

CATEGORIES OF DISABILITY

Attached is a description of the twelve recognized categories of disabilities included in special education programs that you may encounter in students. The information provided for each of the areas includes a description of the disorder or impairment, general characteristics of students who have the disorder or impairment, and general instructional strategies. Your state or district might use different terms to describe these disabilities and exceptionalities, so ask your supervisor about the terminology you should use. Also, keep in mind that you should use these description and characteristics to help you gain insight into the students you may work with and *not* to diagnose other students! Remember, too, that a student's eligibility for special education services under a specific category does not determine *where* he or she will receive services and support. Regarding placements, the rules and regulations allows services for any student to be considered in a range of places—from the general or regular classroom to a special or separate school. The decision of where a child receives his or her special education services is made and monitored by the child's educational team.

The categories of disability recognized by the special education law are discussed in this order:

- Speech and Language Disorders
- Learning Disabilities
- Cognitive Disability
- Emotional/Behavioral Disability
- Visual impairments
- Hearing impairments
- Deaf-Blindness
- Physical Disabilities
- Health Impairments (including ADHD/ADD)
- Traumatic Brain Injury
- Autism
- Severe and Multiple Disabilities

Speech and Language Disorders (S/L)

Description

Speech and language disorders, or communication disorders, may take the form of stuttering, problems in articulation (making sounds), a delay in language development, or a voice impairment that affects a student's educational performance. The percentage of children receiving support and services for speech and language disorders is higher in early childhood and elementary schools than it is in middle and high schools. Some students receive only speech and language services, while others receive speech and language services along with services for another disability area. Communication disorders are often associated with other areas of disabilities. Most often, the specialist who provides the speech and language services is known as a speech and language clinician or therapist.

General Characteristics

Speech disorders refer to problems in producing speech sounds, problems with voice quality, or a combination of both. You may have trouble hearing or understanding what a child with a speech disorder is trying to say, due to his or her difficulties in one or more of the following areas:

- Articulation disorders (mispronunciation of syllables or whole words)
- Voice disorders (abnormal pitch, loudness, or quality)
- Fluency disorders (pauses, hesitations, or repetitions)
- Stuttering

Language disorders refer to problems in understanding and/or using words. A student who has a speech disorder may consequently also experience problems in language development—difficulty or delay in acquiring and using language. Children with language disorders may misuse words and meanings, have trouble with grammar, or have a very small working vocabulary. They may also have trouble following directions. Some students may need to use alternative or argumentative communication devices. These devices, which could include a picture board, teacher-made materials, or computer assistance, help students with very limited abilities communicate with other students and adults. Other students may use sign language, gestures, or eye movements to communicate.

General Instructional Strategies

- Provide and encourage many opportunities for the student to verbally interact with adults and other students -
- Make sure your verbalizations, directions, instructions, and conversations with the student are directed at his or her level of understanding.
- See that the student with speech and language disorders is not excluded from communication within the class.
- See that other students do not mimic or make fun of the student's speech or language problems.
- Find out the speech and language goals for the student and try to find ways throughout the day to reinforce them.
- Be aware that speech and language problems will affect almost all other areas of student interaction, classroom instruction, and student achievement. Work closely with the teachers and therapists to anticipate problem areas.
- When listening to a student who stutters, use nonverbal listening skills, such as eye contact and facial expressions, and let the student finish talking. Don't finish sentences for the student.
- Minimize pressure on the student to perform verbally, and try to reduce the student's anxiety.
- Help with instruction by reinforcing important vocabulary words and meanings and checking student understanding.

Learning Disabilities (LD)

Description

A student with a learning disability has normal to above-normal intelligence or ability, but is not achieving up to his or her potential. Usually, this poor achievement is demonstrated in *only one or two areas*, not all academic areas. The areas typically affected are spoken language, written language, math, reasoning, and organizational skills. The student's poor achievement cannot be attributed to some other type of disability, such as a vision or hearing problem, a language problem, a behavioral or emotional problem, or a physical problem.

A learning disability is often called a "hidden disability" because it's hard to see or understand. Individual problems vary from student to student, and even "what works" will be different for almost every child.

General Characteristics

To an uninformed observer, a student with a learning disability may appear to be lazy, just not trying hard enough, uncooperative, or a low achiever when, actually, he or she does things or learns things in a way or at a pace that is different from other learners' approach. One problem area, such as reading, may cause problems in other subjects (science and social studies) where reading is necessary. In addition, the student could have problems in one or more of the following areas:

- Taking in information (reading, watching, listening, etc.)
- Processing information (understanding and relating new information)
- Storing information (long- or short-term memory)
- Producing information (writing, demonstrating, explaining)

This student may also be lacking in planning or organizational skills, study skills, problem-solving skills, social skills, and self-esteem.

General Instructional Strategies

- Develop a new definition of LD—Learns Differently!
- Remember that the student may need environmental or administrative changes in such areas as time, organization, instructional methods, or materials.
- Add support or reinforcement (people, materials, technology).
- Develop a variety of adaptations of class work and classroom routines.
- Use jingles, rhymes, initials, acronyms, or even silly songs to help the student remember information or procedures.
- Use compensation strategies that will use the student's strengths and abilities to bypass or "get around" problem areas.
- Have the student keep a calendar or assignment notebook and help and remind the student to use the calendar or assignment notebook.
- When working on printed materials, have the student read along with taped texts or adults or other students.
- Allow the student to use a tape recorder to take notes, a computer for writing and spelling, and a calculator for math functions.
- Don't continue to use methods that have not been successful in the past. Think of new ways to say or show something.
- Preview, pre-teach, review, and re-teach information.
- Provide advance organizers such as outlines, study guides, and focus questions.
- Allow more time.
- Choose a day to regularly clean out desks, lockers, and book bags, then help the student organize his or her papers and books.

Cognitive Disability (MR)

Description

A student with a mental retardation or a cognitive disability is considered to have sub-average intelligence, as well as problems in personal independence and social functioning (adaptive behavior). Mental retardation may be identified through tests measuring a student's adaptive abilities and achievement potential (IQ). Most states recognize an IQ score below 70 as the range for identifying mental retardation (100 is considered "normal"). Mental retardation is often categorized into the levels of mild, moderate and severe/profound. These levels may provide an idea of the types of instruction and support that the student will need.

General Characteristics

The most common characteristics of students with mental retardation include a slower pace of learning, immature social skills and self-help skills, and below-average language and academic skills. Their academic skills almost always fall below those of their peers in all areas, and they may have difficulty learning basic skills in reading, writing, and math. They will most likely have problems expressing and understanding language at the same level as their grade- or age-level peers.

General Instructional Strategies

- Make instruction and practice more concrete and personally relevant by relating them to tasks and experiences the child understands.
- Provide additional or another type of practice on skills.
- Repeat instructions or activity descriptions; keep directions simple.
- Allow a longer time for a response from the student.
- For a student with relatively mild mental retardations, more curricular modifications or adaptations may be necessary, such as reducing the number of lesson or activity goals/objectives and using parallel materials, i.e., materials on the same topic, but at lower reading levels.
- Break tasks into smaller parts; teach in smaller steps.
- *Show* the student how to do something—don't just tell.
- If classroom duties and responsibilities are rotated among all the students (delivering the lunch count, erasing the chalkboard, etc.), do not rotate them for this student.
- For a student with moderate to severe mental retardations, provide a great

number of modifications and even alternative goals and activities when the regular classroom instruction is inappropriate.

- Incorporate TEP goals.
- Be clear on classroom rules and expectations, and repeat them often.
- Use a good bit of drill and practice.
- Remember that below-age or poor social skills are part of the disability, so offer instruction and support in social skills and peer interaction. Many of these students will not automatically pick up on nonverbal cues and will need appropriate actions and reactions modeled or directly instructed. An example might be that playfully hitting a classmate is not the best way to show friendship, whereas waiting in line to use the slide is the right way to do it.
- Finally, provide support only when the student needs it! Encourage the student to be as independent as possible.

Emotional/Behavioral Disability (E/BD)

Description and General Characteristics

A student identified as having an emotional or behavioral disorder will demonstrate some type of behavior that interferes with his or her ability to learn and achieve in the classroom. These types of behaviors may include the following:

- Social maladjustment—has poor attendance, displays jealousy, is not accepted by others, is indifferent or inattentive.
- Withdrawal—is unhappy and worried, has difficulty in expressing thoughts and emotions, has poor relationships with others, daydreams.
- Aggression—looks for trouble, is defensive, disrupts class routine, resents and resists authority.
- Excessive extroversion—is a nonconformist or overly aggressive, rebels when suppressed, interrupts.
- Volatility—is easily upset, has a "chip on the shoulder" or negative attitude, is insecure.
- Excessive shyness or timidity—has nervous habits, soft voice, few friends; avoids contact with people; tires without reason.

The student with an emotional or behavioral disorder may suffer from mental illness and disorders such as depression, obsessive/compulsive, schizophrenia, personality disorders, eating disorders, etc. In order for the student to qualify for special education services in the area of emotional or behavioral disorders, one or

more of the behaviors listed above must have been observed and identified as a problem in several different settings and to the degree that it has created problems for the student. All students who receive the ED, BD, or E/BD label are identified by the frequency and the intensity with which they demonstrate their problem behaviors.

General Instructional Strategies

- Use a clear, directed behavior management plan that has been developed by the student's team. Make sure you understand the expectations for the student and the consequences for him or her if there are infractions.
- Make sure you know what to do if unacceptable behavior occurs. You are not responsible for the student's behavior, but you are responsible for your reactions to the student's behavior.
- Help the student develop some self-monitoring techniques for his or her behaviors.
- If it is appropriate, work toward improving the child's self-esteem and confidence.
- Write and use behavior contracts. *The Tough Kid Book* (see page 84) has information on writing these contracts.
- Develop a system of cueing with the student. Cueing is a subtle, nonverbal way of telling kids their behaviors are acceptable or unacceptable.
- Pinpoint academic levels and areas affected by the problem. To be identified and, thus, qualify the student for special educational services, behaviors must interfere with learning. Many of these students have missed instruction because of their behaviors and may be below grade level in one or more areas. It is a myth that all students with a behavior disorder are gifted!
- Try to determine if there are "triggers" to certain behaviors. These triggers could involve seating arrangements, classroom demands, classroom routines, instructional methods, another student, occurrences prior to coming to class or school, specific foods, etc. Once a trigger is identified (or suspected), the team should suggest changes to solve the problem.
- Consider modifying assignments or giving alternative assignments.
- Use humor to defuse or divert student problems.
- Try not to hold a grudge; start each day with a clean slate.

Visual Impairments

Description

A child is considered to have a visual impairment if, even with correction (glasses, contact lenses, surgery, etc.), there are still problems with the child's educational performance due to the visual impairment. The area of visual impairments covers a wide range of visual disabilities, including blindness, partial sight, and visual defects (e.g., astigmatism).

General Characteristics

A student with a visual disability may:

- Rub his or her eyes, shut or cover one eye, or have unusual facial expressions.
- Have difficulty reading or lose his or her place while reading.
- Not be achieving to potential.
- Hold papers and books either too close or too far away.
- Complain of pain in eyes or head, or of dizziness or nausea.
- Reverse letters, get letters confused, or use poor spacing when writing.

General Instructional Strategies

- Use special aids such as magnifiers, special lighting, and large type in classroom instruction.
- Allow preferential seating and provide extra desk space for enlarged materials and special aids.
- Obtain or make teaching materials in Braille or on audiotape.
- Have the student use special raised-line paper for writing.
- Use assistive technology such as books on CD-ROM, talking computers, or talking calculators.
- Enlarge regular classroom printed material on a copy machine or use a larger font on the computer screen.
- Use concrete materials and tactile aids such as relief maps, globes, and math manipulatives.
- Encourage hands-on learning.
- Practice fire drills and other drill routines.
- Be specific and clear when giving directions, adding details such as which desk, how far back, which side, etc.

- Allow extra time on assignments if necessary and appropriate.
- Allow the student to work with another student or a group of students.
- Contact your district's vision specialist or special education teacher for catalogs of classroom and home equipment that is manufactured for persons with visual impairments.
- Ask the school or public library to help track down other resources available for persons with visual impairments.
- Assist in the student's orientation to the school and classroom. Talk about where things are. Encourage the classroom teacher not to rearrange the room—at least not without giving you a chance to prepare the student!
- If you must assist the student with mobility (walking with the student to guide), don't lead him or her. Your hand at the student's elbow may be enough.

Hearing Impairments

Description

As with visual disabilities, the area of hearing disabilities covers a wide range of student disability. In this case, it is related to the inability to hear sounds and discern clarity, ranging from a slight hearing loss to deafness. Hearing disabilities usually result in communication problems in the regular classroom.

General Characteristics

- A student with a conductive hearing loss (a problem with the volume), may be helped to hear more with a hearing aid, but he or she won't necessarily be given normal hearing.
- Depending on the onset and the severity of the hearing impairment, the student's language and speech may be negatively affected.
- A student with a hearing impairment may use sign language or rely on speech reading (understanding another person by watching the lips and face) to communicate with others.
- Reading and writing skills may be below expected ability, and the student may experience difficulty in mastering sentence structure and word order (syntax).
- Because of communication difficulties, social interaction with peers may be an area of concern.
- Some students with hearing impairments talk too loudly or too softly, often interrupt others, or make unintentional noises.

General Instructional Strategies

- Allow preferential seating.
- Try to reduce background noises.
- If a hearing aid has been prescribed, try to see that the student wears it at all times, unless you are told otherwise.
- Help the student learn to care for specialized equipment, such as hearing aids and auditory trainers (teacher/paraprofessional wears a portable microphone which transmits what is said directly to the student's hearing aid).
- Get the student's attention before talking or giving instructions. • Provide previews of vocabulary words or concepts that will be presented during class instruction. Ask the teacher to write these key words or ideas on the board during instruction to help cue the student.
- Be sure to face the student when talking or instructing. Don't move around when talking or instructing, and don't stand in front of a light or window.
- Keep your face free of obstructions. Facial obstructions such as fancy hairstyles, facial hair, coffee cups, books, and lots of jewelry are distracting to a student trying to speech read.
- Don't exaggerate lip movements or slow down or speed up your speech rate. Use complete sentences when you talk.
- Provide visual aids whenever possible.
- Use other students to help take notes, pass along directions, and clarify ideas. If you always do these tasks yourself, you reduce the opportunity for more peer interaction.
- Make accommodations for oral instruction—present information in written form to the student, demonstrate or give hands on instruction, provide visual representations, etc.
- Encourage and facilitate interaction between the student and his or her classmates.
- Provide feedback to the student on inappropriate noises or voice volume, interrupting, etc.

Deaf-Blindness

Description and General Characteristics

This combination of sensory impairments is named as a separate category because of the unique individual student learning needs and specialized services and strategies. A student in this low incidence category will have moderate to severe problems in both vision and hearing. After reading the information earlier in this section about hearing disabilities and visual disabilities, you can imagine the unique needs of students with high needs in both senses. Those needs include not only academics, but also social skills and self-help/independence skills—as well as communication and mobility. Students who qualify for services as deaf-blind will need more specialized methods than those used for students with either hearing or visual disabilities alone. Individuals who are deaf-blind will need services from specialized and related special education services such as sign language interpreters and specialists who work with orientation and mobility training. *Orientation* refers to a child's awareness of his or her own placement or "space" in relation to other people and things. *Mobility training* refers to helping the child move about and get from place to place as safely and independently as possible.

General Instructional Strategies

Students who are deaf-blind learn tactually, or through the use of their hands and through touch. Communication skills to be developed and used are Braille and sign language. It's extremely important that you have close and constant contact with all members of the student's planning and instructional team.

Physical Disabilities and Other Health Impairments

Description and General Characteristics

A child with a physical or orthopedic disability was either born with or acquired the condition, and it has a negative effect on the child's education. The most common physical or orthopedic disabilities include the following:

Cerebral Palsy. There are several different forms; all basically involve muscle and limb control. The person is unable to coordinate body movement and has slow, spastic, or distorted limb movement. Speech and mobility may present problems.

Cerebral palsy itself does not affect intellectual functioning, but may cause a barrier to expressing learning. Cerebral palsy is not progressive; it does not get worse over time.

Muscular Dystrophy. This is an inherited disability that is progressive and, over time, weakens and degenerates the student's muscles. The student may tire easily and need frequent periods of rest. Eventually, most students will be unable to walk.

Spina Bifida. This disability is present from birth. It involves an opening in the bone surrounding the spinal cord and the nerves controlling muscles and feeling in the lower part of the body. Students with spina bifida may have some lower limb paralysis and may need to use a catheter to collect their urine.

Missing or Abnormal Limbs. These disabilities can be present at birth or result from some accident. Students are often fitted with prostheses (artificial limbs) or use the remaining part of the limb. Time may be a factor in accomplishing tasks in the classroom, depending on the student's ability to move.

Arthritis. This disability involves the inflammation of a joint or joints, making movement painful and limited. Unlike adults who have arthritis, most children are affected for an unpredictable time (from months to years), but are free of the disease after about a ten-year period. Students with Juvenile Rheumatoid Arthritis may appear irritable and distressed because of the pain. Morning stiffness may occur, so students may need to move around frequently.

A child with a **health impairment** may experience permanent, temporary, or occasional problems. Most students who are served by special education for health problems usually have those problems over long periods of time and don't tend to get better. **Some of the most common health impairments are the following:**

Epilepsy (seizure disorders). A student with epilepsy experiences seizures. During a seizure, the brain's nerve cells are charged with extra amounts of electricity, causing loss of functions such as attention, feeling, comprehension, and muscle control. The most common types of seizure experienced in the classroom are petit mal (nonconvulsive) and grand mal (convulsive).

Allergies. A student with an allergy shows a strong reaction or intolerance to a substance that doesn't cause problems for most people. The reactions may include sneezing, watering eyes, runny nose, tiredness, itching, or a rash. Avoiding the substance and/or taking medication will help the student. Fatigue and absenteeism may cause problems in the student's academic program, and modifications or accommodations may be necessary.

Asthma. Asthma is usually a result of an allergic reaction that causes the bronchial tubes or lungs (or both) to be blocked by excessive mucus. The student may struggle to breathe, then wheeze, turn pale, and perspire. You may want to check

the student's "triggers" to items in the classroom or school—a class pet, food served at lunch, treats at a party, or levels of physical activity.

Diabetes. A diabetic's body is not able to use and properly store sugar because the body is not able to produce enough of the hormone insulin, if the proper treatment is not followed, serious problems can result. Some potential problems include insulin reaction (or insulin shock), caused by anything that increases the metabolic rate. This could be too much exercise or insulin, too little food, or too much nervous tension. Usually, fruit juice, candy, a soft drink, or even a sugar cube can help. A diabetic coma, on the other hand, can occur if the student has had too much sugar. This requires rest and an injection of insulin. Clearly, if there is a diabetic student in your classroom, it's not a good idea to use food as a reward or treat. The author recalls having a high school student who was a severe diabetic, but could not resist sweets. She got to the point of searching the student daily for candy. The rest of the class understood his condition and helped monitor his actions. Whoever caught him sneaking candy got to eat the rest!

There are many more health impairments that pose problems for students and their education: cancer, HIV, hemophilia, leukemia, sickle-cell anemia, cystic fibrosis, and others. When the student you are assigned to support has a specific health or physical impairment, ask questions about the impairment and your responsibilities to the student, to the other students in the class, and to yourself. The other professionals involved with the student's program should provide support and information to you.

General Instructional Strategies

- Remove or accommodate barriers. These barriers might include method of expression, time limits, personal needs, the need to be absent frequently, and lack of stamina. Even something as simple as rearranging the classroom might make all the difference. Other suggestions include using assistive technology (computers, communication devices, and adapted switches, knobs, and buttons), allowing extra time for movement and transitions, giving instruction and practice in self-care, modifying the length of assignments, shortening instructional times, and planning frequent breaks.
- Compensate for frequent absences. Some physical impairments and most of the health impairments will mean frequent or extended absences, or both. Sending assignments home, allowing the student to keep an extra set of books at home, arranging for homebound instruction, shortening assignments, and allowing the student to take an oral test instead of a written test are a few common accommodations. Many difficult questions may arise if a child's impairment is severe

terminal. Decisions about a student's program should be made by a team of staff members, which includes the paraprofessional. Don't let sympathy for a student's condition or future cause you to "shortchange" that student while he or she is still able to participate and learn at any level.

- Provide assistance and support. If you are assigned to a child with a physical or health impairment, your job may include several physical or manual requirements, such as lifting the child from a wheelchair, setting up computer equipment, emptying a urine bag, administering medication, or even feeding the child. Ask questions about any physical or manual requirements when you talk with your official supervisor, and make sure you are able and willing to meet those requirements.
- Medical needs for these students are often the biggest concern, so be sure you follow prescribed guidelines. These include monitoring medications, including medication schedules, effects, and side effects, and keeping records regarding student medications.
- Watch for fatigue in students. These students may tire more quickly and require rest, routines and schedules, and frequent breaks. Some students may even be at school on shortened schedules (part-time attendance).
- Become familiar with or involved in the planning of emergency procedures. There may be special procedures for fire and tornado drills, since students with physical or health disabilities may require more time or special assistance to reach the designated area. Special equipment may be used, such as a wheelchair, evacuation chair, or stretcher. You should receive thorough instruction on the use of any specialized equipment.
- You may be required to move, lift, transfer, or position students with physical or health disabilities. Work closely with the student's teachers, therapists, and parents to determine what special procedures and equipment are necessary and how to properly use them. Specialists who often work with these students are called physical therapists. Physical therapists can provide you with valuable information and training. There are even special positioning devices and equipment that are often used with these students, including braces, wedges, prone standers, walkers, modified tricycles and bicycles, and swings.
- If you are assisting a student with physical needs, such as moving, lifting, toileting, or dressing, be respectful of the student's privacy and dignity. Don't ever expose a student to any situation that could be embarrassing or humiliating.
- Monitor the student's safety and health. As the paraprofessional, you may be responsible for ensuring the safety of the student, as well as monitoring details of the impairment and/or administering medication. An area of concern is the correct procedure to follow if a student has a seizure.

If a **petit mal seizure** occurs, the student may:

- Appear to be daydreaming.
- Stare straight ahead (or have rapid eye movement).
- Not seem to understand anything for a brief time. The paraprofessional should:
- Be aware of signals that may indicate a seizure is about to happen or is happening.
- Stay with the student during the seizure.
- Record that the seizure happened, how long it lasted, and other important remarks and observations.

A petit mal seizure is usually very short, lasting for 3-30 seconds. Following this type of seizure, the student can immediately return to the task at hand. The student may not even be aware of the seizure.

If a **grand mal seizure** occurs, the student may:

- Fall to the ground or floor.
- Lose consciousness.
- Stiffen body muscles, then begin jerking movements.
- Make some type of a noise or sound.
- Bite the tongue or lose bladder control.
- Have trouble breathing or seem to stop breathing.
- Have a bluish or pale complexion.

The paraprofessional should:

- Remain calm and remember the seizure is painless to the student.
- Help the student lie down; then put something flat and soft, such as a jacket or sweater under the student's head. Once the seizure starts, nothing can be done to stop it.
- Move desks, chairs, and other items (and people) away from the student. This is to keep the student from harming himself or herself during the seizure.
- Never put anything into the mouth of someone having a seizure! This can actually do more harm than good.
- Remove glasses and loosen tight clothing of the student if needed.
- Stay with the student throughout the seizure.

A grand mal seizure lasts longer than a petit mal seizure— from a few minutes to less than ten minutes. When the seizure is over, turn the student's head to one side. Don't offer anything to drink until the student is fully awake. The student may be tired and confused, so allow time to rest. A doctor or nurse does not need to be called unless the seizure lasts more than ten minutes or you have been instructed to do so by a teacher or parent. As with the petit mal seizure, record that the seizure happened, how long it lasted, and any other important remarks and observations. There are usually indicators that a seizure is about to occur, but they can be unique to each student. You will need to become familiar with those individual

"signals." To do so, observe the student, ask parents and former teachers, consult medical records if possible, or ask the student. You may also need to reassure the other students in the class and help them understand that seizures are normal for some people, and there is nothing to be afraid of. Remind them also that the student has done nothing to bring the seizure on, and they should not treat the student any differently.

Attention Problems and Hyperactivity (ADD and ADHD)

Both attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) are currently receiving a great deal of attention in the media, as well as in the schools. Neither is a separate category of special education, and a student who has been medically diagnosed with one of these disorders doesn't automatically receive services. However, the student *may* receive special education services if he or she is found to be eligible under one of the existing twelve categories. Students with ADD/ADHD who do qualify for special education are most often labeled as students having health impairments, learning disabilities, or emotional/behavioral disorders. In fact, many students with learning disabilities also have attention and/or hyperactivity problems.

However, these students do not necessarily need to be placed in special education to receive special accommodations.

General Characteristics

While the term *hyperactive* is widely used, diagnosis of ADD/ADHD must be made by a doctor, not a teacher or even a school psychologist. (A school psychologist is a school district employee who can provide counseling to students, support in behavior management planning, and administration of a wide range of in-depth tests and assessments to individual students.) Therefore, before you read the following general characteristics of students with attention problems, heed this strong word of caution: Do not start making your own diagnoses of students. Many of the characteristics of students with attention problems could apply to almost any child (or adult, for that matter) at some time. Remember that diagnosis for ADD/ADHD must be made by a doctor, and there are many other conditions that must be present for this diagnosis. One of those conditions is that the problem must cause serious difficulties in

functioning. Another condition is that a specific number of characteristics must be present for an actual diagnosis. Some of those characteristics are listed below:

- The student's ability to pay attention or concentrate is disrupted; he or she...

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- has trouble paying attention to important aspects of something. - has trouble keeping attention focused over a period of time.
- The student may show academic, behavior, or social problems due to his or her inability to pay attention.
- The student may be inattentive; he or she...
 - makes careless mistakes.
 - doesn't seem to listen.
 - doesn't follow through.
 - has organizational problems.
 - is easily distracted.
 - is forgetful.
 - often loses things.
 - dislikes activities requiring sustained effort.
- The student may be impulsive; he or she...
 - blurts out answers.
 - has difficulty waiting in lines or waiting turns.
 - often interrupts others.
- The student may be hyperactive; he or she...
 - fidgets.
 - has trouble staying seated or still.
 - talks excessively.

While some children diagnosed with ADD or ADHD may be taking medication, other may not. Whether a child should take medication for ADD or ADHD is currently a topic of debate, and some families choose not to have the child take medication. This is not a team decision, but a parent decision that must be respected. Teachers and paraprofessionals work with children with attention and hyperactivity problems whether they are taking medication or not.

General Instructional Strategies

- Provide structure and routine for the student.
- Help teach self-control through self-monitoring, self evaluation, self-rewarding, and self-instruction.
- Provide frequent breaks.
- Avoid having unrelated materials and objects on the student's desktop.
- Keep verbal directions simple.
- Be sure the student understands all classroom rules/expectations.
- Have the student keep an assignment notebook.
- Provide frequent feedback on behavior and assignments.
- Prepare students for changes and transitions (moving to another room, another

activity, another seat, etc.).

- Give consideration to whom the student works with in groups or pairs.
- Try to use positive reinforcement and make more positive comments than negative.

There are a great number of books and resources available that offer more suggestions for working with and supporting the ADD/ADHD student. The following organizations and websites are a good place to start:

<http://www.chadd.org/index.htm>

Misunderstood Minds

<http://www.pbs.org/wgbh/misunderstoodminds/>

Attention-Deficit Disorder Organization

<http://www.add.org>

LD On-line

<http://wwwJdonline.org>

Traumatic Brain (or Head) Injury (TBI)

Description and General Characteristics

Traumatic brain injury is a combination of physical and cognitive disability. A traumatic brain injury results from some outside force that actually causes damage to the brain. Most traumatic brain injuries result from falls, automobile or motorcycle accidents, blows to the head, or other head trauma. Brain injuries can result in learning problems that range from mild to severe and, depending on the area of the brain injured, can affect any one or more of the following areas: thinking and reasoning, understanding words, remembering things, paying attention, solving problems, thinking abstractly, talking, behaving, walking and other physical activities, seeing and/or hearing, and learning.

The label of TBI is not used for anyone who was born with a brain injury or who sustained it during birth. TBI is used for injury that occurs after birth. The problems may be temporary or permanent, and can be difficult to deal with since the student may not recognize the changes brought on by the injury. That is, the student may recover enough to return to school, but not understand new limitations. It's very important that, if you work with a student with TBI, you work closely with the team developing and implementing the program and follow the program and guidelines, even if the student doesn't believe it's necessary.

The student may show learning problems associated with learning disabilities. In addition to the characteristics listed above, he or she may:

- Have reduced stamina and tire, especially in the afternoon.
- Have seizures and/or headaches.
- Be placed on a shortened day or schedule.
- Become confused easily.
- Have problems with memory and organization.
- Show mood swings and have social skill problems.

General Instructional Strategies

- Obtain specific instructions and strategies from the team responsible for the student's program.
- Give the student more time to finish class work and other assignments.
- Give directions one step at a time or provide a list of written instructions.
- *Show* the student how to do things, rather than just explaining and providing examples. Allow extra practice on new skills.
- Have routines and schedules and follow them. If changes are necessary, tell the

student ahead of time.

- Show the student how to use a planner or assignment book. Give the student a daily schedule.
- Allow breaks and rests if the student needs them.
- Obtain specific instructions and strategies from the parents and/or the special educator responsible for the student's program.
- Provide a structured environment.
- Work on academics in the morning.
- Shorten homework assignments.
- Break instruction into smaller amounts of time.
- Allow the student to keep a set of schoolbooks at home.
- Be clear on classroom rules and expectations, and repeat them often.
- Use a good bit of drill and practice.
- Avoid giving additional responsibilities or assignments before the student is ready to take them on.

Autism

Description

Autism is diagnosed by a medical doctor, rather than through educational testing. The term is used to categorize severe communication/language and interpersonal skill deficits. As a group, students with autism may display a wide range of intensity in the following areas: speech and communication disabilities, sensory deficits, tantrums, self-stimulation, inappropriate social behavior, inappropriate play or unconventional use of toys, and inappropriate emotions. The diagnosis of autistic disorder is made when the child displays six or more of twelve symptoms listed across three major areas: social interaction, communication, and behavior. When a child displays similar behaviors but does not meet the criteria for autistic disorder, he or she may receive a diagnosis of Pervasive Developmental Disorder or PDD. The behaviors, educational needs, and treatments associated with PDD are similar to those associated with autism.

General Characteristics

Early diagnosis and appropriate educational programs are very important, so you may be working with very young children. At any age, children with autism or PDD vary widely from each other in abilities, intelligence, and behaviors. Some may not talk, while others repeat phrases extensively. Children with more advanced language skills may have a small range of topics and experience trouble with abstract

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concepts. Some children with autism may not be able to establish or maintain relationships with peers and adults or show appropriate behavior under normal circumstances. Some children may:

- Relate very poorly to people, objects, or events.
- Have unusual responses to sensory information, such as lights, loud noises, and certain textures of food or fabrics.
- Show repetitive play skills.
- Have a limited range of interests.
- Lack communication skills or have a small range of communication skills.
- Prefer an unchanging environment.
- Not work well with other students in play or learning situations, such as cooperative learning groups.
- Demonstrate repetitive movements or sounds.
- Show slow development or lack of physical, social, language, or learning skills.
- Have an inability to learn that cannot be explained by intellectual or health reasons.

General Instructional Strategies

Programs for students with autism range from placements in separate, intensive programs with defined strategies and methods to inclusive placements in general education programs. It is very important that you closely follow the prescribed program and strategies developed by the student's team. You may also be required to keep records or log behaviors as you work with the child. The list of instructional strategies presented below is somewhat general and short. Because each case is unique, it's hard to describe general procedures.

- Provide structure in routine and classroom environment. Prepare the child for transitions or movements from one activity to another.
- Break instruction into small steps and make directions clear and short.
- Try to distract or stop self-stimulating behavior if it is interfering with learning; otherwise, ignore it.

- Describe concrete actions, because feelings and verbal descriptions may not be understood.
- Try to reinforce positive behaviors.
- Teach and demonstrate appropriate social skills.
- Improve communication skills (verbally or with the use of assistive devices or a computer).

The best advice is to work closely with the team responsible for the child's program and find out what has worked before and what hasn't worked. Ask for suggestions on what to try, then document the child's response to those tries. You may receive specialized training for working with students with autism. Finally, since these children like structure, be patient and persistent. Give an intervention or suggestion enough time. Once will not be enough!

Severe and Multiple Disabilities

Description and General Characteristics

Students served by special education under the category of severe and multiple disabilities have two or more disabling disabilities, and one of those disabilities is almost always severe or profound mental retardation. Abilities are severely affected, and it's generally difficult to tell which disorder is the primary area of disability. This area does not include children who would be served under the category of deaf-blindness. Individuals in this area of disability require extensive, ongoing support in "life activity" areas, such as mobility, communication, self-care, and learning.

General Instructional Strategies

Instruction for these children includes self-help skills; communication skills; functional academic skills; daily living skills; community awareness; and recreational, social, and vocational education skills. However, keep in mind that these students also benefit greatly from positive social interactions with their general education peers. Student planning and instructional teams will be larger than usual and will generally include physical therapists, occupational therapists, speech and language therapists, adaptive physical education specialists, teachers, and paraeducators. Paraeducators can be assigned to work with and support the students for the entire day. As when supporting students who receive services as deaf-blind,

meeting with and working closely with the team and the individual members of the team is one of the most important points of successful paraprofessional support. Children with severe and multiple disabilities may also have special healthcare needs or concerns. These needs may include monitoring and administering medications, detailed documentation of behaviors and care, helping with toileting and personal needs, and using specialized equipment such as ventilators and suction. Some co-existing conditions may include physical disabilities, as described earlier. Even when a student with these types of needs is included in general education classes, what he or she will be working on may be different from, or a modification of, what the other students are doing. Be sure to get support and direction from a team member, and review the student's IEP thoroughly.

Now that you've been introduced to different areas of special education and special needs, one word of caution: Do not become a diagnostic expert. To qualify for services within the twelve areas of disabilities defined by the special education law, IDEA-97, students must go through a lengthy and thorough pre-assessment, a comprehensive evaluation, and carefully considered placement procedures. The process is thorough and often takes a great deal of time and effort to ensure that students are not over-identified or misplaced.

Do not try to categorize or characterize students who are not receiving special education services. If you suspect a problem, mention your concerns to the teacher or teachers with whom you work *without* using special education terms or labels.