

Special Education Information Packet For SLZHS General Education Teachers

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These students may have an inability or difficulty in understanding complex concepts, making associations, or seeing the relationships between ideas and concepts. This student may have no difficulty with retaining information, but will generally have a very difficult time generalizing from that information to determine the logic behind it. Deficits in this area will generally show up by third or fourth grade.

2. Auditory Memory Processing Weakness 7

Students with an auditory memory processing weakness have no problem with hearing – they simply do not process or retain what they take in through their ears. An auditory weakness is not a reflection of intelligence (although non-response to oral information may make it appear that the students are “slow”.) These are the students who asked what they are supposed to do three minutes after you have given directions. Their frustration is that they may really understand when it is explained, they just can’t seem to remember later.

3. Auditory Processing Weakness 8

Students with an auditory processing weakness have no problem with hearing – they simply do not process or retain what they take in through their ears. An auditory processing weakness is not a reflection of intelligence (although non-response to oral information often makes it appear that these students are “slow”). These students tend to be accused of “daydreaming” because so often they do not “get” what has been said to them. They may be able to repeat it word-for-word but cannot explain what was meant. (In some cases, as with auditory memory deficits, they cannot repeat what was said.)

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Memory problems are separate from intelligence. This student understands at the time; he/she just cannot retain that understanding for almost immediate retrieval. This student loses everything. He/she may not remember the instructions you gave a few minutes ago. These students are often labeled as lazy because they tend to do poorly on tests even though they had indicated understanding of the material at an earlier time. It is true that they did understand the material, but they just can’t remember it, especially under pressure. These students often fall behind because so much energy is spent calling up baseline knowledge.

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Attention deficit disorder and attention deficit hyperactivity disorder are medically diagnosed, chronic, neurologically-based syndromes. They are not learning disabilities. ADD/ ADHD may create a number of learning problems, including difficulty “screening out” distractions such as competing sights, sounds or ideas in order to focus on just one task. ADD/ADHD is usually accompanied by social inappropriateness. ADD/ADHD are not disabilities that can be cured. Certain types of medications can have beneficial effects on ADD/ADHD symptoms and so, in many cases, these symptoms can be treated and controlled. Behavior modification techniques can also be helpful.

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The students are easily distracted, “can’t sit still,” do not adjust to changes in routine, have difficulty making transitions from one activity to another and do not complete their work. These students may or may not have ADD/ADHD, but have no formal medical diagnosis. Root cause may or may not be neurologically based.

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Diagnosis by a medical doctor is often (thought not always) necessary to determine this disability. It is very difficult to define specific characteristics for an emotionally disturbed student. Each has his/her own unique set of behaviors and problems.

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Autism is a lifelong developmental disability that prevents individuals from properly understanding what they see, hear, and otherwise sense. This results in severe problems with social relationships, communication, and behavior. Individuals with autism have to painstakingly learn normal patterns of speech and communication, and appropriate ways to relate to people, objects, and events in a similar manner to those who have had a stroke. Abstract language and idiomatic expressions are taken very literally. Cognitive ability can range from mentally retarded to average to above average.

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Epilepsy is not a disease but a malfunction of the electrical pathways in the neurons (nerve cells) of the brain. Epileptic seizures are a result of these neuro-electrical irregularities in the brain neurons. Medication can either completely or partially control seizures in most epileptic individuals. A major problem with epileptic students can be the non-predictability of the occurrences of seizures. Repeated, uncontrolled seizures over time can decrease cognitive ability.

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Hearing impairment is defined by IDEIA as "an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance."

Deafness is defined by IDEIA as "a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification."

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This disease affects the hemoglobin in the student's body and the movement of red blood cells through the body, often causing a great deal of pain. Patients with this disease often need to drink a great deal of water throughout the day in order to flush the body and help the cells move along. Consequently, they may need to frequently use the restroom. This illness can often take a dramatic turn for the worse, causing severe medical problems and causing the student to fall behind in their work.

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Tourette syndrome (TS) is a neurological multiple tic disorder. The most common first symptom is a facial tic (i.e. eye blink, nose twitch, and grimace) and is replaced or added to by other tics of the neck, trunk, and/or limbs.

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(I.) A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (A) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (B) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (C) inappropriate types of behavior or feelings under normal circumstances; (D) a general pervasive mood of unhappiness or depression; or (E) a tendency to develop physical symptoms or fears associated with personal or school problems. (II.)

The term includes children who have schizophrenia.

The term does not include children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

3. Speech or Language Impairment..... 19

A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

4. Hard of Hearing 19

Means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness."

5. Visual Impairment 19

An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

6. Other Health Impaired..... 19

Having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

According to the Office of Special Education and Rehabilitative Services' clarification statement of September 16, 1991, eligible children with ADD may also be classified under "other health impairment."

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A hearing impairment so severe that the child cannot understand what is being said even with a hearing aid.

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A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects educational performance. Characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to changes in daily routines or the environment, and unusual responses to sensory experiences.

The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance as defined above.

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An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

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Significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child’s educational performance.

13. Developmentally Delayed (under age 6) 21
A term used to describe the development of children who have not reached various milestones in the time frame that is typical for children of his or her chronological age in one or more areas of functioning. Source: Center for the Improvement of Child Caring. Source: <http://www.ciccparenting.org/Glossary.aspx>

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The Least Restrictive Environment (LRE) is defined as the educational setting where a child with disabilities can receive a free appropriate public education (FAPE) designed to meet his or her education needs while being educated with peers without disabilities in the regular educational environment to the maximum extent appropriate

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A functional behavioral assessment is a flexible process that is implemented when a student continues to exhibit challenging behaviors after school and class-wide supports have been implemented. The Behavior Support Plan (BSP) is developed by the IEP Team in order to provide the student with a set of strategies that will help them decrease occurrences of inappropriate behavior and promote positive growth skills.

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AB 3632 is a State mandate which provides mental health services to the special education population through County services. Referred students must be designated as Special Education and the IEP team must initiate the AB 3632 referral requesting mental health services. Typically, the Special Education student must have received regular counseling (either on site or privately) for a minimum of 3-4 months before this referral can be initiated.

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I. Processing Weaknesses and Disabilities

Processing Weaknesses

1. Association and/or Conceptualization Processing Weakness

These students may have an inability or difficulty in understanding complex concepts, making associations, or seeing the relationships between ideas and concepts. This student may have no difficulty with retaining information, but will generally have a very difficult time generalizing from that information to determine the logic behind it. Deficits in this area will generally show up by third or fourth grade.

Some suggested adaptations:

- When introducing new concepts, use as many concrete examples as possible.
- Check for understanding individually after giving instruction to the class.
- Have the student self-check all math story problems to make sure the answer “makes sense” given the information.
- Discourage word for word answer, and encourage him/her to use own words.
- Do not assume understanding where he/she has been able to copy an answer from a book or reply with rote learning.
- Encourage note taking, especially in their own words.
- Give him/ her extra time for formulating an answer to an opinion question.

2. Auditory Memory Processing Weakness

Students with an auditory memory processing weakness have no problem with hearing – they simply do not process or retain what they take in through their ears. An auditory weakness is not a reflection of intelligence (although non-response to oral information may make it appear that the students are “slow”.) These are the students who asked what they are supposed to do three minutes after you have given directions. Their frustration is that they may really understand when it is explained, they just can’t seem to remember later.

The most common areas of difficulty for students with this weakness are:

- Taking part in classroom discussions, or talking extemporaneously
- Taking notes
- Remembering instructions given orally
- Following directions for tests, homework or other assignments when presented orally (or in written form if they no longer have the form with them)
- Memorizing anything presented orally
- Having poor comprehension and immature vocabulary
- Dealing with changes in familiar routines

Ways you can help:

- Encourage note-taking (writing is a memory aid)
- Provide notes for lectures/movies, etc.
- Have a student make and keep lists
- Use maps, charts and visual displays when possible
- Write and/or spell new or unusual words orally
- Eliminate as much noise as possible
- Establish and follow routines when possible
- Allow for more repetitions than usual for a specific learning task
- Give out and allow the use of visual instructions whenever possible (even during a tests)

- Teach through the reasoning process rather than memorization
- Use manipulatives

3. Auditory Processing Weakness

Students with an auditory processing weakness have no problem with hearing – they simply do not process or retain what they take in through their ears. An auditory processing weakness is not a reflection of intelligence (although non-response to oral information often makes it appear that these students are “slow”). These students tend to be accused of “daydreaming” because so often they do not “get” what has been said to them. They may be able to repeat it word-for-word but cannot explain what was meant. (In some cases, as with auditory memory deficits, they cannot repeat what was said.)

Characteristics:

- Seem to be daydreaming, not paying attention
- May “tune out” due to overload of information
- Difficulty with note-taking
- May read and/or write slower than other students
- Cannot participate coherently in oral discussions
- Frequently ask to have the information/directions repeated
- Cannot make generalizations or put information into own words
- Cannot remember new vocabulary
- Weak organizational skills
- Copies another student’s work
- Poor speller
- Lose interest quickly in an activity

Ways you can help:

- Seat student near you and speak directly to him/her
- Do not accept word for word answers when checking for information
- Write out key terms, concepts and directions (provide notes on lectures, movies, etc.)
- Write out homework assignments – avoid announcing homework as students leave the room
- Provide an outline to follow during lectures/presentations
- Present new material in charts, graphs, and other non-verbal support forms
- Use manipulatives, visual aids and demonstrations when possible (“show” instead of “tell”)
- Try to give the student advanced warning if you are going to be asking an oral question of him/her (allow extra time to formulate answer)
- Avoid giving more than three sequential tasks at a time – write out directions
- Check binders regularly (provide organizational support)

4. Expressive/Receptive Language Processing Weakness

A language processing weakness is not necessarily a speech disability, nor is a language processing weakness a reflection of intelligence. In fact, students with this processing weakness often display frustration at their inability to express what they understand (Expressive Language Disability), or to understand what words they hear (Receptive Language Disability). With a language processing weakness it is specifically words that create a problem (whether auditory or visual). Like a stroke victim, students with a language processing weakness may be caught not by lack of intelligence, but by lack of ability to process words.

The most common areas of difficulty for students with this disability are:

- Participating in class discussions.
- Interpreting meaning of words and phrases.
- Taking tests.
- Expressing self orally or in writing.

- Following directions.
- Expressing problems or difficulties.
- Acquiring new vocabulary.
- Reading, comprehending, and explaining.

Ways you can help:

- Use familiar words when giving instructions (repeat using same words, don't rephrase).
- Include maps, charts, visual clues, demonstrations and manipulatives when possible.
- Give warning before requiring an oral response (allow extra time to find words to respond).
- "Walk through" new tasks.
- Establish routines where possible, and stick to them.
- Emphasize keywords and use strategic pauses when giving oral instructions.

5. Long-Term Memory Processing Weakness

Long-term memory is the ability to assimilate, store, and retrieve information when it is needed. It is dependent on the learner's skills in seeing the relevancy of material and relating it to past knowledge. Factors affecting the long-term memory include intensity of attention, meaningfulness of the material, interest in the subject and the amount of drill and over learning. Memory problems are separate from intelligence. Students with this type of processing weakness have great difficulty after summer or long vacations because concepts once mastered tend to slip away if not constantly reinforced. These students may retain the overall concept, but specific details and procedures become confused or lost.

The most common areas of difficulty for students with this processing weakness are:

- Courses requiring memorization of much factual material (i.e. history, biology).
- Remembering basic sequences of facts (i.e. multiplication tables).
- Reading a passage and immediately forgetting what was read, having to re-read.
- Learning new vocabulary, especially specialized vocabulary such as science terms, etc.
- Retrieving the "right word" from memory storage for writing and answering questions.

Ways you can help:

- Use all modalities when teaching (auditory, visual and kinesthetic).
- Include lots of replication.
- Do not assume instruction initially understood is mastered for all time; schedule reviews.
- Avoid calling on this student first in an oral discussion; let him/her "warm up."
- Teach mnemonic devices (i.e. memory games).
- Encourage note-taking, note-keeping and note-rereading.

6. Short-Term Memory Processing Weakness

Memory problems are separate from intelligence. This student understands at the time; he/she just cannot retain that understanding for almost immediate retrieval. This student loses everything. He/she may not remember the instructions you gave a few minutes ago. These students are often labeled as lazy because they tend to do poorly on tests even though they had indicated understanding of the material at an earlier time. It is true that they did understand the material, but they just can't remember it, especially under pressure. These students often fall behind because so much energy is spent calling up baseline knowledge.

The most common areas of difficulty for students with this processing weakness are:

- Holding information in the mind for a relatively short period of time before retrieval.
- Taking written tests unless a great deal of review is done.
- Responding in an oral question and answer session.
- Following a short set of instructions; instructions tend to be confused.

- Repeating digits or a string of words (i.e. looking up the phone number and remembering it long enough to dial it).
- Hanging onto belongings.
- Tasks requiring serial or sequential memory (i.e. holding onto a math fact or operation while working on a problem).
- Spelling

Ways you can help:

- Repetition: encourage constant review.
- Encourage organization (binder and materials checked).
- Help student establish routines/procedures.
- Mnemonic strategies.
- Count items (i.e. seven steps in the scientific method, etc.).
- Ask student to repeat back in writing and/or orally what the information includes.
- Require homework/assignment book and calendar for future due dates.
- Insist on note-taking (provide notes), and a specific place to keep the notes (i.e. notes section in binder).
- Use visual models when possible.

7. Visual Memory Processing Weakness

This processing weakness affects visual learning but has nothing to do with acuity -- or lack of it -- in vision. This visual processing weakness is not an impairment of intelligence. This student will not be able to retain much of what she/he sees, and will tend not to visualize material.

The most common areas of difficulty for students with this processing weakness are:

- Reproducing visual materials such as maps, charts, and diagrams.
- Arrangement of information on paper (materials presented to him/her or material he/she creates).
- Locating belongings, equipment, homework, etc. (i.e. does the work but cannot find it).
- Spelling (spells phonetically).
- Written work (sloppy, disorganized).
- Arranging information in a logical manner (disorganized binder).
- Consistency – may recognize a concept one day and not the next.
- Writing things from memory.

Ways you can help:

- Reinforce visual material with auditory explanations whenever possible.
- Use manipulatives.
- Used sequencing and patterns when possible.
- Short writing assignments.
- Provide auditory cues for visual learning.
- Have student sub-vocalize when reading to self.
- Have student explain new visual material to other students as a check for understanding.
- Teach rules when possible (for math, written language, etc.)
- Model strategies for dividing assignment sheets into sections for better visuals organization (especially in math).

8. Visual Processing/Visual Perception Processing Weakness

This processing weakness affects visual learning but has nothing to do with acuity – or lack of it – in vision. This visual processing weakness is not an impairment of intelligence. What this student sees does not get to the brain in the same form as the eye beholds it. The brain may distort information brought in through the eyes. The student may have difficulty tracking (seeing print consistently in a line from left to right), retaining or understanding what is in print, and may experience headaches or blurred vision from concentration on visual tasks for prolonged periods.

Characteristics:

- May be a slow or inaccurate reader.
- May have difficulty reading charts or graphs.
- May make frequent mechanical errors in written work such as spelling, punctuation, proofing, and/or handwriting.
- Self-editing of written work is an almost impossible task.
- May have difficulty with spatial relations such as the perception of the position of objects in space.
- Many have the tendency to lose or not see worksheets that were just handed out for homework, personal belongings, etc.
- Difficulty with visual discrimination/figure ground orientation (inability to distinguish an object from the background surrounding it).
- Unable to recognize an object when it is not fully presented.
- May recognize concepts one day but not the next.

Ways you can help:

- Back up written instructions with oral explanations and/or demonstrations.
- Have student repeat written directions.
- Use overhead projector rather than chalkboard or white board
- Verbal reminders to take homework and personal things home, etc.
- Encourage use of marker (brightly colored strip of paper) for tracking while reading.
- Include as much white space as possible on handouts.
- Intersperse concentrated visual tasks with non-visual breaks.
- Avoid Scantron sheets when possible.
- Have student read own written work to a peer to check to see if it makes sense.
- Reduce or limit written tasks to equalize load with other less disabled students.
- Encourage use of books on tape (consult student's case carrier).

9. Sensory Motor/Visual Motor Processing Weakness (eye-hand coordination)/Fine Motor Processing Weakness

This processing weakness affects visual motor integration, but has nothing to do with acuity – or a lack of it – in vision. This visual disability is not an impairment of intelligence. This student will not be able to consistently coordinate what she/he sees with muscle movements (especially the fine motor muscle movements needed for pen and pencil work).

Students with this weakness have nothing physically wrong with their hands. There is, however, a dysfunction in the area of the brain that controls the planning of the hand-muscle movements. As a result, writing does not come naturally to the students with this disability as it does to most of us. The student must concentrate so intently on forming each letter on the page that they have very little mental energy left over for developing their thoughts. Students with this weakness often have difficulty with tasks involving copying, drawing, cutting, pasting, folding, puzzles, and handwriting.

Copying from the board or a book are examples of using visual-motor skills. These students generally do poorly in writing task and have become quite sophisticated in their avoidance techniques.

The most common areas of difficulty for students with this processing weakness are:

- Copying from board, overhead, or from the book.
- Writing down assignments (homework, projects, etc.)
- Taking notes during movies, presentations, lectures, etc.
- Staying within the lines writing on the lines.
- Handwriting, motor coordination (clumsy; handwriting is slow and sloppy)
- Written responses – can give answers orally but can't write them
- Written efforts are short, often unfinished
- Writes slowly, with great effort
- Papers are torn and crumpled with numerous eraser marks
- Dislikes writing and drawing
- Makes careless mistakes in math because it is illegible or incorrectly aligned
- May have difficulty learning to type

Ways you can help:

- Backup written instruction with oral explanations and/or demonstrations.
- Reduce copying tasks (provide outlines, lecture notes, etc.).
- Allow for a peer to take notes.
- Prepare copies that are considerate of this disability (i.e. place only a few exercises on a page, have wide spaces for responses, etc.).
- Shorten written assignments, but hold student accountable for completion.
- Test student orally – allow oral responses.
- Allow for dictation of reports (typed/prepared by another person).
- Intersperse concentrated visual-motor tasks with non-visual breaks when possible.
- Typing assignments.
- Allow for dictation of assignments and reports.
- Answering using a tape recording machine.
- Reduce copying tasks (provide advance copies of outlines, lecture notes, photocopy of notes, etc.).
- Allow for peer note-taking
- Accept readable assignments
- Shorten written assignments, but hold them accountable for completion
- Intersperse writing tasks with non-writing tasks
- Avoid use of Scantron test sheets
- Use of pencil with special grip rather than a pen
- Do not be concerned with the quality of the handwriting. Insist writing be readable, not beautiful.

10. Abstract Reasoning Processing Weakness

With this processing weakness, the student may have no problem retaining or mastering basic skills and concepts, but have great difficulty perceiving relationships, drawing inferences and comprehending implications from that information. A deficit in this area may cause students to have difficulty in areas such as problem solving, deducing general principles from specific facts, abstract reasoning and essay organization. The students are often hard and willing workers who do not see any relationship between what they learn in school and their lives outside of school.

The most common areas of difficulty for students with this disability are:

- Participation in class discussions.
- Comprehension, identifying main ideas, making inferences.
- Paraphrasing.
- Applying previously acquired learning.
- Understanding new concepts.
- Forming opinions.
- Finding rationales for answers.
- Solving word problems (math) although calculation skills are good.

Ways you can help:

- Use as many concrete examples as possible when introducing new concepts.
- Check for understanding individually with student after giving instructions.
- Encourage self checking; does the answer “make sense?”
- Discourage word-for-word answers; encourage students to use their own words.
- Do not assume understanding when student has been able to copy answer from a book, etc.
- Encourage note taking.
- Allow extra time for student to formulate an answer to an opinion question.
- Encourage others to model, stating their rationale for a response.
- Provide opportunities for classification and categorization.
- Verbalize thought processes and conclusions when given group lessons.

11. Processing Weakness in the area of Attention

Students with this processing weakness do not seem to be able to filter out background noise of any kind. This is the student who always turns around when the door opens, who ask you some totally irrelevant question in the middle of an important discussion, and answers anytime you ask anyone in the class a question. This student may not be able to accurately process spoken language when there are competing auditory distractions: i.e. student may be unable to understand test instructions if students around him/her are shuffling feet, wrestling papers, or if there is noise in the halls or outside of windows.

The most common areas of difficulty for students with this processing weakness are:

- Concentrating on a test or on a class assignment for more than ten to twelve minutes.
- Remembering directions long enough to implement them correctly.
- Refraining from talking.
- Keeping information in an organized fashion in his/her mind.
- Remembering (or not confusing) information received auditorily.

Ways you can help:

- Encourage note-taking, note-keeping and note rereading.
- Assign short time limits for academic tasks; if necessary break down into sub-tasks.
- Seat student close to you and monitor on-the task behavior.
- Keep frequent eye contact with student when talking.
- Give visual examples for reference when possible.
- Use demonstration and/or kinesthetic teaching when possible.
- Take a minute before an oral discussion or other group task to individually focus student’s attention on the task at hand.
- Be supportive of test taking in special settings (i.e. RSP Study Center or RSP teacher support).

12. Processing Speed Weakness

Students with this weakness have problems not with the actual content of what they learn, but with the speed at which they can absorb or produce it. Both their rate of intake and their rate of output tend to be slower than average, even when they are applying their full energies.

The most common areas of difficult for students with this disability are:

- Taking timed tests
- Completing long assignments
- Keeping up with the class (particularly in reading on own, copying information or doing class assignments)
- Absorbing concentrated doses of new information
- Responding quickly to unanticipated requests or questions

Ways you can help:

- Reduce quantity of practice exercises; stress quality, not quantity

- Allow extra time to formulate answers when questioned
- Give extra time on timed tasks
- Encourage use of RSP Study Center for test taking/completion
- Teach shortcuts for writing tasks (i.e. abbreviations, note taking essentials)
- Don't call on this student first. Allow time for student to become familiar with activity.

Disabilities

13. Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)

Attention deficit disorder and attention deficit hyperactivity disorder are medically diagnosed, chronic, neurologically-based syndromes. They are not learning disabilities. ADD/ ADHD may create a number of learning problems, including difficulty “screening out” distractions such as competing sights, sounds or ideas in order to focus on just one task. ADD/ADHD is usually accompanied by social inappropriateness. ADD/ADHD are not disabilities that can be cured. Certain types of medications can have beneficial effects on ADD/ADHD symptoms and so, in many cases, these symptoms can be treated and controlled. Behavior modification techniques can also be helpful.

ADD/ADHD are characterized by any or all of the following types of behavior :

- Distractibility:
 - Often fails to finish what he/she starts, doesn't seem to listen, is easily distracted, and has difficulty concentrating or paying attention.
- Impulsivity:
 - Often acts without thinking, has difficulty organizing work, speaks out loud in class.
- Hyperactivity:
 - Can't sit still, fidgety.
 - Has difficulty making transition from one activity to another.

Diagnostic Criteria (Source: Adapted from DSM-IV Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder: Diagnostic and Statistical Manual of Mental Disorders):

Common Symptoms

Inattention:

- Often does not give close attention to details or makes careless mistakes in schoolwork, work or other activities.
- Often has difficulty sustaining attention in tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instruction and fails to finish schoolwork, chores, or duties.
- Often has difficulty organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as school work or homework).
- Often loses things necessary for tasks or activities, such as toys, assignments, books, or tools.
- Is often easily distracted by extraneous stimuli.
- Is often forgetful in daily activities.

Hyperactivity:

- Often fidgets with hands or feet or squirms in seat.
- Often leaves seat in classroom or in other situations in which remaining seated is expected.
- Often runs about or climbs excessively in situations which it is inappropriate.
- Often has difficulty playing or engaging in leisure activities quietly.
- Is often “on the go” or often acts as if “driven by a motor.”
- Often talks excessively.

Impulsivity:

- Often blurts out answers before questions are completed.
- Often has difficulty waiting turn.
- Often interrupts or intrudes on others, such as butting into conversations or games.

Ways you can help:

- Minimize visual distractions
- Gradually increase work load according to the student's ability
- Give only enough problems necessary to show a student's mastery of a skill
- Limit choices
- Provide many opportunities for activities
- Give short, simple and clear directions (both written and verbal)
- Be attentive to appropriate behavior
- Be consistent – try to stick to routines whenever possible
- If a situation arises, speak calmly and give student some "space". Reasoning at the time of a confrontation won't work. The student is more likely to become cooperative once they have "cooled down". It is crucial that the student does not "lose face" in front of peers or staff.
- Have frequent parent/case carrier contact.

14. Behavior and Attention Difficulties

The students are easily distracted, "can't sit still," do not adjust to changes in routine, have difficulty making transitions from one activity to another and do not complete their work. These students may or may not have ADD/ADHD, but have no formal medical diagnosis. Root cause may or may not be neurologically based.

Ways you can help:

- Minimize the visual distractions
- Gradually increase the workload according to the student's ability
- Only give enough problems that are essential to show student's mastery of the skill
- Limit the choices for student
- Provide many opportunities for activities
- Give directions simply and clearly; Keep them short (1-3 steps)
- Be attentive to good behavior

15. Emotionally Disturbed

Diagnosis by a medical doctor is often (thought not always) necessary to determine this disability. It is very difficult to define specific characteristics for an emotionally disturbed student. Each has his/her own unique set of behaviors and problems.

Ways you can help:

- Use common sense when dealing with an emotionally disturbed student.
- Don't push his/her buttons.
- Speak calmly and give the students some space. Reasoning at the time of a confrontation will not work. This student is more likely to become cooperative once she/he has cooled down. It is crucial that the student does not "lose face" in front of peers or staff.
- Showing sensitivity to student's difficulties is vital on the part of the teacher.
- These students generally have a Behavior Support Plan (BSP). Be sure you are familiar with it and aware of the specifics.

16. Autism

Autism is a lifelong developmental disability that prevents individuals from properly understanding what they see, hear, and otherwise sense. This results in severe problems with social relationships, communication, and behavior. Individuals with autism have to painstakingly learn normal patterns of speech and communication, and appropriate ways to relate to people, objects, and events in a similar manner to those who have had a stroke. Abstract language and idiomatic expressions are taken very literally. Cognitive ability can range from mentally retarded to average to above average. ([Asperger Syndrome – see page 22](#))

Characteristics:

- Limited organizational skills despite average intelligence.
- Sequencing cues are important to the student in performing sub-tasks.
- Fail to identify relationships and, therefore, disregard them.
- Deficits in abstract and conceptual thinking.
- Unusual behavior relates to stress.
- Difficulty in literal interpretation.
- Limited understanding of facial expressions and social cues.
- Uneven development.

Methods to enhance learning in students with autism: Cognitive thinking and socialization - students with autism are likely to:

- Think in pictures, not words.
- Play a video in their mind that takes time to retrieve information from.
- Have difficulty with long sequences or strings of verbal information.
- Unable to hold one piece of information in their mind while manipulating another.
- Use or attend to only one sensory channel at the time.
- Have difficulty with generalizing.
- Experience inconsistencies with perception.
- Tend to have difficulty understanding the motives and perceptions of others.
- Place high value on regular, consistent routines.

Suggestions for the classroom:

- Structure is vital to helping the student function in the classroom
- Clear instructions
- Hierarchical system of prompts
- Provide student with techniques to cue memory; calendaring assignments
- Organize their work area
- Need systematic habits and work routines
- Use a checklist, visual scheduling, concrete instruction
- Avoid vague questions, instead, substitute concrete inquires
- Does not understand sarcasm, idioms, double meanings
- Needs help to understand body language and expressions
- Prepare student in advance of schedule changes
- Use visual aids to help student gain information and clarify

17. Epilepsy

Epilepsy is not a disease but a malfunction of the electrical pathways in the neurons (nerve cells) of the brain. Epileptic seizures are a result of these neuro-electrical irregularities in the brain neurons. Medication can either completely or partially control seizures in most epileptic individuals. A major problem with epileptic students can be the non-predictability of the occurrences of seizures. Repeated, uncontrolled seizures over time can decrease cognitive ability.

Characteristics:

- The medicines that prevent seizures may be affecting the child's ability to learn

- Many epileptic students have difficulties with processing speed. The student's rate of intake and their rate of output tend to be slower than average, even when they are applying their full energies.
- Many may have some underlying condition in the brain that is interfering with learning, memory, or the way the brain handles information. These problems may show up in math, reading, and tasks involving memory.

Ways you can help:

- Use all modalities when teaching (auditory, visual, and kinesthetic)
- Use lots of repetition
- Avoid calling on the student first in an oral discussion; let him/her warm up
- Encourage note taking on everything
- Repetition
- Binder checks for an organized binder
- Ask student to repeat information
- Use visual models
- Reduce quantity of practice items and homework
- Allow extra time in most tasks
- Give additional days for test taking

18. Hearing Impaired

Hearing impairment is defined by IDEIA as "an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance."

Deafness is defined by IDEIA as "a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification."

How you can help:

- Seat student where they can easily see your face, preferably near the front of the class
- Have student's better ear toward your instructional area
- Speak normally, not exaggerating or raising your voice
- Be aware of your speaking rate
- Rephrase a sentence if a student does not understand rather than say exact repetition
- Keep your hands, books and/or other materials away from your face when speaking
- Try not to stand with your back toward the window or the light source
- Face the class when speaking
- Get the attention of the student before giving instruction
- Stand about 8 feet from the student for best results
- Stand in one spot whenever possible when instructing
- Periodically ask the student to repeat directions to check for understanding
- Pair the hearing impaired student with a normal hearing peer (can relay information and serve as a backup note-taker)
- Communicate regularly with case carrier, parent/guardian, etc.
- Use as many visual aids as possible (i.e. overhead projector, charts, etc.)
- Present homework and instructions in writing
- Provide written handouts/outlines for class lectures
- Note possible malfunction of hearing device (i.e. student who normally attends "tuning out")

19. Sickle Cell Anemia

This disease affects the hemoglobin in the student's body and the movement of red blood cells through the body, often causing a great deal of pain. Patients with this disease often need to drink a great deal of water throughout the day in order to flush the body and help the cells move along. Consequently, they may need to frequently use the restroom. This illness can often take a dramatic turn for the worse, causing severe medical problems and causing the student to fall behind in their work.

20. Tourette Syndrome

Tourette syndrome (TS) is a neurological multiple tic disorder. The most common first symptom is a facial tic (i.e. eye blink, nose twitch, and grimace) and is replaced or added to by other tics of the neck, trunk, and/or limbs.

A significant percentage of children with TS have a visual-motor integration problem. Therefore, tasks that require a TS student to see material, process it and then write it down can be very difficult and time consuming. The student may be of normal intelligence, but cannot assimilate and remember information in the same manner as other students.

Ways you can help:

- Modify writing assignments
- Assign a peer to take notes
- Give extended time for taking tests
- Seat student near the front of the class so there is minimal visual distraction
- Allow student to choose a quiet place to work on assignments or take tests where s/he can choose to go when focusing becomes difficult

II. Disability Category Information

1. Specific Learning Disability

A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Eligibility Criteria for Specific Learning Disability:

1. Severe discrepancy (at least 22 points) between intellectual ability and achievement in one or more of the following academic areas: Oral Expression, Listening Comprehension, Written Expression, Basic Reading Skills, Reading Comprehension, Mathematical Calculations, Mathematical Reasoning.

- The discrepancy shall not be primarily the result of limited school experience or poor school attendance.
- Students who meet the severe discrepancy criteria, but who score at grade level or above on standardized achievement tests will have their education, with or without modifications, provided by the regular education program.
- Student is deemed ineligible if the severe discrepancy is due primarily to one of the following: mental retardation, emotional disturbance, visual, hearing or motor impairments, limited English proficiency, cultural or economic disadvantage and/or other environmental factors, a delay in maturation, socially related behaviors (attendance problems, non-compliance, such as refusal to do class work or homework, frequent moves, social maladjustment, such as delinquency, defiance of authority, violation of school rules, poor motivation, substance abuse, such as alcohol or other drugs).
- Student is deemed ineligible if their educational performance is within the instructional and/or grade of the regular classroom.

2. An impaired psychological; process in one or more of the following areas: attention (i.e. concentration, attention to details); visual processing (including memory); auditory processing (including memory; sensory-motor skills, association, conceptualization, expression.

3. Final question to be answered: Does this student require special education and related services because his needs cannot be met with modification of the regular program? The IEP team must have written documentation that the pupil's academic deficits cannot be corrected through modifications of the regular education program.

2. Emotionally Disturbed

(I.) A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (A) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (B) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (C) inappropriate types of behavior or feelings under normal circumstances; (D) a general pervasive mood of unhappiness or depression; or (E) a tendency to develop physical symptoms or fears associated with personal or school problems. (II.)

The term includes children who have schizophrenia.

The term does not include children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

To qualify as emotionally disturbed, a student must exhibit one or more of the characteristics listed above over a long period of time and to a marked degree, which adversely affect educational performance. (State CAC, Title 5 Sec 303[1])

3. Speech or Language Impairment

A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

4. Hard of Hearing

Means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness."

5. Visual Impairment

An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

6. Other Health Impaired

Having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

According to the Office of Special Education and Rehabilitative Services' clarification statement of September 16, 1991, eligible children with ADD may also be classified under "other health impairment."

7. Deaf

A hearing impairment so severe that the child cannot understand what is being said even with a hearing aid.

8. Autistic-like

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects educational performance.

Characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to changes in daily routines or the environment, and unusual responses to sensory experiences.

The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance as defined above.

Asperger Syndrome

Asperger syndrome is the term applied to the mildest and highest functioning end of what is known as the spectrum of pervasive developmental disorders (or the Autism spectrum). Like other conditions along that spectrum it is felt to represent a neurologically-based disorder of development, most often of unknown cause, in which there are deviations or abnormalities in three broad aspects of development: social relatedness and social skills, the use of language for communicative purposes, and certain behavioral and stylistic characteristics involving repetitive or perseverative features and a limited but intense range of interests.

DSM-4 criteria for a diagnosis of AS, include the presence of:

- *Qualitative impairment in social interaction involving some or all of the following: impaired use of nonverbal behaviors to regulate social interaction, failure to develop age-appropriate peer relationships, lack of spontaneous interest in sharing experiences with others, and lack of social or emotional reciprocity.*
- *Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities involving: preoccupation with one or more stereotyped and restricted pattern of interest, inflexible adherence to specific nonfunctional routines or rituals, stereotyped or repetitive motor mannerisms, or preoccupation with parts of objects.*

These behaviors must be sufficient to interfere significantly with social or other areas of functioning. Furthermore, there must be no significant associated delay in either general cognitive function, self-help/adaptive skills, interest in the environment, or overall language development.

(Source: from an article by Stephen Bauer, MD, MPH, Maap Services, Inc.

http://www.maapservices.org/MAAP_Sub_Find_It_-_Publications_Stephen_Bauer_Article.htm)

9. Orthopedic Impairment

Means a severe orthopedic impairment that adversely affects a child's educational performance.

The term includes impairments caused by a congenital anomaly (e.g. clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

10. Traumatic Brain Injury

An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance.

The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

11. Deaf-Blindness

Concomitant [simultaneous] hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

12. Mental Retardation

Significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

13. Developmentally Delayed (under age 6)

A term used to describe the development of children who have not reached various milestones in the time frame that is typical for children of his or her chronological age in one or more areas of functioning. Source: Center for the Improvement of Child Caring. Source:

<http://www.ciccparenting.org/Glossary.aspx>

III. Qualifying for Special Education Services

A. Individuals with Disabilities Education Improvement Act (IDEIA)

IDEIA is our nation's special education law. IDEIA stands for Individuals with Disabilities Education Improvement Act.

The *IDEA* (later changed to IDEIA in 2004) was originally enacted by Congress in 1975 to make sure that children with disabilities had the opportunity to receive a free appropriate public education, just like other children. The law has been revised many times over the years. The most recent amendments were passed by Congress in December 2004, with final regulations published in August 2006. So, in some senses, the law is very new, even as it has a long, detailed, and powerful history.

IDEIA guides how states and school districts provide special education and related services to more than six million eligible children with disabilities. <http://www.nichcy.org/pubs/genresc/gr3.htm>

The object of the *IDEIA* is not to arbitrarily mandate change, but to provide an environment conducive to the education of all students, including those with disabilities. (<http://www.idonline.org/article/6180>)

B. Individualized Education Plan (IEP)

IDEIA Regulations

1. Revised general requirements for the content of IEPs.

As used in Part 300, the term individualized education program or IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with 34 CFR 300.320 through 300.324, and that must include:

- A statement of the child's present levels of academic achievement and functional performance...
- A statement of measurable annual goals, including academic and functional goals designed to:
 - Meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and
 - Meet each of the child's other educational needs that result from the child's disability;
- For children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives;
- A description of:
 - How the child's progress toward meeting the annual goals described in 34 CFR 300.320(a) (2) will be measured; and
 - When periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided;
- A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child...
- A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and district wide assessments consistent with section 612(a)(16) of the Act; and if the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or district wide assessment of student achievement, a statement of why the child cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the child....[34 CFR 300.320(a)] [20 U.S.C. 1414(d)(1)(A)(i)]

Source: U.S. Department of Education

(<http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CTopicalBrief%2C10%2C>)

2. IEP Team Members

The public agency must ensure that the IEP Team for each child with a disability includes:

- The parents or guardian of the child;
- Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;

- A representative of the public agency (who has certain specific knowledge and qualifications) – Typically the school principal, assistant principal, or their designee
- An individual who can interpret the instructional implications of evaluation results and who may also be one of the other listed members;
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- Whenever appropriate, the child with a disability.

Source: U.S. Department of Education

(<http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CTopicalBrief%2C9%2C>)

B. Qualification Process at SLZHS

- Referral for services
 - Referrals are made through the student’s counselor, an administrator, a RSP teacher or through the School Psychologist.
 - Provide information on why you believe the student should be considered for Special Education.
 - Provide information on interventions you have tried and their result (be specific).
 - Counselor lets Special Education Department Chair & School Psychologist know of referral.
 - School Psychologist reviews this information and information from the student’s cum file, and makes the recommendation for the SST to begin gathering information on the student.
 - A. Special Education Department Chair will send out requests for specific information on the student being referred *when* asked to do so by the School Psychologist (NOTE: the referral process is a general education function).
- Information is reviewed by Student Study Team (SST)
 - A general education function!
 - Special Education is represented by the School Psychologist
- The SST
 - Consists of Parent/Guardian, School Psychologist, counselor, the student’s general education teachers, administrators and any other personnel deemed necessary to help review the information on the student.
 - Reviews/Discusses concerns with parent & others as necessary.
 - Gathers background, home & health information.
 - In conjunction with the recommendations of the SST, the School Psychologist *may* make a recommendation for assessment or development of program modification/interventions (home & school)
- If student is referred for testing:
 - Current vision and hearing tests must have been passed by the student. If student needs glasses, they must be worn during testing or results may not be considered “valid.”
 - Special Education will conduct academic testing
 - School Psychologist administers psychological, cognitive and other tests and does information gathering as deemed necessary.
 - An IEP meeting will be held and qualification for Special Education services will be determined by the IEP Team based on federally mandated standards.

C. Assessment

1. Qualification Categories for Specific Learning Disabled:

- Academic
- Cognitive
- Processing
- Social/Emotional/Behavioral issues – evaluate impact, if any, on academic success

2. Discrepancy:

- a. A student may qualify as having a specific learning disability when there is a severe discrepancy (one and a half standard deviations) between ability and achievement*
- b. Discrepancy must not be a result of socially related behaviors (i.e. Non-attendance, non-compliance, frequent moves, social maladjustment, poor motivation, substance abuse, etc.)*

3. Academic Areas

- *Basic Reading Skills*
- *Reading Comprehension*
- *Reading Fluency*
- *Written Expression*
- *Oral Expression*
- *Listening Comprehension*
- *Mathematics Reasoning*
- *Mathematics Calculation*

4. Psychological processing weaknesses

7 Categories

- *Attention*
- *Visual Processing*
- *Auditory Processing*
- *Sensory-motor Skills*
- *Association*
- *Expression*
- *Conceptualization*

5. Behavior is not necessarily a qualifier for special education services!!!

D. Special Education – Miscellaneous Information

1. Case Carriers – Who are they for a particular student?

Every student is assigned a case carrier, and case carrier lists are available in the counseling office, through all administrators and through all Resource Specialists. (Issues of confidentiality prohibit us from mass distribution of this list to all staff.) In addition, sometime during the first several days of the Term or student entry into your class, you will be provided case carrier information, information on the student's disabilities and any accommodations and/or modifications as specified in the student's IEP.

2. When/Where can I review a student's IEP file?

Files are available to all staff for the students in their class. Currently, because of the way RSP students are identified, files are distributed between two office areas. Please contact the student's case carrier to determine where the file is located for your review. Files can be reviewed during school hours.

3. IEP Meetings – Do I need to attend?

Input from general education teachers is required by both Federal and State law for all IEP meetings. Consequently, your attendance is requested when possible. Should you not be able to attend, the case carrier will request specific information from you about how the student is doing in your class for review at the IEP meeting. The written input you provide is attached to the IEP document.

4. IEP Testing – Why is the student pulled from my class?

Students are tested at least every three years as per Federal and State requirements. Students are tested in a variety of academic, processing and cognitive areas by both the RSP staff and the School Psychologist and average 2 to 3 blocks (at a minimum) to complete. This testing is conducted during the case carrier's prep period and by the School Psychologist as time allows. Though we try to minimize the impact on classes, it is essential that students be allowed to come to testing when requested. If a particular day is not advantageous, please let the case carrier or School Psychologist know and we will attempt to reschedule the testing session.

E. Coming for Assistance – the RSP Study Center at SLZHS

1. Who can come to us for assistance?

- *All RSP students*
- *All exited RSP students*
- *All students who the Student Study Team recommends come for assistance (these students do not need to have an IEP)*

2. Where can students go for assistance?

- *Students may go to any RSP room for assistance.*
- *Most of the IA support is available in the area behind P3 and this is the primary RSP Study Center.*

3. Who will provide the assistance?

- *RSP teachers and/or Instructional Assistants (IA)*

4. How much help do we provide?

- *It is our goal to help the students understand their assignments such that they can answer questions on their own.*
- *We will explain the assignment directions, re-phrase questions and/or answers, help them understand vocabulary, help them with their reading and understanding their reading assignments, help them with written assignments, etc.*
- *It is neither our responsibility to give them the answers nor to do their work for them, and we strive to not do either.*

F. IDEIA vs. 504

The purpose of Section 504 is to protect persons with disabilities against discrimination for reasons related to their disabilities. Unlike IDEIA, Section 504 does not guarantee that a child with a disability will receive an individualized educational program that is designed to meet the child's individual educational needs. A child who receives Section 504 protections has fewer rights than the child who receives special education services under the IDEIA. The child who receives special education services under the IDEIA is automatically protected under Section 504. Source: www.nldline.com/iep_vs_504.htm

Section 504 covers qualified students with disabilities who attend schools receiving Federal financial assistance. To be protected under Section 504, a student must be determined to: 1) have a physical or mental impairment that substantially limits one or more major life activities; 2) have a record of such an impairment, or 3) be regarded as having such an impairment. Section 504 requires that school districts provide a free and appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities. Source:

<http://www.ed.gov/about/offices/list/ocr/504faq.html>

G. Least Restrictive Environment

The Least Restrictive Environment (LRE) is defined as the educational setting where a child with disabilities can receive a [free appropriate public education \(FAPE\)](#) designed to meet his or her education needs while being educated with peers without disabilities in the regular educational environment to the maximum extent appropriate.

The definition of LRE in the [Individuals with Disabilities Education Improvement Act \(IDEIA\)](#) is: "To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are [1] educated with children who are not disabled, and [2] special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

It is important to remember that special education is not a "place," but rather a set of services. Similarly, the LRE provision of the IDEIA emphasizes services rather than the placement.

Learning in less restrictive environments [benefits students with and without disabilities](#) in so much as all children are more likely to improve their academic performance, and increase their communication and socialization skills. Source: Least Restrictive Environment Coalition
http://www.lrecoalition.org/01_whatIsLRE/index.htm#1

Questions to be answered before determining eligibility & placement

- Is the discrepancy the result of environmental factors (delay in maturation, socially related behaviors, non-compliance, defiance, poor motivation, etc.)?
- Is the student performing within the instructional range of the class?
- Is the discrepancy a result of cultural differences, second language issues, visual or hearing difficulties?
- Can the discrepancy be accommodated in the mainstream classroom through the use of program modifications or categorical services?
- Is the discrepancy a result of limited school experience or poor attendance?

If the answer to any of the above questions is "YES," then it might be "overly restrictive" to place the student in special education!

The law:

- Students are to be placed in the least restrictive environment (LRE)
- Many times this means the mainstream!

H. Behavior Support Plans

A functional behavioral assessment is a flexible process that is implemented when a student continues to exhibit challenging behaviors after school and class-wide supports have been implemented. The Behavior Support Plan (BSP) is developed by the IEP Team in order to provide the student with a set of strategies that will help them decrease occurrences of inappropriate behavior and promote positive growth skills.

BSPs are developed when a student continues to display unacceptable behaviors after repeated school and classroom interventions have been unsuccessful. A BSP is also developed when a Special Education student reaches 7 days of suspension in a school year. BSPs are developed by the IEP Team after careful analysis of the student's inappropriate behaviors and other factors such as peer interactions, routines (i.e. in the classroom and around the school), and various activities in which the student participates. Antecedents to the inappropriate behaviors are reviewed and used to facilitate the development of a plan of action (the BSP to help the student reduce incidents of inappropriate behavior). BSPs are reviewed at least annually and more frequently if warranted by the continued display of inappropriate behaviors.

The BSP will consist of:

- Behavior Hypothesis Statements – statements that include a description of the behavior, triggers or antecedents for the behavior, maintaining consequences, and the purpose of the problem behavior.
- Prevention Strategies – Strategies that may be used to reduce the likelihood that the child will have problem behavior. These may include environmental arrangements, personal support, changes in activities, new ways to prompt a child, changes in expectations, etc.
- Replacement Skills – Skills to teach that will replace the problem behavior.
- Consequence Strategies – Guidelines for how the adults will respond to problem behaviors in ways that will not maintain the behavior. In addition, this part of the plan may include positive reinforcement strategies for promoting the child's use of new skills or appropriate behavior (this may also be included in prevention strategies).
- Long Term Strategies – This section of the plan may include long-term goals that will assist the child and family in meeting their vision of the child (e.g. develop friends).

(Source: Center for Evidence-Based Practice: Young Children with Challenging Behavior
<http://challengingbehavior.fmhi.usf.edu/plandevlopment.htm#plan>)

I. Accommodations and Modifications

Accommodations (SchwabLearning.org: <http://www.SchwabLearning.org>)

- Accommodations provide different ways for kids to take in information or communicate their knowledge back to you.
- The changes basically don't alter or lower the standards or expectations for a subject or test.
- Accommodations are adjustments to make sure kids have equal access to curriculum and a way to be successful.

Modifications (SchwabLearning.org: www.SchwabLearning.org)

- Modifications are changes in the delivery, content, or instructional level of subject matter or tests.
- They result in changing or lowering expectations and create a different standard for kids with disabilities than for those without disabilities.
- Modifications change a test so that it no longer measures what it's supposed to measure.

State Testing

Special Education students are allowed testing variations, accommodations and modifications as per their IEP. It should be noted that, though testing variations and accommodations normally used by the student in the classroom do not impact either student scores or school scores, the use of modifications can have potentially serious consequences, and should be used only after the IEP team carefully assesses the actual need for such accommodations.

Impact of using modifications:

- ***Specifically, on the California Standards Test (CST), using modifications will result in the student receiving a score of Far Below Basic; for the California High School Exit Exam (CAHSEE), an automatic score of Modified or Invalid is given to the student while their test score negatively impacts the school's participation rate (counts as though they did not take the test)..***
- ***For the CAHSEE, and assuming the student scores at or above the minimum passing rate and used modifications, the student will need to 1) continue taking the test until they pass it without modifications, and 2) during the student's senior year, the student and parent/guardian will need to request a waiver from the School Board seeking their permission to authorize a change to Pass from Modified or Invalid (information is available on this District policy from the student's case carrier).***

California High School Exit Exam: *Right of Students With Disabilities to Use Modifications*

(Source: California Department of Education; <http://www.cde.ca.gov/sp/se/lr/casheemodfctns.asp>)



CALIFORNIA
DEPARTMENT OF
EDUCATION

1430 N STREET
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JACK O'CONNELL

State Superintendent of
Public Instruction

PHONE: (916) 319-0800

Date: October 11, 2006

California High School Exit Examination: Right of Students With Disabilities to Use Modifications

Title 5 *California Code of Regulations*, Section 1216, requires that students with disabilities, whether in grades 10, 11, or 12, "shall" be permitted to use **modifications** when taking the California High School Exit Examination (CAHSEE), if their individualized education program (IEP) or 504 accommodation plan allows the use of modifications either on the CAHSEE or other standardized testing, or during classroom instruction or assessment. This is the case, even though the scores of grade 10 students who take the CAHSEE with a modification, other than a calculator, do not currently count toward participation under the No Child Left Behind Act of 2001 (NCLB).

A modification alters what the examination is measuring and affects the comparability of the scores (e.g., read-aloud of the English-language arts portion of the exam). Students who use modifications on the CAHSEE and receive the equivalent of a passing score, however, may receive a high school diploma if they satisfy all other state and local graduation requirements, and receive a waiver from their local school board, as set forth in California *Education Code* Section 60851(c).

An accommodation, on the other hand, does not alter what the CAHSEE measures or affect the comparability of examination scores (e.g., Braille transcription, extra time to complete the test, administration in a small group setting). Students who take the test with their allowed accommodations will meet the CAHSEE requirement if they receive a passing score.

Acceptable accommodations and modifications for the CAHSEE are outlined in the California Department of Education's (CDE) "Matrix of Test Variations, Accommodations, and Modifications for Administration of California Statewide Assessments," available at <http://www.cde.ca.gov/ta/tg/hs/accmod.asp>. CDE has also produced a question and answer sheet entitled, "Questions and Answers about the California High School Exit Examination (CAHSEE) Test Variations," that may be viewed at <http://www.cde.ca.gov/ta/tg/hs/documents/qandatestvar.pdf> (PDF; 79KB; 2pp.; 20-Jul-2004).

If further information is required regarding this subject, you may contact the High School Exit Exam Office in the Standards and Assessment Division at (916) 445-9449 or the Assessment, Evaluation and Support Unit in the Special Education Division at (916) 323-7192.

Sincerely,

Original signed by Mary Hudler and Deb Sigman. Hard copy of the signed document is available by contacting the Special Education Division's Director's Office at (916) 445-4602.

Mary Hudler, Director
Special Education Division

Deb Sigman, Director
Standards and Assessment Division

J. AB 3632: Mental Health Referrals

AB 3632 is a State mandate which provides mental health services to the special education population through County services. Referred students must be designated as Special Education and the IEP team must initiate the AB 3632 referral requesting mental health services. Typically, the Special Education student must have received regular counseling (either on site or privately) for a minimum of 3-4 months before this referral can be initiated.

IV. Nine Types of Adaptations

Size

- Adapt the number of items that the learner is expected to learn or complete.
- For example:
 - Reduce the number of social studies terms a learner must learn at any one time.

Time

- Adapt the time allotted and allowed for learning, task completion, or testing.
- For example:
 - Individualize a timeline for completing a task; pace learning differently (increase or decrease) for some learners.

Level of Support

- Increase the amount of personal assistance with a specific learner.
- For example:
 - Assign peer buddies, teaching assistants, peer tutors, or cross-age tutors.

Input

- Adapt the way instruction is delivered to the learner.
- For example:
 - Use different visual aids, plan more concrete examples, provide hands-on activities, place students in cooperative groups.

Difficulty

- Adapt the skill level, problem type, or the rules on how the learner may approach the work.
- For example:
 - Allow the use of a calculator to figure math problems; simplify task directions; change rules to accommodate learner needs.

Output

- Adapt how the student can respond to instruction.
- For example:
 - Instead of answering questions in writing, allow a verbal response, use a communication book for some students, allow students to show knowledge with hands-on materials.

Participation

- Adapt the extent to which a learner is actively involved in the task.
- For example:
 - In geography, have a student hold the globe, while others point out locations.

Alternate

- Adapt the goals or outcome expectations while using the same materials.
- For example:
 - In social studies, expect a student to be able to locate just the states while others learn to locate capitals as well.

Substitute Curriculum

- Provide different instruction and materials to meet a student's individual goals.
- For example:
 - During a language test, one student is learning computer skills in the computer lab.

Source: *Adapting Curriculum and Instruction in Inclusive Classrooms: A Teacher's Desk Reference*, by Deschenes, C., Ebeling, D., and Sprague, J., 1994.

V. Making Modifications in the Classroom: A Collection of Checklists

Arlington County Public Schools,
Arlington, Virginia

The following is a collection of checklists to use when modifying materials, classroom environment and student demands. Additionally, you will find checklists of strategies to try when dealing with inappropriate behavior, focusing student attention and more!

MODIFYING THE PRESENTATION OF MATERIAL

Break assignment into segments of shorter tasks.	
Use concrete examples of concepts before teaching the abstract.	
Relate information to the student's experiential base.	
Reduce the number of concepts presented at one time.	
Provide an overview of the lesson before beginning.	
Monitor the student's comprehension of language used during instruction.	
Schedule frequent, short conferences with the student to check for comprehension.	
Provide consistent review of any lesson before introducing new information.	
Allow student to obtain and report information utilizing: cassette recorders, dictation, typewriters/computers, interviews, calculators, fact sheets.	
Highlight important concepts to be learned in text of material.	
Monitor the rate at which material is presented.	
Give additional presentations by varying the methods using repetition, simpler explanations, more examples and modeling.	
Require verbal responses to indicate comprehension.	
Give frequent reminders of homework assignments.	
Provide clear, concise directions and concrete examples for homework assignments.	
Assign tasks at an appropriate reading level.	
Allow for the oral administration of tests.	
Check assignment sheet for accuracy.	

MODIFYING THE ENVIRONMENT

Use study carrels.	
Seat student in an area free of distractions.	
Use preferential seating.	
Allow the student to select his/her seating.	
Help keep student's work area free of unnecessary materials.	

Use checklists to help the student get organized.	
Frequently check the organization of the student's notebook.	
Monitor the student's use of his/her assignment sheet.	
Check the assignment sheet for accuracy.	
Provide opportunities for movement.	

MODIFYING TIME DEMANDS

Increase time allowed for completion of tests or assignments.	
Reduce the amount of work or length of tests.	
Prioritize assignments and/or steps to completing assignments for the student.	
Space short work periods with breaks or change of tasks.	
Consistently follow a specific routine.	
Alternate quiet and active tasks.	
Set time limits for specific task completion.	

MODIFYING THE MATERIALS: Visual Motor Integration and Written Expression Problems

Allow for spelling errors.	
Allow student to use either cursive or print.	
Set realistic and mutually agreed upon expectations for neatness.	
Let student type, record, or give answers orally instead of writing.	
Avoid pressures of speed and accuracy.	
Provide copies of notes.	
Reduce the amount of copying from text and board.	
Accept key word responses instead of complete sentences.	

Visual Processing Problems

Highlight information to be learned.	
Keep written assignments and workspace free from extraneous and/or irrelevant distracters.	
Avoid purple dittos.	
Provide clear and well-defined worksheets.	
Go over visual task with student and make sure student has a clear understanding of all parts of the assignment from the beginning.	
Avoid having student copy from the board.	
Have student verbalize instructions before beginning task.	
Avoid crowded, cluttered worksheets by utilizing techniques such as blocking (blocking assignments into	

smaller segments), cutting (cut worksheets into sections), folding (fold worksheets into sections), and highlighting, color coding or underlining.	
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Language Processing Problems

Give written directions to supplement verbal directions.	
Slow the rate of presentations.	
Paraphrase information.	
Keep statements short and to the point.	
Avoid use of abstract language such as metaphors, idioms, and puns.	
Keep sentence structures simple.	
Encourage feedback from student to check for understanding.	
Familiarize student with any new vocabulary before beginning the lesson.	
Reduce the amount of extraneous noise such as conversation, radio, TV, outside noises, etc.	
Alert student's attention before expressing key points.	
Ensure the readability levels of the textbooks are commensurate with the student's language level.	
Utilize visual aids such as charts and graphs.	
Utilize manipulative, hands-on activities whenever possible.	
Always demonstrate how new material relates to previously learned information.	
Cue student by calling his/her name before asking questions.	

Organizational Problems

Provide an established daily routine	
Provide clear rules and consistently enforce them.	
Contract with student and use rewards for completion of contract.	
Check the student's notebook to ensure the use of dividers, assignment sheet, and calendar.	
Provide due date on written assignments.	
Provide a specific place for turning in completed assignments.	

USE OF GROUPS AND PEERS

Utilize cooperative learning strategies when appropriate.	
Assign a peer helper to check understanding of directions.	
Assign a peer helper to read important directions and essential information.	
Assign a peer tutor to record material dictated by the student.	

HELPING FOCUS ATTENTION

Establish relevancy and purpose for learning by relating to previous experiences.	
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Shape approximations of desired behavior by providing direct reinforcement such as praise or immediate feedback of correct answers.	
Seat student close to teacher.	
Make a positive, personal comment every time the student shows any evidence of interest.	
Make frequent checks for assignment progress/completion.	
Give advance warning of when a transition is going to take place.	
Use physical proximity and touch to help student refocus.	

ASSISTING THE RELUCTANT STARTER

Give a personal cue to begin work.	
Give work in smaller units.	
Provide immediate reinforcers and feedback.	
Make sure the appropriate books and materials are open to the correct pages.	
Introduce the assignment in sequential steps.	
Check for student understanding of instructions.	
Check on progress often in the first few minutes of work.	
Provide time suggestions for each task.	
Provide a checklist for long, detailed tasks.	

DEALING WITH INAPPROPRIATE BEHAVIOR

Provide clear and concise classroom expectations and consequences.	
Consistently enforce rules.	
Avoid the use of confrontational techniques.	
Provide student with alternatives.	
Designate a "cooling off" location within the classroom.	
Assign activities which require some movement.	
Use praise generously.	
Avoid power struggles.	
Ignore attention-getting behavior for a short time.	
Avoid criticizing the student.	
Communicate frequently with parents/guardians.	
Monitor levels of tolerance and be mindful of signs of frustration.	
Speak privately, without the audience of peers, to student about inappropriate behavior.	

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