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CHILDREN WITH LEARNING DISABILITIES

Learning disabilities can cause difficulty with language, memory, listening, conceptualization, speaking, reading, writing, spelling, math, and motor skills—in various combinations and degrees. *Learning disabilities* (LD) is a term used to describe a neurological handicap that interferes with someone's ability to store, process, or produce information. It affects approximately 10 percent of the population. Each individual is unique in the combination of strengths and weaknesses, and degree of impairment. Learning disabilities can be quite mild and subtle, and may go undetected; or they may be quite severe—greatly affecting one's ability to learn many academic, communication, functional, and social skills. Specific learning disabilities affect individuals in ways similar to a telephone switchboard that has some problems in the circuitry of the system, causing difficulties with incoming and/or outgoing messages.

The types of learning disabilities may affect any combination of: the reception or input of information into the brain (visual and/or auditory perception), the integration of that information in the brain (processing, sequencing, organization), the retrieval from storage (auditory and/or visual memory), and the output or expression of that information (communicating motorically or through oral/ written language).

Learning disabilities create a gap between a person's true capacity and his/her day-to-day productivity and performance. In years past children with learning disabilities were frequently mislabeled as having limited capacity to learn (or as being lazy) and were typically segregated or cast out of the system. In fact, the criteria for classification as learning disabled requires that the child has *at least* average intelligence, yet is underachieving to his/her measured potential in one or more academic areas (e.g., reading, math, written language); and this significant discrepancy between his/her measured ability and performance is *not* due to mental retardation, emotional disturbance, environmental deprivation, or sensory impairment.

Fortunately, over the past 20 to 25 years there has been much more education and awareness regarding specific learning disabilities. It is far more recognized now that these children are certainly not lazy or unmotivated. Many are gifted with exceptional aptitude in some of their multiple intelligences (e.g., spatial, musical, bodily-kinesthetic). We know much more about how to teach through these children's strengths—through the channels that will help them to learn more effectively. We must allow children with learning differences to try bypassing or compensating for their weak areas by utilizing the appropriate tools and strategies. It is important to remember that these children do have many strengths along with their weaknesses. They *can* learn. If we, as teachers, haven't found the best avenues through which to reach them, it is our responsibility to keep on trying until we do.

Common Characteristics of Children with Learning Disabilities

Symptomology Checklist

SYMPTOMOLOGY CHECKLIST—LEARNING DISABILITIES

(Check behaviors seen. Mark: S = sometimes; O = often)

Visual Perceptual Deficits

- reversals: *b* for *d*, *p* for *q*
- inversions: *u* for *n*, *w* for *m*
- yawns while reading
- complains eyes hurt, itch/rubs eyes
- complains print blurs while reading
- turns head or paper at odd angles
- closes one eye while working
- cannot copy accurately
- loses place frequently
- rereads lines/skips lines
- does not recognize an object/word if only part of it is shown
- reading improves with larger print/fewer items on page/uses a marker to exclude portion of page
- sequencing errors: *was/saw*, *on/no*
- does not see main theme in a picture, picks up some minute detail
- slow to pick up on likenesses-differences in words; changes in environment
- erases excessively
- distortions in depth perception

Visual Perceptual/Visual Motor Deficits

- letters collide with each other/no space between words
- letters not on line
- forms letters in strange way
- mirror writing (holding paper up to mirror and you see it as it should look)

- ___ cannot color within lines
- ___ illegible handwriting
- ___ holds pencil too tightly; often breaks pencil point/crayons
- ___ cannot cut
- ___ cannot paste
- ___ messy papers

Auditory Perceptual Deficits

- ___ auditory processing: cannot understand conversation or learning delivered at the normal rate/may comprehend if information is repeated very slowly
- ___ auditory discrimination: does not hear differences in sounds: short *i, e*; sounds *b, p, d, t, c, g, j, n, m*; does not hear final consonants accurately
- ___ cannot tell direction sound is coming from
- ___ does not recognize common sounds for what they are
- ___ cannot filter out extraneous noise; cannot distinguish teacher's voice from others—hears wrong answers, steadfastly maintains "teacher said it" (Some children get very tense in noisy classroom)
- ___ does not follow directions
- ___ does not benefit from oral instruction

Spatial Relationships and Body Awareness Deficits

- ___ gets lost even in familiar surroundings such as school, neighborhood
- ___ directionality problems, does not always read or write left to right
- ___ no space between words
- ___ cannot keep columns straight in math
- ___ bumps into things; clumsy, accident prone
- ___ does not understand concepts such as *over, under, around, through, first, last, front, back, up, down*

Conceptual Deficits

- ___ cannot read social situations, does not understand body language
- ___ cannot see relationship between similar concepts
- ___ cannot compare how things are alike/different; classification activities are difficult
- ___ does not understand time relationships—*yesterday, today, tomorrow, after/before, 15 minutes versus 2 hours, "hurry"*
- ___ does not associate an act with its logical consequence. "If I talk, I get detention" (being punished for no reason. Unfair.)
- ___ little imagination
- ___ no sense of humor; cannot recognize a joke/pun
- ___ tends to be expressionless

- ___ slow responses
- ___ not able to create, to “think,” to create poetry, original stories
- ___ cannot make closure; cannot read less than clear ditto; cannot finish a sentence such as “I like it when. . . .”; difficulty filling in blanks
- ___ excessively gullible
- ___ cannot do inferential thinking: What might happen next? Why did this happen?
- ___ great difficulty in writing
- ___ bizarre answers/or correct answers found in bizarre ways
- ___ cannot think in an orderly, logical way
- ___ does not understand emotions, concepts such as *beauty*, *bravery*
- ___ classroom comments are often “off track” or reasons in bizarre ways
- ___ difficulty grasping number concepts: *more/less*; *>/<*; can’t estimate
- ___ mispronounces common words

Memory Deficits

- ___ cannot remember what was just seen (was shown)
- ___ cannot remember what was just heard
- ___ cannot remember sequence of 4 numbers given auditorally
- ___ cannot copy math problems accurately
- ___ cannot remember spelling for common/frequently encountered words
- ___ remembers things from long ago but not recent events
- ___ poor sight vocabulary—few words known to automatic level
- ___ slow to memorize rhymes/poem (makes many errors)
- ___ appears to know something one day but doesn’t know it the next
- ___ limited expressive language; does not remember names for objects—“that thing”
- ___ limited receptive language
- ___ makes same error again and again; does not seem to benefit from experience
- ___ writing poor—cannot remember to capitalize, punctuate, skip a line, indent, and so on

Motor Output Deficits

- ___ perseveration—gives same response again and again
- ___ distortions in gross motor functions—cannot skip, hop, hit ball, and so on
- ___ difficulty cutting, pasting, coloring, writing, (can point to correct way to form a letter but cannot produce it on paper)
- ___ can point to correct spelling but cannot copy it accurately
- ___ can dictate story or paragraph but cannot write it
- ___ does not communicate orally to a degree appropriate for age
- ___ mouth noises
- ___ tics

Behavioral Components

Attention Deficit Disorder

- good days—bad days
- cannot sit still
- cannot stand still
- impulsive; does not consider consequence before acting
- low frustration tolerance: short fuse
- cannot finish assignments in allotted time
- visually distractible; looks up to all visual stimuli
- auditorally distractible; responds by looking up to noise
- fidgety: drumming fingers, tapping toes, rolling pencil, fooling with objects; makes mouth noises; incessant talking
- short attention span
- spaces off—confused—does not sit up/head on desk/“tired”
- negativistic/oppositional behavior
- little work produced; daydreams
- reads something correctly, but mind is elsewhere as evidenced in poor comprehension
- overreacts to stimuli (cannot mind own business)
- does not follow rules; often claims didn't hear them
- may be cruel, mean to others; makes fun of them
- mood swings
- disorganizes; loses books, papers, lunch box, coat

Failure Syndrome

- describes self as “dumb”
- does not take reprimands well
- tends to avoid group activity
- avoids activity; does little; claims illness
- daydreams/withdrawal
- class clown—acting out behavior
- immature behavior; babyish, seems younger, dependent

Serious Emotional Overlay

- explosive, unpredictable, dangerous behavior, lashing out
- preoccupation with death, destruction
- no work produced, coupled with lack of enthusiasm for anything
- tells bizarre stories and purports they really happened

Reaching All Students with Special Needs

- ___ shallow feeling for others
- ___ cannot distinguish reality from fantasy
- ___ withdraws; alone; little communication
- ___ feels "picked on"; uses projection, denial; never assumes responsibility for actions
- ___ fearful, anxious, insecure, tense

Used with permission from Joan Harwell, *Complete Learning Disabilities Handbook* (West Nyack, NY: The Center for Applied Research in Education, 1989).

National Organizations

National Center for Learning Disabilities
99 Park Avenue
New York, NY 10016
212-687-7211

Council for Learning Disabilities
P.O. Box 40303
Overland Park, KS 66204
913-492-8755

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091-1589
1-800-232-7323

Learning Disabilities Association of America, Inc. (LDA)
4156 Library Road
Pittsburgh, PA 15234
412-341-1515

Orton Dyslexia Society
Chester Bldg., Suite 382
8600 La Salle Road
Baltimore, MD 21204

CHILDREN WITH ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is believed by most experts in the field to be a neurobiological disorder characterized by developmentally abnormal degrees of inattention, impulsivity, and hyperactivity. ADHD often interferes with a child's ability to function with success academically, behaviorally and/or socially, and affects approximately 3 to 5 percent of the population. There are different subtypes of the disorder, which are all classified under the general term ADHD, and are defined under the new DSM-IV criteria. **Note:** The most current term or acronym for attention deficit hyperactivity disorder is AD/HD. However, the authors will be referring to ADD or ADHD throughout the text instead of AD/HD.

ADHD is often described by the medical/scientific community as a “neurological inefficiency” in the area of the brain that controls impulses, aids in screening sensory input, and focuses attention. According to the researchers, they have found that there is *less* activity (e.g., lower electrical activity, less blood flow) taking place in that portion of the brain. ADHD is viewed by many as a biological disorder of which there is a chemical imbalance or deficiency in certain chemicals called neurotransmitters in the area of the brain responsible for attention and activity, and the ability to inhibit or control behaviors. The causes of ADHD are not known, but it is most frequently attributed to heredity (genetic factors) as it commonly is found to run in families. Various prenatal factors, lead poisoning, and complications or trauma at birth have also been identified as possible causes of ADHD.

According to Dr. Russell Barkley, one of the leading experts in the field, it is a neurological disorder characterized by problems with *disinhibition* (controlling emotions, delaying responses, and ability to wait) and *sustaining attention, effort, and persistence*. Within the last few years scientific studies have shown that ADHD may perhaps not be primarily a disorder of paying attention, but one of self-regulation, of poor inhibition of behavior. Dr. Barkley states in his book *Taking Charge of ADHD* (1995) that “ultimately ADHD may be renamed to reflect this new view, perhaps as *behavioral inhibition disorder*.” ADHD causes highly inconsistent performance and output. It is not that children with ADHD lack the skill or ability, or know what to do; instead, they have difficulty demonstrating or acting on it with any consistency. When it comes to performance, it is very frustrating and perplexing to parents and teachers, because one day or minute the child is able to do the work, and the next he/she is not.

One of the most insightful and outstanding books on attention deficit disorder is written by two doctors whose practice is to treat children and adults with ADD. The authors of *Driven to Distraction*, Dr. Ned Hallowell and Dr. John Ratey, have ADD themselves and speak from personal experience and insight. Some of their descriptions of living with ADD are as follows: “You don’t mean to do the things you do do, and you don’t do the things you mean to do. People with ADHD live in distraction and chaos all the time—bombarded by stimuli from every direction and unable to screen it out.” They also describe ADD similar to being nearsighted. “You don’t focus very well . . . you have to strain to see clearly . . . and memories are porous.” According to the doctors, medication used in the treatment of ADHD “helps take the static out of the broadcast. It works like a pair of eyeglasses, helping the individual to focus.”

The clinical definition of ADHD is provided by the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association, and has been revised several times over the past 15 years. The most recent clinical definition of ADHD is in the new DSM-IV manual (4th edition, 1994). It contains 18 symptoms of ADHD which are listed in two separate categories:

Nine symptoms of INATTENTION: fails to give close attention to details or making careless errors in schoolwork or other activities; has difficulty sustaining attention in tasks or play activities; often appears not to listen; does not follow through with instructions or fails to finish tasks (not due to resistance or a lack of understanding); has difficulty with organization; avoids tasks that require sustained mental effort such as schoolwork; loses things necessary for tasks or activities; is easily distracted by extraneous stimuli; is forgetful in daily activities.

Nine symptoms of HYPERACTIVITY-IMPULSIVITY: fidgets with hands or feet, or squirms in seat; is unable to sit during periods of time when remaining seated is expected; runs about or climbs excessively in inappropriate situations (with adolescents or adults this is usually manifested as restlessness); has difficulty playing quietly; is on the go constantly as if "driven by a motor"; talks excessively; blurts out answers to questions; interrupts others; has difficulty waiting in line or waiting turn in games.

DSM-IV sets an inclusion criterion (six or more of the nine symptoms in a category must exist and have persisted for a length of time and degree that it is maladaptive and inconsistent with a child's developmental level). The symptomatic problems must have persisted for at least six months in both of the categories. The onset of the hyperactivity-impulsivity symptoms must be no later than seven years of age, and present in at least two or more situations. Three types of ADHD are possible: Inattentive (ADHD-I), Hyperactive-Impulsive (ADHD-II), or Combined (ADHD-C).

There are no objective tests (i.e., blood tests) to identify children with ADHD. In addition to meeting the DSM-IV diagnostic criteria for ADHD, a diagnosis is based on the following: special clinical interviews with parents and children; questionnaires and rating scales to be filled out by parents, teachers, and others working closely with the child; detailed health and developmental histories; and a thorough physical examination to rule out other medical problems. A comprehensive evaluation also includes a collection of work samples, observations of the child in a variety of settings, and often psycho-educational evaluations/assessments.

This information is interpreted by *clinicians* who must determine the pervasiveness of the symptoms (in different settings) over a period of time; and must also rule out a host of other possible causes. These could include: factors in home/personal life causing great stress or anxiety; depression; medical or psychological problems; learning problems; language disorders; auditory processing disabilities; substance abuse; etc., that produce similar symptoms and behaviors.

It is imperative that educators take great caution in their role of identifying students who may or may not have ADHD. Teachers must *not* be "diagnosing" ADHD or sending parents off to the doctor telling them that their child has ADD. The role of educators is to share objective observations and concerns about their students with parents. They need to consult with appropriate school personnel (school nurse, counselor, and other support staff) regarding those concerns and how to provide educational interventions and support to the child. Along with instructional, behavioral, and environmental modifications to assist the student, the teacher should be documenting these interventions and their effectiveness. The teacher should be communicating with parents about steps he/she is taking to help the student, and be establishing and building teamwork with parents.

The most effective way to facilitate referrals for evaluation of students who display the characteristics of ADHD is through the Student Study Team process. A multidisciplinary *team* approach to intervention, provision of information to parents, and a coordinated effort to meet the child's needs is recommended. The staff members most appropriate for making medical referrals are school nurses, *not* classroom teachers. (See Section 10, *Team Efforts*.)

Typical Characteristics and Behaviors of ADD/ADHD

At the elementary school level we see children with ADHD as highly impulsive (blurt-ing out in class, acting on impulse, not being able to wait or delay gratification). They lack self-control and regulatory behavior, have a high activity level, trouble sitting, and are constantly touching or playing with nearby objects. They are distractible, and have trouble get-ting started on tasks, staying on task and completing assignments. These children have great difficulty sustaining attention and effort without prompting, incentives, and refocus-ing. They bore easily, usually are very disorganized, and have great difficulty with written work/output.

It is important to note that not all children with ADHD have these hyperactivity/impulsivity characteristics. There is that category of children who have the predominantly inattentive type of ADHD. These children usually have fewer disciplinary problems in school, as their behavior is not disruptive. However, they often have difficulty with achieving to their potential due to the other problems of output/performance deficiencies, distractibility, and inability to sustain attention and complete tasks. Many have accompanying learning disabili-ties as well.

Most individuals with ADHD continue to have symptoms persist through adolescence and adulthood. The behaviors caused by the disorder may change or manifest themselves differently as the child matures. Adolescents with ADHD show the following characteris-tics: erratic academic performance, underachievement, forgetfulness, inconsistency, bore easily and seek diversion, attraction to high stimulation/high-risk behavior, disorganization, impulsivity, problems with moodiness, often depressed, poor self-image, restlessness, fid-getiness, and difficulty getting started on tasks and following through.

Once again, we must remember to *focus on the positive*, and recognize all of the desir-able traits that are also associated with having ADHD. Some of these traits include the fol-lowing:

- resiliency
- ingenuity
- creativity
- spontaneity
- boundless energy
- sensitivity to the needs of others
- accepting and forgiving
- risk taking
- intuitive
- inquisitive
- imaginative
- inventive
- innovative
- resourceful
- empathetic

- good-hearted
- gregarious
- observant
- full of ideas and spunk

WHAT DO CHILDREN WITH ADHD AND/OR LEARNING DISABILITIES NEED?

- Clarity of expectations
- Structuring of work environment, tasks, and materials
- Assistance through transitions
- External assistance in helping to get and maintain attention
- Cueing, prompting, and reminders
- Active learning
- High-response opportunities
- Help with organization and study skills
- Multisensory instruction
- Learning-style accommodations
- Written output modifications
- Escape valve outlets
- Predictability of schedules and routines
- Extra time to process information and output/perform tasks
- Extra space
- Creative, engaging curriculum
- Help with coping skills and feelings of frustration
- Adaptations and modifications of the curriculum and environment
- Modeling and teacher-guided instruction
- Meaningful learning experiences that help them to make connections and see relevancy
- Choices
- Teaching strategies that build on their strengths and help bypass their weaknesses
- Teachers in their lives who are positive and flexible . . . who are encouragers and motivators, and are able to see past the behaviors to the *whole child*; they need teachers who have a sense of humor and make learning experiences both *novel and fun*

Note: How to Reach & Teach ADD/ADHD Children by Sandra Rief provides in-depth strategies/interventions and guidance on helping children with learning and attention difficulties.

See the end of this section for additional recommended resources regarding attention deficit hyperactivity disorder.

STUDENTS WHO ARE LIMITED ENGLISH PROFICIENT

Our schools are filled with many children for whom English is not their primary language, and are limited in their English proficiency (LEP). Teachers need to have basic awareness of how a second language is acquired, and general recommended practices for instructing children who have not yet acquired the ability to understand or produce English.

One of the most accepted approaches to teaching second language acquisition (English to non-English proficient students) is the *natural approach* described by Tracy Terrel (1977, 1981). According to Terrel, there are four stages of second language acquisition: The *pre-production*, *early production*, *speech emergence*, and *intermediate fluency* stages.

The first stage of *pre-production* is a silent period for the learner that may last up to several months. During this time, the student is dependent upon modeling, visual aids and context clues to obtain and convey meaning. Lessons should focus on listening comprehension and building the student's receptive vocabulary. During the *early production stage* students begin to speak using one or two words or short phrases. Activities in class should be designed to motivate students to produce vocabulary they already understand. The *speech emergence stage* is when students start to speak in longer phrases and complete sentences. Lessons and activities are designed to develop higher levels of language use, and expand their receptive vocabulary. During this stage the student is able to respond to literal questions that have been made comprehensible. *Intermediate fluency* is the stage students reach when they are able to engage in conversation and produce full sentences. At this stage they should be challenged to produce responses requiring critical thinking skills and complex sentence structures.

Another leading expert on language acquisition is Dr. Stephen Krashen, who developed several important hypotheses on the acquisition of language. According to one of his hypotheses, everyone learning a language goes through a silent period. This is the period before speech is produced in either the first or second language, when the child must listen and develop an understanding of the language before beginning to speak (1980). According to Krashen's *natural order* hypothesis, grammatical structures are acquired in a predictable sequence, with certain elements usually acquired before others. He also poses his *affective filter hypothesis* and concludes that several affective variables are important in second language acquisition. These include low anxiety in the learning situation, high motivation, and self confidence.

Krashen also is responsible for the *comprehensible input hypothesis*, which states that growth in language occurs when the learner receives comprehensible input, or input which is just beyond what the learner already understands. According to the input hypothesis, it is the teacher's responsibility to provide speech modified to the point that a listener can understand the message and get the message across using visual or contextual clues, by dealing with familiar topics, using body language, etc. The input needs to be interesting and motivating and embedded in context so that the LEP student can move easily through the different natural stages of language acquisition.

Effective Strategies for Teaching LEP Students

- Use visuals/graphic representations with high frequency.
- Use a great deal of body language and gestures.
- Keep relevant maps, posters, and students' productions around the classroom.
- Don't teach vocabulary in isolation; use several examples and move from example to definition, and back to more carefully prepared examples.
- Build on students' prior experience.
- Increase wait time (at least 5 seconds) for student to respond to any question.

- Provide numerous opportunities to work in partners and triads, mixing the LEP student with a fluent English speaker. It is very helpful to work in triads or cooperative learning groups with bilingual, LEP, and one or two fluent English speakers as a team.
- Assign a student buddy to help whenever additional assistance is needed to understand directions.
- Create a comfortable environment that encourages risk-taking.
- Teach and model learning strategies.
- Provide more opportunities for classroom interaction.
- Slow down speech and repeat as needed.
- Paraphrase.
- Use fewer idioms and pronouns.
- Modify language to be more comprehensible for the proficiency level of the student.
- Use fewer multisyllabic words.
- Speak naturally, but slowly.
- Provide peer tutoring.
- Provide many opportunities for hands-on, active learning.
- Provide a great deal of background information to increase comprehensible input and comprehension.
- Preview and review material and lessons.
- Provide graphic organizers.
- Use dramatization and role play.
- Draw illustrations and pictures to define.
- Provide teacher modeling throughout all instruction.
- Provide students with many opportunities to respond to questions and verbalize without ridicule.
- Listen patiently and attentively to students.
- Try to assess the student's learning style, presenting information and using approaches that best reflect those learning preferences.
- Teach through relevant familiar topics.
- Focus on communication and comprehension.
- Teach key words/vocabulary in context.
- Utilize questioning techniques appropriate to the stage of language acquisition.
- Check frequently for understanding.
- Foster a low-anxiety environment in the classroom.
- Create an environment that gives the message to children that all linguistic and cultural backgrounds are recognized, appreciated, and valued.
- Use thematic/integrated teaching approaches.
- Focus on meaning and making connections in learning.
- Celebrate the students' efforts and successes.

- Make newly arrived students feel comfortable by providing fun activities and plenty of opportunity for listening.
- Facilitate LEP student involvement in games, sports, or activities. Through playing a game, one soon acquires the rules as well as the vocabulary in context.
- Provide a stimulating, supportive environment.
- Avoid correcting errors of pronunciation, structure, or vocabulary. Accept the student's effort or, if necessary, state the response correctly without comment.

One of the strengths of our nation is the diversity of our population. For example, California has the largest number of immigrant children within our schools; so our districts have been experimenting with strategies, techniques, and programs for meeting the needs of immigrant children more intensively than most districts in the country. These children bring with them a wealth of talent, global perspectives, and motivation to learn—great potential for educating us and enriching all of our lives. They also have many needs and face countless challenges as they enter our schools. As educators, we must do all we can to help them overcome the many obstacles, meet the challenge, and achieve success.

In an article entitled "The World Enrolls," written by Laurie Olsen and Marcia Tien-Hsiang Chen in *California Tomorrow* (Spring, 1988), the following statistics were provided: The number of immigrant students in California are up 250 percent in the last decade and they make up at least 5 percent of the student population in half of state school districts. Nearly all large districts are at least 15 percent limited English proficient; some districts are more than half immigrants.

Olsen and Tien-Hsiang Chen share, "School age immigrants from dozens of nations represent a potential filled and fast growing portion of California's future. Eager, almost desperate, for the two things public schools are designed to supply—socialization and knowledge—these young people relish the life and freedom of the U.S., yearn to fit in and learn, and study on average longer hours than their native-born peers. However, they also bring unique, sometimes daunting, needs. They generally don't speak English. Many have been psychologically traumatized—by war, the immigration journey, lack of documentation, and poverty. Many bring little formal education, and suffer from astounding culture shock here."

In the two-year study by *California Tomorrow* interviewing immigrant students as well as hundreds of teachers, parents, administrators, and community experts, Olsen and Tien-Hsiang Chen identified four broad areas prime for change. Though focused on immigrants, these "calls to action" seek to renovate how we educate *all* students:

Call to Action #1: *Cultural Orientation.* Immigrant children need a practical orientation to U.S. schools and what they do. Fear, intolerance, ethnocentrism, and prejudice prevail in the absence of information about each other. Schools should have classes that initiate communication between immigrants and others. Relations with immigrant parents and communities can be strengthened through orientations, native-language newsletters, advisory committees, etc.

Call to Action #2: *Counseling for Psychological Stress.* Many immigrant children have been through so much that schools' efforts to teach them English or subjects are wasted without counseling first. Whether from the schools themselves or community agencies, these students need bilingual counseling, peer discussion, and support groups—involving parents whenever possible. Teachers in districts heavily impacted by immigrant students need training in identifying and referring traumatized children.

Call to Action #3: *Teaching English.* Activities that teach immigrants English must become a central part of the schools. The state must recruit, train, and employ more bilingual teachers and aides. Excellent bilingual and ESL program models exist: the schools and districts that have them must spread the word; districts missing these resources must seek them out. In districts enrolling high percentages of immigrants, every teacher should be trained in English as a Second Language (ESL) techniques.

Call to Action #4: *Teaching Subjects While Teaching English.* Many of these children are not adequately assessed and are placed in situations where they become bored and angry over being held back academically. Others find themselves in classes way over their heads. For those with tremendous academic gaps to overcome, the sense of being so far behind can turn into hopelessness and discouragement.

The results of the two years of research by *California Tomorrow* is published in a 130-page report, "Crossing the Schoolhouse Border," which examines the needs of immigrant students, lists resources and model programs for serving them, and recommends action to policymakers, educators, communities and the media for educating and socializing newcomers. The report is available from: Ft. Mason Center, Bldg. B, San Francisco, CA 94123.

See the end of this section for additional references and recommended resources.

CHILDREN PRENATALLY EXPOSED TO DRUGS WHO ARE AT RISK

Over the past few years teachers (particularly in preschool and primary grades) have been feeling the impact of children in their classrooms who had been prenatally exposed to drugs. Now this first wave of children are moving up in the grades. There is very little known as to long-term effects of prenatal drug exposure. There are also many myths, particularly as to who is affected. The problem of drug-exposed babies crosses all socioeconomic and ethnic barriers. It impacts both rural and urban areas and school districts throughout the country.

According to a study by the National Association for Perinatal Addiction Research and Education in Chicago (Chasnoff, Landress, and Barrett, 1990), there was no significant difference between the percentage of middle- and upper-income women using drugs during pregnancy and low-income and minority women. Dr. Ira Chasnoff testified before a hearing of the Select Committee on Children, Youth, and Families of the House of Representatives (1986) about the importance of considerations other than prenatal exposure to drugs that effect the outcomes for school-age children. "It is not simply a matter of drug use. The issues are very complex, and the quality of parenting that each child receives from his parents is more a factor in the long-term outcome of these infants than their actual exposure to drugs." Dr. Chasnoff et al. (1992) further explained that "the long-term effects which will be found within the general population of drug-exposed children will not be explained by drug exposure alone. Before we can predict the developmental outcomes for these high risk children we need further research into the additive and interactive effects of the multiple risk factors to which they are exposed, including in many cases the global effects of poverty, multigenerational substance abuse, and the impact of growing up in a drug-seeking environment."

John Flynn, author of *Cocaine* (1991), states that "there are an estimated 5-6 million regular users of cocaine in the United States." Data compiled in 1988 indicate that one-half million children from 12-17 years of age had used cocaine during the past year. In young adults from 18-25 years of age, 3.5 million had used cocaine in the past year.

Congressman Charles B. Rangel testified to the House Select Committee on Children, Youth and Families in 1989 that 10 percent of pregnant women have tried cocaine at least once during their pregnancies. Rangel went on to say, "The National Institute of Drug Abuse estimates that there are 6.5 million people using drugs in a way that seriously impairs their health and ability to function. Yet nationwide, at any one time, there are only 240,000 drug abusers in treatment." (Referenced from: *Born Hooked Poisoned in the Womb*, compiled by Gary E. McCuen. Hudson, Wisconsin: Gary E. McCuen Publications, Inc.)

NAPARE (National Association for Perinatal Addiction Research and Education) conducted a nationwide survey of 36 hospitals (Ruhmkorff, 1989) finding 11 percent of the women in the hospitals had used illicit drugs, and that 10-20 percent of the deliveries tested positive to cocaine. Some physicians believe that as many as two-thirds of the children born with cocaine in their systems go undetected because hospitals do not routinely screen all newborns nor do many of them have screening protocols to follow (Conner, 1990).

According to Dr. Marie Kanne Poulson in a 1990 report she prepared for the California State Department of Education, "Educational Needs of Children at Risk Due to Factors Related to Substance Exposure," children prenatally exposed to drugs can be described as *low threshold* (showing uneven maturation of their neurological system in being able to control or modulate their own behavior in response to social or physical environments), hypersensitive, and *hyper-reactive* to sensory and emotional situations. "Their disorganized often-

times out of bounds behavior, seen by many as destructive and intentional, stems from an overload of sensory or emotional input to the CNS (central nervous system).”

Dr. Poulson shares that the influence of drugs on the central nervous system creates a wider range of variability in the child's capacity for:

- organization of his/her play and daily living activities
- precision and direction of movement
- learning continuity and learning strategies
- sense of self and interactive behaviors

In the organization of play and daily living activities, one might see a child who is more distracted and less focused, has little self-initiation, and has little organized follow-through of play learning and self-help activities. In the area of precision/direction of movement, the child prenatally exposed to drugs may have difficulty with spatial relations and motor coordination. As for learning continuity this child may experience sporadic mastery; a concept, skill, or strategy he/she learned one day may have to be relearned another. The behavioral risk factors the prenatally exposed child might exhibit are: (1) shows behavioral extremes, (2) is easily overstimulated, (3) has a low tolerance for changes, (4) constantly tests the limits, (5) has difficulty in reading social cues, and (6) has difficulty with peer relationships (Poulson, 1990).

Currently, the scientific research has not yet proven any causal relationship between prenatal drug exposure and ADHD. The similarities in many of the characteristics, however, are striking. It is not surprising since with prenatal drug exposure the child's central nervous system is often affected, and he/she may have sustained neurological damage. However, just because some of the symptoms are the same, it does not mean that these children have ADHD. Nor does it mean that children who have ADHD and those who were prenatally exposed to drugs respond to the same treatments. It falls in the hands of the medical/scientific community to pursue the research and answers as to how we can best help these children, as far as any possible medical intervention is concerned.

Research as to effective practices in working with prenatally exposed children stresses the importance of: developmentally appropriate curriculum, structure and consistency, routines and rituals, flexible room environments, student readiness, and transition time plans. The following are some recommended strategies found effective for teaching children prenatally exposed to drugs. This partial list was extracted from one compiled by teachers in the Prenatally Exposed to Drugs (PED) Program at Salvin School. The Los Angeles Unified School District's Salvin School is one of the first pilot programs in the nation designed specifically for this population of children.

- Provide support and emotional reassurance.
- Establish classroom routines with minimum number of transitions.
- Consider the developmental level of the child.
- Use physical, concrete, and verbal cues to direct and redirect the child in tasks or activities.
- Recognize and consistently praise the child's attempts and accomplishments.

- Prepare for and guide through transitions.
- Provide the child a schedule of play and rest activities to help develop regular patterns.
- Respond to specific needs of the child with predictability and regularity.
- Elicit eye contact and/or touch the child before giving verbal commands.
- Talk the child through to the consequences of his/her actions.
- Provide the child with explicitly consistent limits of behavior.
- Use close proximity and gestures.
- Create a stable environment where the child feels safe to express feelings, wants, and needs.
- Use hands-on activities.
- Verbalize expected behaviors.
- Set consistent limits on inappropriate behavior, but allow for expression of feelings.
- Provide a variety of tactile and small-motor activities.

Salvin School has found that there is no typical profile for a drug-exposed child, but that impairments fall along a continuum from minimal symptomology to severe impairment in all areas of development (Cole, 1989.)

Once again, what research and experimentation are finding as to successful teaching practices and strategies for this population of children is very similar to what we know to be effective in meeting the needs of our other children (with ADHD or LD). This is good news to teachers who want to *reach and teach every child in their classrooms*. As educators it is our responsibility to do all we can to help our students be successful. Fortunately, we have it within our power to make a significant difference in the lives of our students. In spite of the difficulties they may be entering our classes with, the at-risk situations in which they may live, we *can* help considerably in overcoming those obstacles. We need to be careful not to automatically make assumptions as to the causes of some of our students' behaviors. We certainly have no right or qualifications to make judgments or attempt to diagnose! What we need to do as teachers is try as hard as possible to establish rapport and partnership with the family, and to provide the best education, interventions and support that we can.

Note: The authors are grateful to Carol Pearson Donahue who provided all of the research for this section in her doctoral dissertation (June, 1994) for the University of La Verne, California entitled: A Case Study: Strategies, Skills and Techniques Educators Will Need in Teaching Children Prenatally Exposed to Drugs as They Approach Kindergarten and Formal Education.

See the bibliography and recommended resources at the end of this section for more information.

CHILDREN WHO ARE GIFTED AND TALENTED

The category of "giftedness" is one that many people don't view as fitting under the umbrella of exceptionality or special needs. However, children who have very high intellectual functioning and/or academic skills are in need of instruction and educational opportunities that stretch their academic potential and meet their unique needs.

There may be quite a bit of variation from state to state and district to district in the criteria for serving gifted and talented populations of children. In California the program for teaching gifted and talented children is referred to as GATE. According to our district's GATE Curriculum Framework (published in 1991): "Current state legislation allows the district to select one or more of the following categories for identification of gifted and talented students:

- intellectual ability
- high achievement
- specific academic ability
- creative ability
- leadership ability
- visual and performing arts talent"

San Diego Unified School District identifies and offers programs to gifted and talented students in the following categories:

- *Intellectual ability:* Students who demonstrate exceptional intellectual development, whose general mental development is significantly accelerated beyond that of their chronological peers. (Mental ability is demonstrated by scores within the superior range on standardized tests of mental ability.)

- *High achievement:* Students who consistently produce advanced ideas and products and/or score exceptionally high on achievement tests. (These are students with superior achievement in reading, language or math as demonstrated by superior scores in two total areas over a timespan of two years.)
- *Specific academic ability:* Students who consistently function at highly advanced levels in particular academic/ability areas (secondary level only).

The Curriculum Framework continues, "The GATE program views gifted and talented students as those possessing the *potential for excellence* as reflected in superior ability levels that may include several dimensions such as abstract thinking, linguistic ability, creative processing, logical reasoning, persistence and concentration, visual reasoning, etc. The traditional perception of intelligence is seen as too narrow and is not adequate in the fair assessment of all students who possess such a capacity for excellence. Evidence of the student's eligibility for the Gifted and Talented program must be based upon multiple criteria, with documentation of these traits attained from a variety of sources."

Recommendations for Meeting the Needs of Gifted Children

- Revolve instructional practices around abstract, complex understandings.
- Focus discussions, presentations, and materials on concepts and generalizations that transfer within and across disciplines.
- Build abstractness and complexity into the curriculum.
- Allow for higher levels of thinking and processing.
- Use a high percentage of open-ended activities that stimulate further thinking and investigation.
- Use discovery approaches, allowing students to use their inductive reasoning processes to discover patterns, ideas, and underlying principles.
- Provide students the opportunity to express their reasoning and how they went about solving problems.
- Involve student products with real problems presented to real audiences.
- Allow for many choices in activities and projects.
- Use a variety of methods that maintain students' interests and accommodate different learning styles.
- Use a student-centered, personalized learning environment.
- Focus on independence and student initiative.
- Have an accepting, nonjudgmental environment.
- Provide challenging tasks, complex ideas, and sophisticated methods.
- Use various and flexible instructional methods and styles.
- Focus on the teacher as an instructional manager/facilitator.
- Use community resources and resource persons.
- Telescope the common core; teach conventional subject matter in less time, allowing for acceleration of conventional curriculum.
- Vary the pacing for learning by appropriation of longer or shorter time spans based on students' needs and abilities.

- Use programmatic augmentation, adding dimensionality (depth and scope) to the conventional curriculum.
- Use relevant, interdisciplinary, thematic teaching across the curriculum.
- Use a qualitatively differentiated program that modifies or adjusts the content, process, product, and learning environment in ways that build on and extend the special characteristics of gifted students.
- Expand basic skills.
- Use out-of-school augmentation, providing students opportunities to apprentice with outstanding producers and performers. Provide field trips, seminars, and other out-of-school educational opportunities.
- Create opportunities and options.
- Use project-oriented curriculums.
- Use novel approaches.
- Provide mentorship opportunities.
- Make available technology and information access.

Characteristics of Gifted Children

- Highly curious, questioning
- Often plays/clowns around, but tests well
- Discusses in detail/elaborates
- Shows strong feelings and opinions
- Constructs abstractions
- Prefers adults
- Prefers to work alone
- Draws inferences
- Initiates projects
- Is intense
- Manipulates information
- Creative/inventive
- Is a good guesser
- Thrives on complexity
- Is keenly observant
- Is highly self-critical

INTERVENTIONS AND ADAPTATIONS FOR ACCOMMODATING SPECIAL NEEDS

This section is designed to provide suggested interventions and adaptations you may wish to use in your attempt to provide inclusive education for all students. They may be helpful as pre-referral strategies; or considered when writing IEPs or 504 Intervention Plans. Many of these interventions are critical for the success of students, particularly those with learning disabilities and/or ADHD. We need to look at accommodations for students that allow them to bypass as best as possible their areas of disability. Inclusive classroom teachers are open and willing to examine which factors need to be adjusted or modified (instructional, environmental, organization, behavior management, assessment, etc.) in order for each student to achieve success.

FOR STUDENTS HAVING DIFFICULTY WITH ATTENTION & DISTRACTIBILITY

- Make use of non-verbal signals (e.g., flashing lights, ringing a bell) to cue students prior to transitions, or to stop all activity and focus on teacher.
- Increase teacher proximity to student (standing near or seated close by).
- Provide preferential seating: up front; within cueing distance of the teacher; away from doors, windows, and high-traffic areas of the room.
- Seat distractible students surrounded by well-focused students, and with good role model(s) facing them.
- Increase physical prompting of student (e.g., hand on shoulder).
- Increase visual prompting/cueing of student (eye contact, private hand-signals).

- Increase auditory cues and signals to student (private signal words to serve as reminders).
- Vary tone of voice when presenting to students (avoid monotone).
- Present at a snappy, lively pace.
- Keep 'brevity' in mind (instruction, explanations, etc.).
- Provide study carrels or partitions to reduce visual distractions during seatwork or test-taking as appropriate. (*Note:* These "privacy boards" or "office areas" should not be used if they are viewed by the students in the class as punitive measures, or in singling out certain students only).
- Provide earphones for students to reduce auditory distractions as appropriate, preferably not the kind that have cords as part of a listening post. Have four or five sets of earphones available and encourage experimentation among all students.
- Provide more physical work space
- Have student clear desk of distractors (allowing only essential items to the task on the desk)

Some children, such as those with ADHD, have the need to touch objects for stimulation to keep alert and focused. Experiment after making private arrangements with the student. It may be necessary to remove all of these toys/objects or it may be helpful to allow the use if controlled. For example:

- Allow some children with the need to have something in their hands to try holding a small piece of clay, play dough, or squishy ball—as long as it stays within their hand and is not a distractor to others. Allow some children to attach something to a belt loop that they can touch, such as a keychain with a small object attached.
- Use a timer to complete certain tasks and then reward student for completion or on-task behavior during that time segment.
- Assign seatwork tasks that are at the appropriate level, and can be done independently.
- "Block" pages of work assigned as seatwork so that it doesn't overwhelm or cause a student to give up or completely avoid the task. Blocking pages means to cover up part of the page or folding it in segments so that lesser amounts are visible at one time. This is very helpful if someone can monitor/give feedback after the shorter blocks of work are completed. Breaking the assignment into these smaller chunks helps keep students more motivated and on-task, as well as reducing frustration.
- Actually cut assignments or work pages in half, giving only one half at a time.
- Reward students for a certain number of completed items that are done with accuracy.
- Provide the student with written examples for reference.
- Color highlight directions and important words on the assignment.
- Provide guided practice before having a student work independently on the task.
- Provide a study guide or some graphic tool for students to use accompanying verbal presentation. *Note:* It is helpful for maintaining attention to be jotting down a few words or filling in missing words in a guided format.
- Make sure necessary supplies are available.
- Allow students to ask buddies for clarification on seatwork.

- Utilize a contract for on-task behavior with positive incentives and perhaps response costs.
- Significantly increase opportunities for active student involvement in the lesson, and utilize questioning techniques that engage all students (See Section 11 *Effective Questioning Techniques in the Classroom*)

FOR STUDENTS NEEDING INTERVENTION TO BYPASS MEMORY DIFFICULTIES

- Teach and practice how to categorize and chunk information.
- Teach a variety of *mnemonic (memory) devices* and strategies:
 - How to make associations (visually, conceptually, or auditorily to help memorize). For example, given a group of words or terms, teach how to place in categories. Look for ways the items go together, sound alike, look alike, etc., to help remember.
 - How to pair unfamiliar, new terminology with similar sounding, familiar words. There is a technique called *Key Word* mnemonics that is very helpful in remembering new vocabulary. For example, *eclectic*, which means “selecting from various sources” sounds similar to “electric.” There is electricity in many sources. So, for some people, making an association between eclectic and electric may help them remember. To make the association even stronger, one can visualize someone who stuck a finger in an electrical socket and has hair sticking out in all directions, or many different places.
 - How to draw and visualize ridiculous pictures that create a vivid image. This technique greatly aids recall of rote information
 - Use of acronyms (D.E.A.R. = “Drop everything and read”).
- Teach how to make up silly sentences with the beginning letter of each word in the sentence standing for information to be memorized in sequence. For example, to learn the planets in sequential order from the sun (Mercury, Venus, Earth, Mars, Jupiter, Saturn, Uranus, Neptune, Pluto), encourage students to invent a silly sentence they can remember (and hopefully visualize) such as “Mary’s very elegant monster just swallowed up nine porcupines.”
- Use this technique for remembering spelling patterns/rules such as: “Generally double letters f, s, l, z when they follow a short vowel.” (ie. cuff, stiff, pass, mess, toss, fuss, will, bell, dull, fizz, jazz. Four silly little zebras represents letters f,s,l,z. By recalling that phrase, it can aid the recall of those spelling patterns.
- Teach and practice visualizing with huge size, lots of color and motion.
- Teach and model how to practice memorizing by repeating the information orally several times
- Teach how to memorize small chunks of information by reading, covering the information up and saying verbally, checking self, writing down key words, etc.
- Have students repeat instructions given by teacher back to the teacher before beginning the task.

- Have students paraphrase instructions or information to be learned.
- Color highlight important information and concepts to be learned.
- After directions are given, have student tell his/her partner what he/she is to do.
- Increase the amount of practice and review in a variety of formats.
- Require that students write down all assignments, preferably on an assignment calendar that is kept in the same place consistently.
- Teach, model, and expect all assignments to be recorded, and monitor that students have done so. This often requires monitoring by way of teacher initialing assignment calendar, or student partners check each other and initial each other's assignment calendar.
- Utilize checklists and things-to-do lists.
- Allow use of tools and aids, such as multiplication charts and tables, spell-check devices (e.g. Franklin Speller).
- Encourage use of electronic organizers

FOR STUDENTS NEEDING ADAPTATIONS IN TESTING/ASSESSMENT

Note: The following is an extensive list of possible adaptations to be considered when trying to provide a fair assessment of students' learning. Included are some recommendations that teachers should keep in mind when preparing exams for all students. Some of the other interventions should be considered as special accommodations for students with moderate to severe reading, writing, or attention difficulties, who are unable to demonstrate their comprehension or mastery of the content material under normal testing conditions and criteria.

- Provide students with all handouts/test copies that are easy to read (typed, clear language, at least double-spaced, clean copies, ample margins).
- Avoid handwritten tests.
- Eliminate unnecessary words and confusing language on the test.
- State directions in clear terms and simple sentences.
- Underline or color highlight directions or key words in the directions.
- Provide opportunities for short-answer assessment (multiple choice, matching).
- On vocabulary tests give the definition and have student supply the word, rather than providing the word and student needing to write out the definition.
- Provide word bank to select from for fill-in-the-blank tests.
- Allow extended time for completing the test.
- Take exam in the classroom, then in a small group or with special education teacher and average the two grades.
- Provide students an example when possible of different types of test questions they will be responsible for on the exam.
- Provide more workspace on the tests (particularly for math tests).

- Allow students to use graph paper or other paper to solve math problems and attach to test, rather than require that computation must be done on the limited work space directly on the test.
- Enlarge the print.
- Divide a test in parts, administering on different days rather than rushing students to complete lengthy tests in one class period.
- Allow student to retake the test orally after given in written form to add points to his/her score if he/she is able to demonstrate greater knowledge/mastery than shown on written tests (especially for essay questions).
- Administer frequent short quizzes throughout the teaching unit and review the next day; thus providing feedback to students on their understanding of the material. These short quizzes do not need to be graded for a score, but to help students in their learning and confidence prior to the exam.
- Substitute an oral for a written test as appropriate.
- Assign take-home tests on occasion.
- Allow taped tests if needed, and permit student to tape-record answers to essay questions rather than write them.
- Read test items orally to student(s).
- Don't penalize for spelling, grammar, etc., on tests that are measuring mastery of content in other areas.
- Give credit for what is done correctly.
- Read aloud the directions for the different parts of the test before students begin the exam.
- Before providing final grade on test, point out test items that you spot are incorrect, and allow student to try self-correcting careless errors before scoring.
- Give reduced spelling lists for students who struggle with spelling; for example, 15 words rather than 20 or 25. When dictating the words on the test, dictate those 15 words in any order first; then continue with the other words for the rest of the class. Those students on modified lists have the option of trying the additional words for bonus points. (See Section 12 *Motivating Techniques for Teaching Spelling and Vocabulary*)
- Score tests for number correct/total number assigned per student (which can be shortened assignments or tests for individual students).
- Eliminate need for students with writing difficulties to copy test questions from the board or book before answering.
- Teach students the strategies and skills for taking a variety of tests (true/false, multiple choice, fill in the blank, essay, fill in the bubble, etc.).
- Practice all types of testing formats.
- Collaborate with special educators to rewrite the tests for special needs students (shorter sentences, simplified vocabulary, easier to read format).
- Test what has been taught.
- Avoid questions that are worded in a way to deliberately trick the student.

- Write multiple-choice questions with choices listed vertically rather than horizontally (as it is easier to read).
- Utilize portfolio assessment (progress evaluated on individual performance and improvement as opposed to comparing to other students).
- Reduce weight of test grade.
- Color the processing signs on math tests for students who don't focus well on details and make careless errors due to inattention. For example, highlight yellow = addition problem, green = subtraction, blue = multiplication.
- Utilize privacy boards at desks during test-taking time, and/or find other means of reducing distractions when students are tested.
- Allow use of a calculator on math tests that are assessing problem-solving skills, not computation.

MODIFICATIONS OF PRESENTATION FOR STUDENTS WITH DIFFICULTY FOLLOWING DIRECTIONS AND PROCESSING AUDITORY INFORMATION

- Vary your verbal style (volume, tone, pitch) to avoid monotone presentation.
- Keep your presentation lively and active.
- Supplement verbal presentation with visuals, graphics, and demonstrations.
- Use a great deal of hand signals and motions, gesturing and non-verbal communication.
- Use fewer words and more visual examples.
- Increase amount of modeling and guided practice.
- Allow extra time for processing information.
- Increase amount of eye contact with students.
- Increase wait time to at least 5 seconds before asking students to respond to questions.
- Provide directions in written as well as verbal form.
- Speak slower and avoid giving directions or speaking when not directly facing the class.
- Paraphrase using similar language.
- Be aware of your use of complex sentence structure and sophisticated vocabulary, and which students may have difficulty comprehending.
- Monitor frequently for student understanding.
- Adjust lessons in response to student performance.
- Increase student response opportunities significantly. (See Section 11 *Effective Questioning Techniques in the Classroom*)
- Teach throughout the day with multisensory techniques.
- Utilize a great deal of color, movement, and graphics.
- Write major points or content outline on board.

- Select a few interventions to try implementing, discuss with parents your plans to try providing the modifications/interventions over the next few weeks, and then assess effectiveness prior to making a referral. Keep good documentation/records during this period. Share informally with appropriate member(s) of the support team your concerns regarding the student and steps you are taking at this level. This informal communication with support personnel is helpful prior to referral.

Pre-referral communication form

When teachers meet with our student study team members at the informal level to share concerns about students, we use the Informal Student Needs Review form (found at the end of this section) which is filled out together at the time of the informal meeting. (See Section 10, *Team Efforts* for more information.) If there is no written format used for communication at the pre-referral level, it is still important to at least bring concerns to the awareness of appropriate support staff member(s). The special education teacher, counselor, nurse, speech/language therapist, etc. should be alerted about students in need; and are, therefore, able to advise and support the classroom teacher. When there is a student with more significant problems, the team can prioritize that student, perhaps make some observations, and schedule a more immediate student study team consultation on that student.

Checklists of interventions

The checklist at the end of this section (Have You Tried These Interventions and Modifications?) is a simple format for having teachers examine a variety of modifications and accommodations. It allows teachers to think about which accommodations they are already providing in the classroom, and to select which ones they would like to try and focus on next. It is recommended that student study teams use this checklist or something similar when meeting with teachers and planning for interventions. It helps to select a few of the strategies on the checklist and color highlight them as the new interventions to be tried.

IEP Alternative Means and Modes

In our district there is an additional page that is part of the IEP and is filled out for the special education student entitled IEP Alternative Means and Modes and Differential Proficiency Verification Form. The checklist form includes some modifications/adaptations of assessment (e.g. oral tests, modified tests, taped tests, short-answer tests, extended time for completing tests); presentation and instruction (e.g. increased verbal response time, repeated review/drill, reduced paper/pencil tasks, shortened assignments, note-taking assistance, taping lectures, alternative materials). **Note:** Only special education students in Grades 9-12 may have modified proficiency standards in certain courses as determined by the IEP team.

Summary Letters

One of the ways that we try to ensure that all key players are aware of the intervention plan when we meet on children with more significant needs and issues, is to write a summary of the concerns shared and decisions/interventions agreed upon. Typing a summary letter is usually done for those students who have the involvement of other care

UTILIZE THESE INTERVENTIONS AS PRE-REFERRAL STRATEGIES

Prior to referring a student for possible special education services, it is necessary to initiate modifications and accommodations as appropriate. The following steps are recommended:

- Establish parent contacts and communication.
- Try providing as much supplementary assistance as possible (e.g., cross-age tutor, peer tutor, parent/community volunteer, aide, computer aided).
- Review student's cumulative folder.
- Conference with former teacher(s).
- Confer with support staff and any appropriate school personnel. See the pre-referral communication form at the end of this section.
- Initiate a home/school contract for one or two targeted behaviors. (See Section 5, *Behavior Management and Positive Discipline*.)
- Make any environmental modifications that seem appropriate, such as change of seating.
- Offer many choices that involve creative expression.
- Provide outline or overview of the lesson.
- Relate information to students' experience and background information.
- Have students share what they already know about a topic before instructing on that topic.
- Limit the number of new concepts introduced at one time.
- Pause during oral presentations/lectures, and allow students a few minutes to work with partners to briefly discuss the content and share their understanding.
- Provide many opportunities to work with a partner, triad, and group of four to five students.
- Summarize key points, and let students know what is important for them to remember.
- Use game format for drills.
- Clearly state lesson purpose.
- Provide instruction that accommodates full range of learning styles in the classroom.

- Select a few interventions to try implementing, discuss with parents your plans to try providing the modifications/interventions over the next few weeks, and then assess effectiveness prior to making a referral. Keep good documentation/records during this period. Share informally with appropriate member(s) of the support team your concerns regarding the student and steps you are taking at this level. This informal communication with support personnel is helpful prior to referral.

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providers (counselors, psychiatrists, medical doctors, etc.). Typically, one of the team members will write the summary, with copies for parents, members of the team, and any other professionals outside of school who are involved in the care of the child. The following is an example of one summary letter for a student with ADHD. In this case, as the student's parent does not speak English, it was translated into Spanish for the parent, and the mother signed a release of information form allowing us to send a copy to the child's physician.

SUMMARY OF SCHOOL OBSERVATIONS AND CONCERNS REGARDING: MANUEL L.

SCHOOL: _____ DATE: _____

WRITTEN BY: _____ POSITION: _____

PHONE NUMBER: _____

Manuel has been a student in my Resource Specialist Program for the past few years. He is a capable, intelligent boy, with a great deal of talent in art (particularly drawing). Manuel has identified learning disabilities in auditory and visual sequential memory, with above-average cognitive functioning on measured assessments. Manuel has always been extremely impulsive and highly distractible since he entered our school three years ago. It is a challenge to focus his attention even in small group settings or working 1:1. Of all the students with ADHD with whom I have worked over the past several years, I would consider Manuel's degree of impulsivity - particularly his difficulty inhibiting vocal responses—to be among the most severe. He has a constant need to talk, which has been problematic in that he blurts out answers, interrupts constantly, and can't wait to tell or talk about things that come to mind (which are often totally unrelated to the task at hand). Other students become very impatient and exasperated with his interruptions, and it has been my observation that he receives a lot of negative feedback from his peers. Work production has been minimal over the years because of the above behaviors.

Since Manuel has been taking a second dose of medication at school, I have observed a significant improvement during the time I work with him (12:30-1:15 three days/week). There has definitely been less impulsive behavior, and he is much better able to inhibit the constant chatter. Manuel does ask numerous questions, requesting clarification. He has always done so. His confusion, not understanding, and need to have things repeated frequently is compounded because of the inconsistent attention (due to ADHD), learning disability in short-term memory, and difficulty comprehending in terms of language. Note: Manuel continues to receive ESL services as he is still limited English proficient.

Manuel's classroom teacher has also noted improvement in behavior during the afternoons since he has been receiving his medication at 11:45. Mornings continue to be inconsistent—some days he has great difficulty controlling impulsive behavior and staying on-task; other days, he does better. His teacher's main concerns at this time are: • difficulty listening and following directions • very disorganized (loses things frequently) • many incomplete and missing assignments • difficulty taking turns and functioning without social problems in groups

As we discussed at our meeting (including classroom teacher, special education teacher, mother and interpreter), the following interventions are currently in place and/or will be provided for Manuel's success:

- *A great deal of 1:1 verbal and nonverbal signaling and cueing*
- *Focusing 1:1 (beginning the task with Manuel and asking him to show or tell what he needs to do next).*
- *Frequent opportunities to work with a partner on his work, and for clarification*
- *Up-front, preferential seating directly in front of teacher*
- *Teacher using daily assignment calendar for recording all homework assignments. Before Manuel leaves for the bus he must show calendar to teacher for her initials to indicate that*

assignments are all recorded accurately on the calendar. Mother is to ask to see calendar every day after school which should be initialed by teacher. If it is, then he earns extra TV time that evening; if not, he loses some TV privileges.

- Use of monitoring chart for on-task behavior. Manuel will earn reward in-school (he chose time with a friend to play on computer or time to use special art supplies) if he meets goal for the week.
- Once/week Resource teacher or aide will help Manuel organize materials, and check for progress on long-range assignments (reports, projects).
- Manuel will be encouraged to use our Drop-In Center (which is a service we provide students through our resource program). Our room is open the last hour of the school day for students needing help with classroom assignments, getting started on homework, and other assistance. It is manned by special ed teachers, aides, and high school student volunteers. Students can come for all or part of the period. Manuel knows that whenever he feels the need for extra help (e.g., is confused, overwhelmed, needs help pulling projects together, gathering resources, getting caught up, and so on) to ask his teacher, and she will send him to Drop-In or help him in class.
- Continued special education services through Resource Specialist Program of direct-instruction in reading/writing, in-class support and collaborative assistance. Note: See assessment reports and current IEP.
- We will evaluate effectiveness of interventions within the next few weeks.

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HAVE YOU TRIED THESE INTERVENTIONS AND MODIFICATIONS?*

ENVIRONMENT

- Seating up front, close to teacher
- Giving student extra work space
- Seating away from distractions (e.g., the door, learning centers, noisy heaters/air conditioning units, high traffic areas)
- Limiting visual distractions and clutter
- Monitoring noise level
- Reducing noise level during tasks requiring concentration (tests, reading)
- Designing the room to accommodate different learning styles
- Seating among well-focused students
- Use of study carrels or privacy boards during seatwork and test-taking
- Models and visual displays for student reference
- Appropriate-sized furniture

ORGANIZATION

- Assignments written on board as well as presented orally (and left recorded on board)
- Assignment calendar used daily—with teacher monitoring and expectation of usage
- Teacher, aide, or student buddy to assist with recording of assignments
- End-of-day clarification of assignments/reminder to students by teacher
- End-of-day check by teacher/aide for expected books and materials to take home
- Providing students with handouts that are already 3-hole punched
- Student requirement to have notebook, dividers, plastic pouch with teacher checks
- Provide assistance organizing materials (e.g., papers in proper place in notebook)
- Color-coding books, notebooks, materials
- "Thing to Do" list taped to desk
- Breaking down long assignments into smaller chunks/increments—with teacher checking student and providing feedback with each increment
- Limiting the amount of materials/clutter on the student's desk

* Revised from How to Reach and Teach ADD/ADHD Children by Sandra Rief

INCREASED COMMUNICATION AND TEAMWORK

- Daily or weekly home/school communication to be signed by parents (e.g., monitoring forms or charts indicating behavior and work completion)
- Increased phone contact with parents (remembering to share positive observations as well as concerns)
- More frequent conferences/planning meetings with parents (trying to build a partnership on behalf of student)
- Communicating concerns with support staff members at the informal level
- Involving your site consultation/student study team (referral to team)
- Buddy up with another teacher for discipline, team-teaching, joint activities
- Let student know you are interested in helping him/her; dialogue with student(s) about their needs, encourage open communication

CLASSROOM MANAGEMENT

- Increasing the amount of structure and monitoring of behaviors
- Clearly defined expectations and consequences (reviewed frequently)
- Utilizing teacher "proximity control" (standing near disruptive student, eye-contact)
- Delaying instruction until it is quiet and teacher has engaged everyone's attention
- Providing significantly more positive reinforcement (e.g., praise, notes/calls home)
- Praise *specific* behaviors (what student is "doing right")
- Use of a contract or charting/reinforcement system for specific behaviors (on-task, staying seated, raising hand/not calling out, work completion)
- Private, personal cueing and signals with student
- Providing for frequent breaks and opportunities to move
- Extra assistance and structure during transitional times of day
- Allowing student to participate in selection of rewards/consequences
- Using short reinforcing periods with teacher evaluation of effectiveness

INSTRUCTION AND EVALUATION

- Allowing extra time for processing information (speak slower, give more "wait time")
- Increasing the amount of modeling, demonstration, and guided practice
- Many opportunities to work cooperatively with a partner or small group

HAVE YOU TRIED THESE INTERVENTIONS AND MODIFICATIONS? *continued*

- Many opportunities to verbalize in class and respond in a "safe" climate without fear of ridicule
- Regular feedback and progress check re: homework, class assignments, etc.
- Teaching throughout the day with *multisensory techniques* (using clear verbal presentation, many visuals, hands-on activities and movement)
- More student participation in projects involving creative expression
- Allowing and encouraging the use of computer, typewriter, word processor
- Modified, shortened assignments
- Accommodating written output difficulties by:
 - allowing extended time to complete written assignment
 - allowing oral responses
 - permitting student to dictate responses/someone else transcribes
 - reducing written requirements/permitting alternative means of sharing
 - allowing parent to initial or sign-off homework after student has spent specified amount of time on assignment
- Extra one-to-one assistance (from teacher, aide, parent volunteer, cross-age tutor, student/peer buddy)
- Have student repeat directions/instructions prior to starting assignment
- Allow extra time for taking/completing tests
- Alter type of examination (true/false, short-answer, multiple choice, essay, demonstration, oral presentation, creative project)
- Allow student to have tests read to him/her if needed
- Provide student with color-coded, highlighted text
- Provide student with outline or overview of lesson
- Provide student with audio cassette of text
- Use a variety of questioning techniques/allowing for more response opportunities
- Allow student to use learning aids (e.g., Franklin Speller, calculators, reading markers)
- Provide handouts that are clean, easy to read
- Have students read assignments in pairs

Academic Modifications

"What the teacher must concentrate on is what the disabled student can do"

NORMAN KUNC

If you have asked yourself the following question, you are not alone: "How in the world do I include this student in an academic activity?" Many teachers are puzzled by how to approach academic modifications for students who are not working on "traditional" academic objectives. Try the simple approach outlined on the following page to see if you can generate some ideas:

1. Have a list of the student's IEP objectives in front of you.
2. Look at one of your typical lesson plans, including the text, workbook, or whatever materials you might use.
3. Consider **any** and **all** ways in which some of the objectives could be addressed. Think about modifications in the environment, materials, content, and quantity of work.

For example, Becky is a member of a fourth grade class. Her objectives are to:

- Orally count from 1 to 25.
- Count objects from 1 to 10 with correct one-to-one correspondence.
- Copy and print letters of the alphabet.
- Increase basic sight word vocabulary from 6 to 15 words.
- Raise her hand to ask for help.
- Print her first name from memory.
- Increase her attention span when listening to discussions.
- Follow a three-step direction.

A typical lesson chosen by the teacher might look like the following:

Topic:	Geography and American History
Objectives:	To familiarize students with the Frontier period in American history. <ul style="list-style-type: none">- Maps showing westward movement- Reasons for expansion westward- Hardships faced and overcome by settlers- Significant historical figures
Activities:	<ol style="list-style-type: none">1. Students will read pp. 89-103 in their texts.2. Students will complete maps showing significant locations, workbook pp. 17-18.3. Students will discuss in small groups reasons for expansion and hardships faced.4. Students will do homework papers/projects identifying a current day person (hero/heroine) who has faced hardships and overcome them.

The following is a list of ways the teacher might choose to address Becky's objectives within this part of the lesson:

- Have Becky copy the title of the story.
- Have Becky copy any selected words or phrases from the story.
- Have Becky copy the labels from the map onto paper or a blank map.
- Have Becky write her name on all papers she does.
- Have Becky count how many pictures she sees.
- Have Becky listen to answers peers give to the teacher's questions.
- Ask a peer to read the pages aloud to Becky.
- Prerecord the pages on audio cassette and have Becky listen through earphones as the students are reading silently.
- Give Becky three-step directions to follow, such as, "Get out your book, put it on your desk, and get out a pencil," or "Come and get these papers, give one to every student, and bring me the rest."
- Choose one or two vocabulary words frequently used in the material, print them on paper or cards, and have Becky find the words, copy the words, read the words to a peer, etc. Examples might include "land," "America," "United States."
- Have Becky count how many students are present and then pass out the correct number of papers, tests, pencils, maps, books, etc.
- Have Becky identify her heroes and write their names from a model.
- Remind Becky to raise her hand to ask for help, and do not respond when she yells out.
- Have Becky work with peers to do map work—they could direct her where to color in the Santa Fe Trail, for example.

The key to developing methods to address nontraditional objectives is to think beyond the focus of the activity to the periphery. Many things are taking place in a classroom at any one time—look at the whole picture in order to find ways to include the student with disabilities in your classroom.

Academic Modifications: What About Reading?

"I long to accomplish a great and noble task, but it is my chief duty to accomplish small tasks as if they were great and noble."

HELEN KELLER

Wany teachers are concerned about how to include students with disabilities who are nonreaders into reading lessons. Traditionally, teachers have pulled aside one group of students to work on reading aloud, while the rest of the class worked independently on writing assignments, spelling papers, or such. More recently, the move to whole class and whole language instruction has many teachers working with all students at one time. Whichever method is used, there are still many ways to involve nonreaders in the lessons.

To begin with, repeat the process suggested in Strategy #35:

1. Have a list of the student's IEP objectives in front of you.
2. Look at one of your typical lesson plans, including the text, workbook, or whatever materials you might use.
3. Consider **any** and **all** ways in which some of the objectives could be addressed. Think about modifications to the environment, materials, content, and quantity of work.

For example, Hector, a nine-year old in third grade, has the following objectives:

- Identify ten vocabulary words.
- Respond to "wh" questions.

- Repeat two to three word utterances.
- Produce final consonants.
- State full name, age, school name, and teacher's name.
- Rote count from one to eight.
- Demonstrate understanding of one-to-one correspondence for four objects.
- Trace name and address.
- Respond to two-step directions during a group activity.

The following list includes ideas for including Hector in many different ways, in many different types of reading activities, while still addressing his unique needs:

- Choose one new vocabulary word per story for Hector to work on.
- Highlight any vocabulary words in the story which he may know.
- When you come to a word in the story Hector may know, have him read just that word aloud, then continue on to the next reader.
- Use flash cards with his known and new vocabulary words.
- Have Hector trace the vocabulary words on paper or with his finger.
- Have Hector listen to the other students reading aloud and answer "wh" questions about the story.
- Ask "wh" questions about the pictures in the reading book.
- Ask "wh" questions about the reading activity itself (e.g., "Who is sitting next to you?" or "What book are you reading?").
- Ask Hector to repeat the title of the book after you or a peer.
- Ask Hector to repeat a key phrase from the story.
- Ask Hector to repeat a peer's brief answer to a question about the story.
- Restate Hector's answers while clearly enunciating the final consonant sounds.
- Use flash cards and reinforce Hector for producing final consonant sounds.
- Have the students identify themselves when they join the reading group, and ask Hector to say his name, also.
- Have Hector trace his name on each work paper and then ask him to state it aloud.
- When a story involves a person's name and/or age, comment on it and ask Hector for his name and age.
- If a story involves a school and/or a teacher, comment on it and ask Hector to name his school and teacher.
- When Hector raises his hand for help, remind Hector to use your name when speaking with you.

- Design worksheets which require Hector to trace his name, age, address, school and teacher's name, and then ask him to read them.
- Whenever there are several objects on a page in the book, ask Hector to count the objects.
- Ask Hector to count the number of students in the reading group.
- Ask Hector to count the number of students in the group who brought their books, are wearing red, are boys, etc.
- Ask Hector to count out pencils or papers to distribute to peers.
- Give Hector simple, two-step directions during reading lessons, such as "Stand up and come here," "Put your book away and take out a pencil," or "Turn the page and tell me what is in the picture."
- Have Hector listen to stories on tape (either commercially prepared or recorded by students) and answer "wh" questions.
- Use a Language Master machine for new vocabulary words.
- Have peers practice their reading aloud skills by reading one-on-one with Hector.
- Include Hector in cooperative learning activities by having students ask him some "wh" questions.
- Allow Hector to have some free reading time to pick a book off the shelf and look through it for pleasure.
- Have Hector say his name, age, etc., into a tape recorder and listen to himself for ending consonant sounds.
- Set up a work folder for Hector with work papers designed to practice his vocabulary words, to count objects, or to trace words and shapes.
- Allow Hector to simply sit and listen to other students read, working on paying attention throughout the story.

Don't forget to ask your special education staff for ideas on how to incorporate various objectives into a reading lesson. You may even find ways to include physical and occupational therapy objectives into reading activities! It's amazing how many creative ideas a group of people can come up with when they are committed to making something work!

Guest Reader

"I am here to live out loud."

EMILE ZOLA

One of the common challenges of integrating children with disabilities is addressing their reading skills. For students with the potential to be readers, although perhaps not at the same level as their peers without disabilities, teachers often struggle in trying to find enough opportunities for the students to practice reading.

A third grade teacher in Connecticut solved this problem easily. Her student was reading in the first grade reader fairly successfully, but needed as much practice as possible. The teacher collaborated with the kindergarten teacher to arrange for the student to be a guest reader in the kindergarten class. The student went into the kindergarten class several times per week with a book selected by her teacher and read aloud to a small group of children. This activity allowed for her to have extra reading practice and also proved beneficial for her self-esteem.

This strategy can also be used for many older students who are not reading on grade level. As long as they can effectively read material on a lower level, they can serve as guest readers to younger children.

Organizational Tools

"Pandemonium did not reign; it poured."

JOHN KENDRICK BANGS

Recently a friend of mine started his own business as a "professional organizer." Did you know there was such a career? As a matter of fact, there is also an organization called the National Association of Professional Organizers! At first this information really surprised me, until I thought about how so many of us have our disorganized moments and could really benefit from this service.

Students with disabilities can also be disorganized and benefit from some tools to organize their work, thoughts, and days. Two effective organizational tools for students include color-coding and symbol labeling.

The use of color-coding is effective for many students with disabilities because it requires only the minimal ability of being able to match colors. Higher levels of color-coding can utilize children's ability to identify colors by name, but many things can be done without this skill. The following strategies may help organize your student(s):

- Color-code each period of your day and use these colors on the daily schedule (see Strategy #42). For example, Math is red, Science is green, Reading is yellow, Lunch is brown, etc.
- Match work folder colors (see Strategy #10) or work boxes by the period color. For example, the math folder would be red and the math box holding manipulatives would either be red or marked red in some obvious way.

After posting the symbols in appropriate locations, cue the children to the symbols whenever getting or putting materials away, until the children make the connection and can begin to organize themselves.

Obtain commercially produced symbols from:

Mayer-Johnson Co.
Solana Beach, CA 92075-1579
(619) 550-0084

- Use colored paper for work pages and match the colors to the appropriate period.
- Use colored markers or crayons to mark white papers with a dot to correspond to the appropriate period. For example, the student would look for work pages with yellow dots during reading class. Colored "sticky dots" (available at office supply stores) also work very well.
- Reinforce the color-coding system by allowing the students to use a colored pencil, crayon, or marker to do their work. For example, the students could write their names on their science projects with a green marker.

Symbol labeling is a simple strategy which can incorporate color-coding. Its purpose is to help students who lack reading, long-term memory, and organizational skills to know where to put items and belongings.

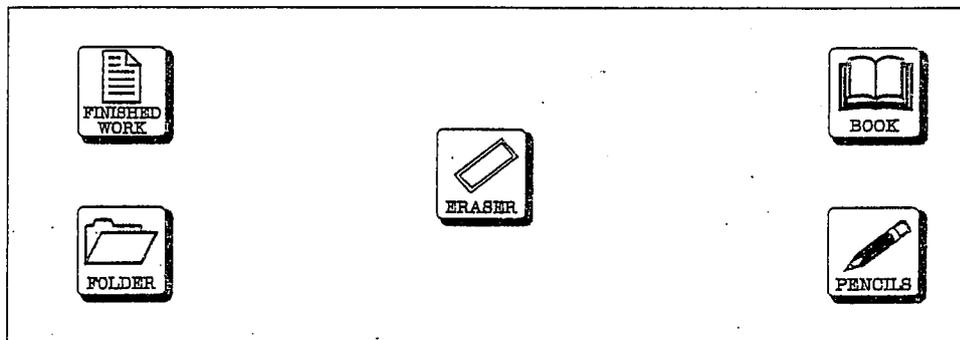
A symbol is usually a black and white line drawing which represents a word. Symbols can be hand designed or purchased from companies such as Mayer-Johnson. Often, speech therapists have predesigned symbols available for student use. In addition, many computer graphics programs have symbols which can be printed out and used. Symbols can be of varying sizes, depending upon the eyesight of the children, but are usually 2" square, and have the word printed below the symbol (especially for the beginning sight work reader). Each symbol can be color-coded to match the color for the subject period.

For this strategy, symbols for the following words might be helpful:

- | | |
|-----------------|-----------------|
| • Book | • Folder |
| • Pencils/pens | • Eraser |
| • Work box | • Lunch box/bag |
| • Finished work | • Notebook |
| • Crayons | • Scissors |
| • Coat | • Book bag |



After collecting the symbols appropriate to the student, tape the squares at locations where the items usually belong. For example, if a child's desk top opens, the inside of the desk might look like this:



trainer writes the name of the responsibility and the person on a ping-pong ball and tosses it into the water.

When all of the ping-pong balls are in the water, the trainer asks for two volunteers to try to hold the balls under the water.

As the balls keep popping up, the trainer asks more participants, one at a time, to help, until enough participants are working together to hold all the balls under the water.

The trainer debriefs quickly, making the point that everyone must work together to manage all the responsibilities.

Lunch Pals

"The more I travel the more I realize that fear makes strangers of people who should be friends."

SHIRLEY MACLAINE

Most teachers crave a quiet lunch alone, at least from time to time. For children, on the other hand, lunch is a time to talk, make noise, and have fun with friends—the perfect time for students with disabilities to be included. Not only can they learn and grow just through exposure to this fun part of school, but it is also an excellent time to address many social skill and communication objectives they may have in their IEPs.

Unfortunately, it is common for children to be so excited about lunchtime that they will take off and leave the student with disabilities behind, both figuratively and literally. It is also common to see the student with disabilities sitting at the end of a cafeteria table, uninvolved, or worse yet, to see all of the special education students sitting together with a special education teacher or paraeducator. The simplest solution to this problem is to establish a "Lunch Pals" program.

First, set up a list of all the students in your class, separated into twos, and determine a rotation system. Students can be paired with children of the same sex or in mixed pairs, depending upon student age and teacher judgment. Then choose a time period for which students will be assigned as lunch pals, usually varying from one day to a week. Next, determine the roles and responsibilities for pals, such as:

- Walk to the cafeteria together.
- Sit with each other, next to any other pals you want to.
- Help your pal if he or she needs help.

You may wish to ask the students to add their ideas to your list. Finally, describe the Lunch Pals program to the students. Help them to understand that the assignments are temporary, that they are free to talk and visit with other children, too, but that your hope is that they might make some new friends. This is also an excellent time to remind the students with disabilities to take along their conversation books (See Strategy #11).

Once you get started, you may wish to explain this program to any other staff who have cafeteria duty, so that they can support it as well as give you feedback. You may also wish to hold a class meeting after a few weeks to ask the students for their feedback and suggestions. Finally, you will probably rest easier on your own lunch break if you peek in on the class once or twice in the first week to be sure all is well. Then you can just let it run as you sit back enjoying your lunch, knowing that integration is occurring even in your absence.

Circles of Friends

"Circles of friends are not an alternative to learning. They are a precondition."

MARSHA FOREST

When children first meet a person with a disability, they are often not sure how to act. The same holds true for teachers. The "Circle of Friends" concept, developed by Marsha Forest, was designed to provide students with an initial structure for understanding peers with disabilities and knowing how to interact with them. The activity is most effective when a student first joins a class, but can be used later if there seems to be difficulty getting peers to become involved with the student with disabilities.

To start a Circle of Friends around a student, follow these steps:

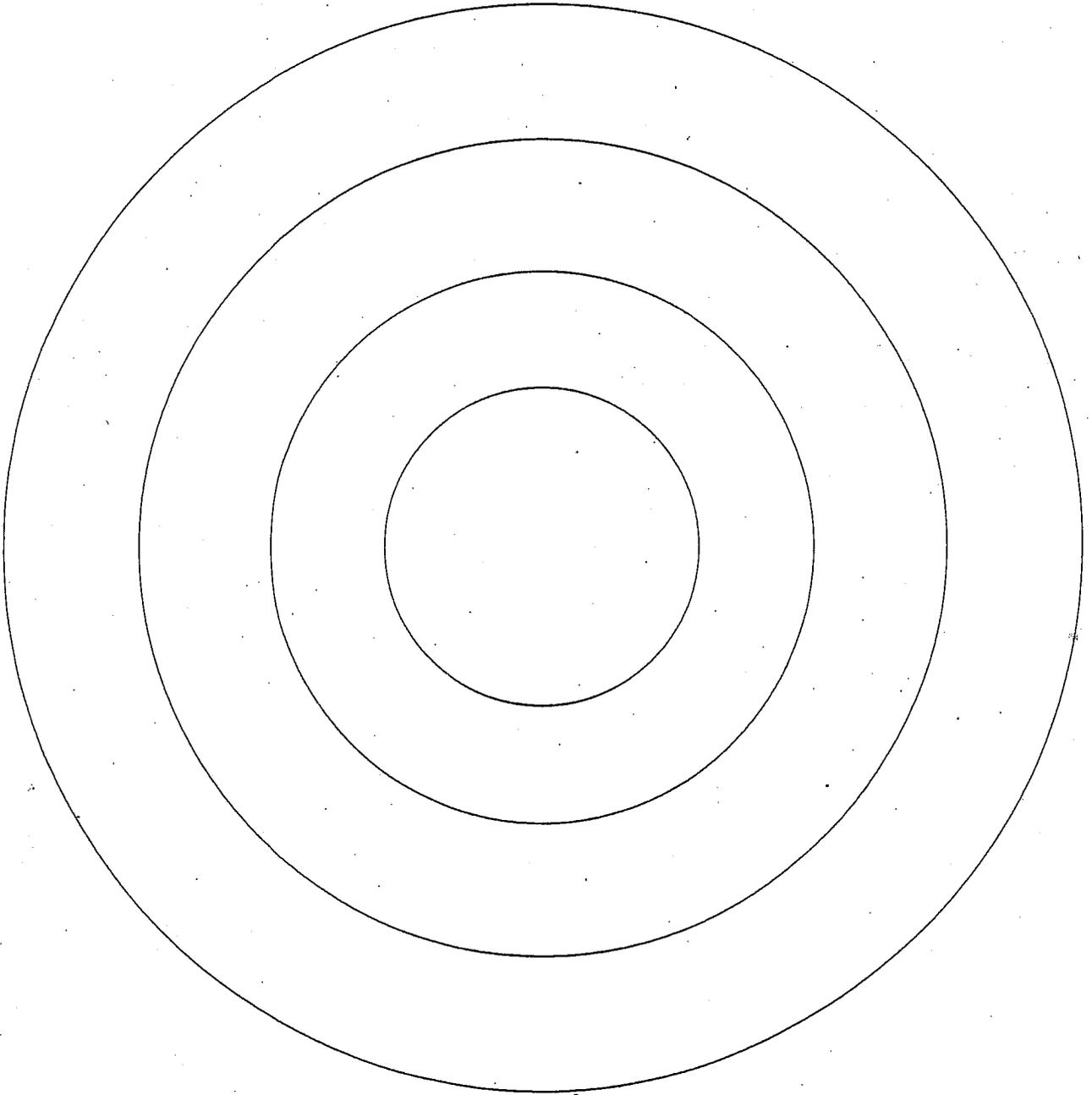
1. Distribute to all the students in the class a piece of paper which has four circles on it, such as the example provided following.
2. Draw the same set of circles on the blackboard.
3. Direct the students to write in the center circle the names of people who are very dear to them, the names of people they love very much. Give them your own examples on the blackboard, such as: Mom, my sister Barbara. Usually this circle will have only a few names. Discuss the children's selections and why these people are important to them.
4. For the second circle, direct the students to write the names of people who are special to them, but not quite as close as those in the first circle. Give them your own examples on the blackboard, such as: Aunt Jane,

Grandpa, my best friend Tom. Discuss the children's selections and why these people are important to them.

5. Direct the students to write in the third circle the names of other people they do things with, such as friends or additional family members. Share your own examples on the blackboard, and discuss their selections.
6. In the outer circle, direct the students to write the names of people who are paid to be in their lives. Share your own examples, such as: doctors, coworkers. Discuss these kinds of relationships briefly.
7. When all the students have completed their circle of friends, discuss with the class what it might be like if their circle was not so full. Questions you might ask include:
 - How do you think it would feel if your third circle was empty?
 - Can you think of a time when your circle was not very full?
 - How do you think it would feel if your fourth circle was overflowing? (This is very common for people with disabilities.)
8. At this point, inform the students that a new student will be joining their class, and you would like for him or her to have a very full circle right from the beginning. Ask the students for suggestions on how they might be able to become friends. Ideas may include:
 - Phone trees so that a different student calls each night.
 - Recess buddies.
 - Lunch companions.
 - Greeters in the morning.
 - Helping to introduce the child to other children in the school.
9. Then structure some of these ideas so that students volunteer for a responsibility for a short period of time. The time period may be for a few weeks or a month at the most, as the hope is that the support will begin to take place naturally and will not have to be continually structured.

One caution about using this activity—it should be presented in such a way that it doesn't make the student with disabilities seem pathetic and not worthy of friends. The goal is not to have peers feel sorry for this "poor little child," but to understand that at times in our lives we may all need some extra friends. This message can be very clear if you are sensitive to it as you present the activity.

Circles of Friends Activity



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