

# Learning Differences and Special Education

## Chapter Three

- I. Recognizing and Responding to Particular Learning Differences
- II. Over-Arching Strategies for Addressing Learning Differences

### Introduction

The subject of “learning theory” is ultimately about the similarities and differences in how individuals access, understand, store, and communicate information. In the early chapters of this text, we discussed various models for delineating different means of learning. We saw that some of us may have dramatically better memories with aural stimuli than visual stimuli. Some of us may learn most efficiently in kinesthetic learning scenarios while others require absolute stillness and quiet to really soak up new information.

#### Special Education Across the Curriculum

You will notice that special education-related issues are discussed in each of the various texts that you are reading in preparation for institute. A chapter in the *Instructional Planning & Delivery* text, for example, gives you an overview of the special education system itself—how students qualify and how they are served by the system.

At some point on the grand spectrum of learning differences, we begin to categorize and name recurring sets of characteristics of these differences. When those sets of characteristics impede learning in some way, we consider them “disabilities.” This chapter attempts to provide you with an introduction to a small number of these “packages” of learning differences that we label as disabilities. By familiarizing yourself with these various learning differences, you will be more prepared both to recognize and to respond to the unique instructional needs that certain disabilities present.

This chapter will first focus on the various categories of disabilities that are described by the law that governs special education, the Individuals with Disabilities Education Act (IDEA), since those categories play such a key role in all schools’ special education systems. Based on new teachers’ most common challenges regarding students with disabilities, we will pay particular attention to three types of disabilities—specific learning disabilities, Attention Deficit and Attention Deficit/Hyperactivity Disorders, and emotional disturbances.<sup>10</sup> Then, the second half of this chapter will explore one particular protocol for supporting students with disabilities that has been developed by pediatrician Mel Levine called “Management by Profile.”

### I. Recognizing and Responding to Particular Learning Differences

In this section, we are going to focus on generalizations and patterns of differences that we see in students served by special education programs. First, we will survey the categories of disabilities that are delineated by IDEA. Then we will explore in more detail a handful of those categories that are most likely to apply to some of the students whom you serve.

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<sup>10</sup> Department of Education website. “IDEA ‘97” homepage with links to various resources and information. <http://www.ed.gov/offices/OSERS/Policy/IDEA/index.html>, accessed 7/10/2010.

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### Categories of Disabilities Under IDEA

Although the many varieties of learning differences and disabilities defy definitive categorization, for the sake of administering special education services, IDEA roughly categorizes disabilities into thirteen categories. Children falling into one or more of these thirteen categories may be found to qualify for special education services if their disabilities affect their educational performance.

As stated previously, these categories are broad, and states (and even different regions within a state) sometimes use different terminology for these categories. You should of course become familiar with the categories your school district recognizes, but the terminology used here is very common among the states and will serve as a starting point for your learning. (The letters in parenthesis following each category are acronyms used by most states.)

By far the most common special education classification (making up 46.2% of the students receiving special education services) is **Specific Learning Disability (LD or SLD)**.<sup>11</sup> This general term is used to describe a person who has a significant learning problem in one or more of the basic processes involved in understanding or using spoken or written language. Dyslexia is one example of a learning disability. These problems may manifest in a student's writing, math, spelling, listening, and/or speaking skills. Learning disabilities can also affect the way the brain processes information. (We will address learning disabilities more extensively below.)

**Speech and Language Impairment (SI or SLI)** is the next largest group, making up almost one-fifth of the students in the special education system. This category includes various communication disorders, such as stuttering, impaired articulation, language impairments, and voice impairments.

Approximately one in ten students in special education has an **Intellectual Disability (ID)**<sup>12</sup>, indicating that they demonstrate sub-average general intellectual functioning that exists concurrently with deficits in adaptive behavior (such as limitations in self-care, home-living, health and safety, and the use of community facilities). An intellectual disability can range from mild (IQ between 55 and 70) to a level of severity that inhibits basic physical and mental functioning.

**Serious Emotional Disturbance (ED or SED)** is a category that represents about eight percent of students in special education and includes students who display long-recurring behaviors (in more than one context) that seriously interfere with the learning environment and their ability to perform in and benefit from it. The category **Other Health Impairments (OHI)** includes Attention-Deficit/Hyperactivity Disorder and comprises about three percent of the students in the system.

Other categories are **Orthopedic Impairment (OI)**, which includes physical impairments caused by congenital anomalies as well as physical impairments caused by disease or accidents, and **Traumatic Brain Injury (TBI)**, which includes students who have suffered traumatic brain injury. Children with TBI may have difficulties with some combination of cognitive, social, and physical functions.

**Autism (AU)**, a neurological disorder that interferes with development of reasoning, social interaction and communication, is its own category. Students with autism have substantial problems communicating; approximately half are nonverbal. Others have a limited ability to understand or express abstract ideas.

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<sup>11</sup> U.S. Department of Education, Office of Special Education and Rehabilitative Services. "Annual Report to Congress on the Implementation of IDEA."

<sup>12</sup> The term intellectual disability (ID) is fairly new. Some states may use the term mental retardation (MR) instead of intellectual disability (ID). In these texts we will use the term intellectual disability in order to align our terminology with the Federal government and other organizations, including the National Dissemination Center for Children with Disabilities (<http://www.nichcy.org/Disabilities/Specific/Pages/IntellectualDisability.aspx>).

**Deafness, Deaf-blindness (DB), Hearing impairment (AI or HI), and Visual impairment including blindness (VI)** are four more categories under IDEA. A final category **Multiple disabilities (MD)**, covers children with more than one impairment, the combination of which causes such severe educational problems that the student cannot be accommodated in a special education program solely for one of the impairments.

Today, approximately 13% of the school age population fits at least one of these categories and therefore qualifies for services under IDEA. That percentage is up from 8.3% of the student population in 1976-77. A host of factors—including changing definitions of various disabilities and a dramatic growth in the number of children identified under the “specific learning disability” category—has contributed to the rapid growth in numbers of students receiving special education services.

The thirteen categories notwithstanding, who does and does not qualify for special education services is a profoundly complex question. From the start, vagueness of the disability definitions makes for considerable differences from state to state and school to school in who qualifies under a particular category.

Although IDEA and implementing regulations specify thirteen categories of disabilities, criteria for defining these categories are not clear-cut, and many states and school districts use modified taxonomies. There are particular problems in distinguishing students with mild cognitive disabilities, such as mild intellectual and learning disabilities, from some students who are low-achieving. Indeed, identification and classification practices vary so greatly that a student who is identified in one of these categories in one school district may not be so identified in another, and the overall reported prevalence of disability varies across states from approximately 7 to 15 percent of the school-age population.<sup>13</sup>

Having sketched out all thirteen categories of disability under IDEA, we will now turn to a more in-depth look at several forms of disability that all teachers, both in general and special education, are likely to work with: learning disabilities, Attention-Deficit/Hyperactivity Disorder (AD/HD), and emotional disturbances.

### **The Vast Realm of “Specific Learning Disabilities” under IDEA**

Defining “learning disability” has been difficult. According to the Coordinated Campaign for Learning Disabilities, a group of the six leading national LD organizations, the term “learning disability” describes “a neurobiological disorder in

#### **Spotting Learning Disabilities**

Ultimately, the diagnosis of a learning disability will fall to a doctor or other professional. Classroom teachers, however, are often in the best position to see signs that special services may be needed. If you do suspect that a student may have a learning disability, you should gather information and discuss concerns with a school administrator. You, and others who are in regular contact with the child, should gather information about the student’s academic performance and learning needs. This should include areas of strength and weakness (both in school and in other settings) and any accommodations that have proven useful to promote success in learning. If a student’s difficulties do not improve, the student’s parents or guardians should arrange a comprehensive educational evaluation. These evaluations can only take place with the written consent of a parent or guardian. Evaluations are meant to help identify areas of relative strength and difficulty, and to help determine whether the student is eligible for specialized assistance in school. When parents and school personnel agree that an evaluation is warranted, the public school system must provide an evaluation to determine if a student is entitled to special education services.

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<sup>13</sup> Committee on Goals 2000 and the Inclusion of Students with Disabilities. “Educating One and All: Students with Disabilities and Standards-Based Reform.” National Academy Press: 1997, p. 10 of 15.

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which a person's brain works or is structured differently. These differences interfere with a person's ability to think and remember. Learning disabilities can affect a person's ability to speak, listen, read, write, spell, reason, recall, organize information, and do mathematics."<sup>14</sup>

Prior to the 2004 reauthorization of IDEA, experts primarily used two key concepts to identify students with learning disabilities—an "ability-achievement discrepancy" and a "definition of exclusion." First, experts noted that individuals with learning disabilities had "average" intellectual ability, but their academic performance fell below that potential. Different states defined and identified this discrepancy differently, but in all cases this discrepancy between potential and performance was key to meeting the criteria of having a "learning disability." Second, most professionals used a "definition of exclusion" when defining an LD population. That is, the child with a learning disability was defined as a child one who was not functioning in school despite the fact that the child was (a) not intellectually disabled, (b) not emotionally disturbed, (c) not impaired in his modalities (e.g., blind, deaf), and (d) had an opportunity to learn not hindered by lack of instruction in his or her native language, excessive absences, poor teaching, frequent family moves, etc. The definition thereby "excluded" other potential causes.

However, some LD experts believe that these two LD identification criteria—the "ability-achievement discrepancy" and the "definition of exclusion"—are problematic for students. Under this identification system, students essentially have to fall far behind (or "fail") *before* they are eligible for special education or other intervention services. As intervention specialist Natalie Rathvon explains:

When the Education for All Handicapped Children Act (Public Law 94-142) took effect in 1975, it did not mandate a specific approach for states and local school districts to use in identifying and classifying students as learning disabled (LD). Moreover, at that early point in research on learning disabilities, there was no consensus on the specific cognitive and linguistic markers for learning disabilities. By default, diagnosis became an *exclusionary process*—that is, IQ tests were administered to rule out the possibility that a child's academic problems resulted from low intelligence, based on the assumption that the problems of children with average intelligence differed from those of children with low intelligence, arose from a different set of cognitive deficits, required different interventions and had a different (i.e., better) prognosis (Torgesen, 2000). The necessity of demonstrating a severe discrepancy between cognitive ability and achievement meant that help was delayed until the student's achievement level was low enough to meet the criterion. As a result, most students were not formally identified as learning disabled until third grade or later, well after the time when assistance could have been most effective (Torgesen et al., 2001). Given this "wait and fail" model, it was not surprising that many students made minimal academic gains after placement and that few were able to exit special education programming (Donovan & Cross, 2002; Lyon et al., 2001).<sup>15</sup>

In an attempt to prevent these problems, the 2004 reauthorization of IDEA began to outline new ways for local education agencies (LEAs) to identify students with learning disabilities. Most learning disability experts now believe that achievement-ability discrepancy models should be abandoned in favor of models that track students' *response* to academic interventions. Natalie Rathvon explains:

Although the term is not specifically used in IDEA 2004, this process is referred to as *response to intervention* (RTI)...In contrast to the 'wait and fail' model of identification and service delivery, RTI is a proactive approach to identify students with academic and/or behavioral difficulties *as*

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<sup>14</sup> <http://www.focusonlearning.org/>, accessed 7/10/2010.

<sup>15</sup> Rathvon, Natalie. *Effective School Interventions: Evidence-Based Strategies for Improving Student Outcomes, 2<sup>nd</sup> edition*. New York, NY: The Guilford Press, 2008, pp. 5-6.

*soon as they begin to struggle* (Barnett, Daly, Jones, & Lentz, 2004; Yell, Shriener & Katsiyannis, 2006). In RTI models, students receive evidence-based instructional practices and interventions, with the level of service matched to their level of need and frequent monitoring to determine response. Progress monitoring results are used to make decisions about the need for additional interventions or levels and types of services in general and/or special education.”<sup>16</sup>

Because not all LEAs have adopted the RTI identification model, today students may receive learning disability labels based on the severe-discrepancy model of identification **or** they may receive an LD label based on a response-to-intervention (RTI) model. That said, most researchers now believe students should be classified as learning disabled based on the following criteria:

1. Inadequate response to appropriate instruction (the RTI model).
2. Poor achievement in reading, mathematics, and/or written expression.
3. Exclusionary considerations: Evidence that other factors (e.g., sensory disorders, intellectual disabilities, limited proficiency in the language of instruction, inadequate instruction) are not the primary cause of low achievement.

### **Instructional and Behavioral Strategies for Students with Learning Disabilities**

The wide range of characteristics of various “learning disabilities” also makes generalizations about appropriate instructional strategies extremely difficult. You and the other professionals at your school will be charged with making the right judgment about which of these accommodations is most appropriate given a particular student’s needs. Formal meetings, such as the creation or revision of a student’s Individualized Education Program (IEP), are the official occasions in which teachers, parents and diagnosticians identify these techniques.

If a student has documented memory difficulty, that student might be allowed to use notes during a test. For students with metacognitive difficulty, who have trouble monitoring their own progress during learning, you can provide graphic organizers, strict outline formats, and regimented note-taking strategies to help your students to manage incoming information more effectively. For students with a perceptual difficulty, such as remembering the correct order of letters in a word, we might use a variety of modalities – writing the word for the student, saying its letters aloud, having the student trace the letters – to communicate the information. The accommodation should fit the learning difference.

Some forms of learning disabilities are circumvented effectively through technology, so you may consider computer-use as a possible instructional strategy. And, as general principles of differentiation would tell us, you may have the most success with students with learning disabilities if you offer several options for academic practice and evaluation.

Above all, remember that teaching students with disabilities simply requires excellent teaching—the same excellent teaching that you would be providing all of your students. Differentiating instruction, being diplomatic regarding mistakes, frequently discussing student progress, being very clear with instructions, minimizing distractions in and around the classroom—all are instructional strategies that are often suggested for students with learning disabilities that should be fundamental aspects of your teaching of all students.

Similarly, behavioral strategies for students with learning disabilities will ring familiar as strategies that are important for all students. To lead students with learning disabilities to academic achievement, you should provide praise clearly and often, be consistent in enforcing your clearly stated expectations,

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<sup>16</sup> Ibid, pp. 6-7.

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establish a calm, structured classroom through classroom systems, communicate regularly with students' families, and be sure a student knows the reasons for any disciplinary actions you must take.

### Attention Deficit/Hyperactivity Disorder (AD/HD)

A condition that you have probably heard a lot about in the last decade, and yet you will not see expressly listed in IDEA's list of special education categories, is attention deficit/hyperactivity disorder (AD/HD). However, in 1991, the U.S. Department of Education issued a "policy clarification" indicating that children diagnosed with AD/HD may be eligible for special education services under the "other health impaired" (OHI) category of IDEA. This decision alone greatly increased the number of students in the special education system.

### General Characteristics

Once considered distinct from ADD (attention deficit disorder), AD/HD is now the overarching term used by the American Psychiatric Association and is divided into three subtypes, based on the main features linked to the disorder: predominately inattentive, predominately hyperactive and impulsive, and combined. Students with inattentive tendencies often have trouble listening, following directions and maintaining focus. Students who are hyperactive may fidget or want to move around the classroom, have trouble staying quiet, and appear to have a surplus of energy. Students who are impulsive tend to have difficulty waiting their turn, may blurt out answers, begin assignments before receiving or reading instructions, and fail to consider the consequences of risky or destructive behavior. Some students with AD/HD may also exhibit poor school achievement, exceptional imagination or creativity, noncompliance or defiance, and difficulty interpreting social situations or establishing friendships; they are also at a greater risk for dropping out than their peers.<sup>17</sup>

To meet the official definition (according to the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition), a student must demonstrate six out of the nine symptoms for a particular subtype in order to be diagnosed with the disorder. In addition, hyperactive-impulsive or inattentive symptoms that cause impairment must have been present before age seven. Some impairment from these symptoms must manifest in at least two settings (e.g., at home and at school or work). Finally, there must be clear evidence of interference with developmentally appropriate social, academic, or occupational functioning.

### Instructional and Behavioral Strategies

As described earlier, it is important for teachers to match the strategies they use with the student's learning difference. You might permit a student with hyperactive tendencies who may need a quick break during a long test to take a walk down the hall and back. To avoid getting distracted, a student with attention deficiencies may need to keep his or her desk clear of materials except those that are necessary for the task at hand. An IEP might mandate breaking a student's assignments into more obviously manageable pieces, whether by limiting the amount of material on a handout, or by splitting homework assignments into several mini-assignments.

#### Really Active or AD/HD?

All children have difficulty paying attention, following directions or being quiet from time to time. If a child exhibits this type of activity, it does not necessarily mean that child has AD/HD. To be considered for a diagnosis of AD/HD, a child must display these behaviors before age 7 and the behaviors must last for at least 6 months. The behaviors must also be negatively affecting at least two areas of a child's life (such as school, home, daycare settings, or friendships) for a child to be diagnosed with AD/HD. For more technical information about the diagnosis and evaluation of children with AD/HD, please see the following report by the American Academy of Pediatrics:

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/5/1158>

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<sup>17</sup> Barkley, R.A. *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (2<sup>nd</sup> ed.). New York: Guilford Press, 1998.

In this way, the student is developing a repertoire of mechanisms to manage his or her disorder while continuing to meet the standard expectations for all students.

In general, you may notice that, as with the instructional strategies for students with learning disabilities, many of the adjustments you can use simply amount to good teaching. That begins with giving concise and clear directions. You should use “alerting” messages such as “Everyone Listen,” or saying a student’s name before asking a question. In some cases, it may be helpful to create a prearranged signal to regain the child’s attention when the student loses focus. Many teachers find that using a timer to measure and encourage longer and longer periods of focused attention reaps instructional benefits. You may also find it helpful to use eye contact and proximity to help a student with AD/HD get started on an assignment. You can minimize visual and auditory distractions by sitting the student close to the front of the room and the teacher (but not near the door or other distractions). Students with AD/HD can also respond positively to predictable schedules and routines. Again, the particular strategies that you would use depend on the subtype of AD/HD under which your student had been diagnosed.

Behavioral management can, in some cases, pose challenges for students with AD/HD. Again, however, few of the common suggestions are very different from the way you should manage your classroom for the benefit of all students.

Students with AD/HD perform best in a classroom environment with diverse instructional approaches that encourage attention and participation (e.g., hands on activities, cooperative learning, direct instruction methods). Rules must be clearly defined and consistently enforced and, especially with younger children, you should give concrete examples of expected behavior.

You should be prepared to recycle behavioral interventions, as students with AD/HD in particular tend to “burn out” quickly on individual behavioral strategies. Moreover, many teachers find that routinely asking the student him or herself to evaluate whether he or she is paying attention is an effective behavioral and instructional strategy.

Finally, you should be in regular contact with the parents or guardians of students with AD/HD. Because caretakers may change what happens at home to address the disorder – such as making adjustments to medicinal dosages – it will be valuable for you to know and share information about what may be affecting your student’s progress or behavioral changes.

### **Students with Emotional Disturbances (ED)**

Students identified with emotional disturbances pose a particular challenge for teachers, as the adjustments that teachers must make often involve behavioral management rather than instructional methods. Students with ED have serious challenges in controlling themselves and require a great deal of patience, structure, and reinforcement. Just as in the LD population, students with ED tend to have average to above average cognitive ability, but their performance lags due to interference from social and emotional conflict. (Note that some states identify “behavioral disabilities” (BD) instead of ED. Others use both labels.)

### **General Characteristics**

No specific characteristics describe all students with emotional disturbances. We can, however, provide examples of the kinds of behaviors that might be displayed by this population of students. Students may exhibit attention-getting behaviors, low self-esteem, and poor impulse control. They may show defiance of authority figures and have poor social interaction skills with peers or adults. In most cases, such behaviors negatively impact their or others’ learning and must be addressed in the classroom.

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### Instructional and Behavioral Strategies for Students with Emotional Disturbances

The most effective strategies for students with emotional disturbances are focused on helping students recognize and manage their own reactions to frustration. In terms of instruction, it may be helpful to set precise, short-term expectations for student work and to ensure that instructional material is challenging but within reach. Students may also benefit from mini-breaks between lessons and frequent repetition of clear instructions.

Some students with emotional disturbances need particular help managing their own behavior. To that end, you should use positive reinforcement and behavior contracts when appropriate. To the extent possible, you should resolve conflicts privately with the students as opposed to publicly in front of other students, and always address the specific behavior that is inappropriate and avoid any indication you dislike the student personally. Be sure to label the exact behavior desired; do not be subtle. Also, think creatively about ways to allow students to “escape” their own behavior, providing students a “way out.” This is often best accomplished by giving students a choice and clearly describing the consequences of each choice.

Teaching students with emotional disturbances, like teaching all students, requires patience, consistency, and planning. Perhaps most important of all, it requires a teacher’s refusal to lower expectations for the students, both for academic achievement and behavior.

Effective treatment of [emotional disturbances] involves making these individuals strictly accountable for their behavior, insisting on compliance with requests and helping them learn to cope calmly with stressful situations. Unfortunately, once these students are identified as in need of special education, many of the accommodations routinely provided them—and most especially a lowered standard of acceptable behavior—actually work to undermine these desirable goals.<sup>18</sup>

### Other Categories of Disabilities

We have discussed here only three of the many categories of disability that you will likely encounter in your classroom—learning disabilities, ADD and AD/HD, and emotional disturbances. These areas were highlighted because new teachers often find differentiating instruction for students in these groups particularly challenging. Do not overlook, however, the many other disability categories and the instructional strategies that can be employed to individualize instruction for them. As you have read in this section, these differentiated strategies may be helpful for all of your students, not just students with disabilities. For additional resources for teachers of students with disabilities, see page 8 of the **Learning Theory Toolkit**, which can be found online at the Resource Exchange on TFANet. ✖

## II. Over-Archiving Strategies for Addressing Learning Differences

By their very nature, disabilities defy broad, one-size-fits-all instructional approaches. As you have seen from the instructional and behavioral management suggestions above, there is no universal strategy in special education, even for students who qualify for services under the same definition.

There are, however, general principles of approach that offer teachers an overarching framework for interacting with a student with a disability. Dr. Mel Levine, a well-known developmental-behavioral pediatrician and Professor of Pediatrics at the University of North Carolina Medical School, has developed

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<sup>18</sup> Horn, Wade and Douglas Tynan. “Time to Make Special Education ‘Special’ Again.” In *Rethinking Special Education for a New Century*, edited by Finn, Chester et al. Fordham Foundation: May 2001, p. 43-44.



one such set of principles that many new teachers find helpful in learning to address students' special needs. Although Dr. Levine's approach, which is outlined in his book *All Kinds of Minds*, was developed for learning disabilities, the general principles espoused by this "Management by Profile" approach can be applied to other areas of disability as well.

At the centerpiece of this method are five guidelines for interacting with students with disabilities. They are:

- (1) Demystification
- (2) Accommodations
- (3) Interventions at the Breakdown Points
- (4) Strengthening of Strengths
- (5) Protection from Humiliation

### **Demystification**

"Demystification" refers to a teacher's responsibility to give a student with a disability an opportunity to discuss his or her disability openly and honestly. Partnering with professionals at your school who will have more specific information for a child about his or her disability, teachers can begin this conversation by assuring the student that all students learn in different ways and all students have strengths and weaknesses. The teacher can then talk, and encourage the student to talk, openly about his or her strengths and weaknesses and a plan for taking advantage of those strengths and shoring up the weaknesses.

Most experts stress that this demystification stage needs to be more than a mere label. Students need to understand to the extent possible the physiological, psychological, or emotional factors at play in their disabilities. Dr. Levine explains:

To tell a child he has LD or something like that—to give him a mere label—in no way empowers him to do something about it. But to talk to a kid about his active working memory and short-term memory deficiencies as well as his strengths, really allows him to feel that his problems have some borders around them, that he has some assets, that he can invest in helping himself. It makes him feel more optimistic, more in control, and it can have the same effect on his parents.<sup>19</sup>

Of course, the demystification process must be made in an age appropriate way. Younger children may not understand the details of their own disability. They can, however, understand that all students have some strengths and some weaknesses, and that their weaknesses mean that they have a difficult time remembering words, or drawing numbers, or hearing sounds.

By giving students a vocabulary for their own strengths and weaknesses, you are not undermining their accountability for academic achievement. In fact, a teacher must work to preserve that sense of accountability: "You have a weakness in X, so you have to work harder and differently to succeed in X." Without emphasizing the persistence and extra effort that you expect your students to exert, simply acknowledging a disability can provide an excuse for poor performance.

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<sup>19</sup> Levine, Melvin. *All Kinds of Minds: A Young Student's Book About Learning Abilities and Learning Disorders*. Educators Publishing Service: June 1992.

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### Accommodations

The second general principle requires a focus on accommodations or “bypass strategies” that are used to circumvent the child’s weaknesses so that the child can continue to learn. At several points in these training texts, we describe various accommodations that teachers may make to individualize their instruction, including adjustments to the time, volume, and format of assignments. (See chapter eight of *Instructional Planning & Delivery*.)

According to Dr. Levine, the best results occur when the students are well aware of the accommodations, and understand the relationship between the specific accommodation and the students’ special needs. A child who is given extra time for a multiplication assignment should be able to explain, for example, that one of her weaknesses is processing numbers quickly and that the extra time allows her the chance to double-check her work. Or a child with attention deficiencies might be given fewer problems to complete during class, but knew that he or she would be expected to finish the rest at home—in a strategy Levine calls “accommodations with payback.” “Payback” emphasizes that accommodation is not a free ride and should not be seen as removal of the students’ responsibility.

### Interventions at the Breakdown Points

Part of any approach to teaching children with special needs must include a recognition of the “breakdown points”—the moments when the child’s disability is in fact interfering with learning. Experts, including Dr. Levine, recommend that teachers learn to recognize those moments through careful observation and task analysis of students’ work. At those moments, the teacher “intervenes” by providing additional support or knowledge, providing additional structure, or showing students new strategies to use in those difficult moments.

Such an intervention might be something as simple as a hand signal you have worked out with one of your students with emotional disturbances that tells the student to stand up take a deep breath and walk to the back of the class. When you see the tell-tale signs of trouble, you give the hand signal to refocus the student’s attention on control and to alleviate the pressure on the student. Or, such an intervention might take the form of teaching a student with dyslexia a regimented protocol when she encounters a word that she can’t read. Perhaps step three or four of that protocol is to ask you for assistance.

### Strengthening of Strengths

Another key principle in Dr. Levine’s approach is that a teacher should discover, recognize, and exploit students’ strengths. Perhaps a child with a learning disability is also a fantastic artist. The teacher should provide explicit recognition and reinforcement for that skill. Moreover, the teacher should develop roles in the classroom for the child to showcase his or her assets.

*It is no coincidence that often the students with the most challenging behaviors are also the students who have the hardest time reading. Can we really blame them? At some point during my first year teaching, I realized, “They have been told endless times to sit down and look at one of these ‘book things’ with letters, words, funny dots, and crooked lines for the past six years. They have been told to read it, understand it, talk about it, draw pictures of it, read it aloud in front of others, and then write about it (another challenging task)! Books have been the source of so much stress and equated with so much failure in their lives. No wonder there is a virtual riot every day during reading. It is just plain hard to have reading difficulties.” After this realization I began really focusing on improving their confidence and self-esteem about their reading capabilities. I set up a “reading partner afternoons” twice a week for my students to read to first graders. Having the ability to help younger students really helped them to see that reading could be an incredible source of pride. This in turn helped our mornings of reading class to be much more manageable.*

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**The Justice Policy Institute**

### **Protection from Humiliation**

The final principle of this model, and one that should certainly apply to all teachers for all students, is the idea that a teacher must create an atmosphere for students with special needs that is free of teasing or humiliation. All students must feel safe from ridicule in order to take the risks necessary to master new ideas. Teachers should begin creating this atmosphere proactively, before the problem has arisen, by setting norms of interaction in the class that respect input and learning-driven risk-taking. That way, if you choose a classroom activity (such as peer-editing) that reveals a particular student's differences (such as poor handwriting as a result of fine motor deficiencies), your class will be more likely to understand and empathize with that peer's unique needs and challenges. You should also expressly appreciate anytime a student takes a public risk for the sake of learning. Finally, you should be aware of any routine classroom activities that may incidentally expose students with special needs to ridicule.

Taken together, these general principles—demystification, accommodations, interventions at the breakdown points, strengthening of strengths, and protection from humiliation—combine to form a helpful approach for empowering students with special needs to take command of their own learning and achievement in the classroom. Rather than developing excuses about why a student cannot reach the same level as his or her peers, your approach will emphasize that the right strategies, combined with persistence, will enable students reach heights they might have otherwise assumed impossible.

### **Conclusion and Key Concepts**

While all students come to school with different strengths, areas of background knowledge and cultural conventions, you will likely be responsible for the academic success of students whose learning differences interfere with their academic progress to such an extent that we have categorized their condition as a "disability." This chapter has attempted to provide you with an introduction to those categories and with a menu of instructional delivery and behavioral management strategies to address students' needs. After reading this chapter, you should be familiar with the following concepts and ideas:

- The Individuals with Disabilities Education Act (IDEA) delineates thirteen categories of disability.
- The "learning disabilities" category includes almost half of the students in the special education system. Those students represent a wide range of learning differences that manifest in a difference between potential and performance. You should be able to describe some examples of instructional strategies for students with particular learning disabilities.
- Attention Deficit Disorder (ADD) and Attention Deficit/Hyperactivity Disorder (AD/HD) are conditions that may qualify a student for special services under IDEA. You should be familiar with a number of instructional and behavioral strategies for best serving a student with ADD or AD/HD.
- Students with emotional disturbances often possess average to above average cognitive ability but their performance lags behind their potential due to emotional turmoil. Most effective instructional and behavioral strategies for students with emotional disturbances are aimed at helping students manage reaction to frustration.

You should also be familiar with a general, overarching approach to teaching students with disabilities that includes:

- Demystification
- Accommodations

## **Learning Differences and Special Education**

- Interventions at the Breakdown Points
- Strengthening of Strengths
- Protection from Humiliation

Of course, in the process of exploring these instructional and behavioral strategies, we hope that you have recognized the applicability of these strategies to all students, not only those who have qualified for special education services. You will discover that the individual prescriptions for instructional management suggested in this chapter are in some sense models for the individual approach that will develop, formally and informally, with every student in your classroom.