviors: persistently lining up toys or spinning wheels on toys rather than playing with them.
- extremely interested in a specific topic; not interested in anything outside of this topic.
- difficulties with fine or gross motor coordination, which can affect the student’s ability to write, use scissors, or participate in sports or active play.
- unpredictable and extreme reactions to changes in routines.
- frequent misinterpretation of others’ facial expressions, gestures, tones of voice, etc.
- facial expressions that don’t correspond to how the student feels: smiling when distressed or showing no expression when happy.
- “meltdowns” where the student may scream or cry hysterically without the ability to calm down.
- “scripting” where the child repeats information he or she has heard word for word from memory.
- monotone speech (a strong characteristic of a form of high-functioning autism called Asperger’s syndrome).
- impulsive behavior.

All children on the autism spectrum are unique and exhibit different combinations of autistic behaviors.

**Asperger’s Syndrome**

Asperger’s syndrome is a disorder within the autism spectrum, where the individual has average or even above-average intelligence in combination with a variety of autism traits. The latest *Diagnostic and Statistical Manual of Mental Disorders*, the *DSM-5*, has eliminated the diagnostic distinction between Asperger’s syndrome and other forms of autism. Now all individuals with differing forms of autism are diagnosed with autism spectrum disorder, including people who would have been diagnosed with Asperger’s syndrome in the past. The current *DSM-5* focuses on symptoms, which can be addressed directly, as opposed to labels, which do not account for the variation in symptoms across the autism spectrum. In addition, a new diagnosis has been added that is distinct from autism spectrum disorder: social communication disorder (SCD). With SCD, individuals have difficulty negotiating interactions appropriately, but do not have traits of autism such as hypersensitivity to sensory stimuli or extreme restriction of interests (*DSM-5 Diagnostic Criteria*, 2014).

**Adaptations for Children with Autism Spectrum Disorder**

There are many approaches to coping with and treating autism spectrum disorder, including behavioral therapy, dietary modifications, and sometimes medicine. Children often respond favorably to behavioral interventions and accommodations in the classroom, and inclusion is important as long as the child is not a danger to himself or herself or others.

Students with autism have strengths as well as weaknesses, and can succeed in the academic environment. The classroom teacher will need to keep a special watch for signs of sensory and emotional overload and high anxiety. Students with autism spectrum disorder may have difficulty expressing that they are upset or anxious. A typical student will indicate distress through crying.
while a child with autism may remain silent despite feeling extremely distressed. (Students with autism may also have extreme reactions.) It is also important for the teacher to watch for signs that the child is being bullied by his or her classmates, or that the child is behaving in socially unacceptable ways.

It can be challenging to teach and help a child on the autism spectrum because we tend to take for granted that our experiences of the world around us are very similar to others’ experiences. With autism this is not necessarily the case. However, there are many things you can do to increase an autistic student’s access to instruction and help him or her to cope with and possibly thrive in the educational environment of a regular classroom.

- If the child already has a diagnosis, seek input from the parents on how to help the child in school. Ask what strategies or tools they have been using. Determine the child’s cognitive ability, learning style, and behavior patterns, as well as his or her ability to communicate and his or her independent living skills (going to the bathroom, dressing, feeding, expressing hunger/thirst, etc). If possible, give the child a tour of the school and the classroom.
- If the child does not have a formal diagnosis but seems to exhibit characteristics of autism, speak with the child’s parents. Ask about any unusual behaviors or preferences the child has at home. Be cautious in suggesting that the child has autism; many parents are not initially receptive to this kind of news. Instead, express your concerns based on things that have happened in class, and recommend that they consult the child’s doctor or a specialist who can conduct an evaluation.
- When possible, use observation and data collection to identify patterns in the student’s behavior. Notice when the child is able to participate and when he or she exhibits distressed or disruptive behaviors, and when he or she does well. Make a few brief notes on what is happening when the child has problems (or, inversely, when he or she demonstrates strengths). Over time, patterns in the child’s behaviors and performance will help you to develop a plan for helping him or her.
- Incorporate an illustrated schedule of school and classroom activities so that the student knows what to expect in each activity. Avoid unnecessary changes to routines; routines are comforting to children with autism.
- If possible, provide a quiet place in the classroom where the student can go if distressed.
- Keep instructions simple and give them step by step. Help the student to find the instructions on the page. Teach the child to highlight the instructions and number the steps. Give additional explanation as needed.
- Clearly state the purpose of each activity. Give examples or models to follow.
- For more complicated tasks, give the child a checklist so that he or she knows when the task has been completed correctly.
- Introduce new and difficult tasks using topics that are of special interest to the child.
- Make use of visual aids, props, and realia to illustrate concepts and clarify verbal explanations and instructions. Students may benefit from learning to communicate through labeled picture cards (Picture Exchange Communication Systems) and choice boards.
Plan how to manage transitions from one task to another. Changes can be stressful and disorienting to a child with ASD. Incorporate techniques such as giving five- and one-minute reminders to the whole class before any transition, singing a clean-up song between activities, or (for younger learners) having students move to different places in the classroom while holding hands with a peer.

Allow the student to work individually, or pair the child with a compatible classmate. Assign individual roles for group work. Provide an action plan and a list of useful phrases for each role.

Take frequent stress breaks; this can involve standing and stretching, breathing exercises, or other physical activity.

Encourage the child to make choices; provide a list of options, such as Answer three out of five questions, Read quietly or with a buddy, or Take notes using words or pictures.

Make sure the child has access to a toy or other object that helps him or her to stay calm and focused. Some children like to squeeze a soft ball, stroke a soft toy, or fold and unfold a soft cloth.

Find or make a social story for the student. Social stories are short illustrated stories that present a specific situation, behavior, or skill from an outsider’s perspective to help the child understand it. For example, a child may need a social story that explains common things that happen at school:

The teacher may speak loudly. But she is not angry. She wants all of the students to hear.

or

It’s recess. Bobby wants to play. He sees David. David is playing by himself. He is pretending to be an airplane. Bobby wants to be an airplane, too. Bobby goes near to David. He says, “Hi, David! Can I play too?” David says…

Use sticky notes to remind the child to use a relaxation strategy when he or she starts to become stressed: Count to ten, Breathe deeply, Use your stress ball, and so on. Make the sticky notes in advance and keep them on hand. When a sticky note is needed, place it on the child’s desk to remind him or her of the relaxation strategy.

Looking Back

In this chapter, we have covered a range of conditions and disabilities that may affect primary learners, as well as actions the teacher can take, in combination with parental and medical support, to promote a special needs student’s ability to participate in and benefit from classroom activities. While a medically comprehensive description of disabilities and interventions is not possible due to the complex nature of these conditions, this chapter aims to be a go-to toolbox of strategies for helping students as you continue to seek out resources. The ultimate goal is a classroom where everyone can participate and benefit from the lessons, building on each student’s different strengths and capabilities.
1 Match the names of the conditions and disabilities with the descriptions.

1. ADHD [ ]
2. autism spectrum disorder [ ]
3. Down syndrome [ ]
4. hearing impairment and disorders [ ]
5. intellectual disability [ ]
6. learning disabilities [ ]
7. mobility impairment [ ]
8. speech and language impairment [ ]
9. visual impairment [ ]

a. may need special equipment to go from one place to another
b. poor social skills, poor eye contact, and sensory aversions
c. distraction, hyperactivity, and impulsive behavior
d. poor eyesight, blindness
e. reduced cognitive ability
f. cannot make certain sounds, stutters, or has an unusual voice
g. extreme difficulty reading, writing, or using numbers
h. reduced ability to perceive or process sounds
i. different facial characteristics, physical and cognitive delay

2 Read and circle True or False.

| 1. Most students with disabilities can be taught in a regular classroom. | True   False |
| 2. Children with learning disabilities have a lower intelligence. | True   False |
| 3. If a student seems to have a disability, he or she should see a doctor. | True   False |
| 4. Children can learn strategies to overcome some learning difficulties. | True   False |
| 5. Teachers and parents should plan together how to help the child. | True   False |
| 6. Classroom adaptations are a good substitute for professional treatment. | True   False |
| 7. Early intervention can significantly improve students’ academic performance. | True   False |


Chapter 3


