

**Special Interest
Articles:**

- Literacy Skills
- FASD.
- Accommodations

Individual Highlights:

Literacy Skills	1
Vision Screening	1
What is FASD?	2
Accommodations	3
Stuttering	4
Student Services	4

Student Services Department, Mission Public Schools

Teaching Literacy Skills to Young Children with Special Needs

“Each child with a disability is an individual. The challenge is to observe a child and see what method for teaching literacy skills works best. Brainstorm and try different approaches.”

Angela Notari-Syverson, Senior researcher at Washington Research Institute in Seattle, Washington.

Dr. Notari-Syverson recommends that all early childhood educators need to have a strong foundation in oral language skills, language skill development, development of cognitive skills and social skills, in order to teach literacy skills effectively and adjust instruction to meet students’ individual needs. To help children with disabilities acquire literacy skills Dr.

Notari-Syverson recommends the following:

- Slow down the pace of instruction, use simple language, and give explicit instructions. Make sure the child understands what the class is going to do next.
- Provide many opportunities to experience reading and books, even if the child is not ready for reading. An example could be making books about class activities using actual photos and dictating the story to the teacher.
- Use a variety of books. Lots of pictures and

large print books are very helpful. Board books are a good idea for children with fine motor difficulties.

- Use visual prompts to capture children’s attention and teach story sequence.
- To build phonological awareness use lots of hands-on activities, such as clapping or jumping along to syllable counts.
- If children are uncomfortable writing on paper, have them use an easel and paint. Children with fine motor difficulties can use magnetic letters to “write.”

Dr. Notari-Syverson is a co-author of *Ladders to Literacy: A Kindergarten Activity Book*, Second Edition. Brookes Publishing.

The Importance of Early Vision Screening

Very few children complain about vision problems because they have no way of knowing that their vision is not normal. To them, it is “normal” because it is the only vision they have ever known. Most parents are comfortable with the thought that their child’s doctor will discover any eye problems but

unfortunately, these studies have shown that these providers identify as few as 25% of children with serious problems such as amblyopia. Screening prior to entry into the preschool and elementary school can help detect these serious problems.

American Academy of Ophthalmology



What is Fetal Alcohol Spectrum Disorder (FASD)?

Fetal Alcohol Spectrum Disorder (FASD) is a general term that describes a range of disabilities that may affect a child if the child's birth mother drank alcohol while she was pregnant. FASD is a major cause of preventable birth defects and the leading form of developmental delay in North America. FASD is not in itself a diagnosis.

The possible diagnoses within the range of disabilities include:

- Fetal Alcohol Syndrome (FAS)
- Partial FAS (pFAS)
- Alcohol-Related Neuro-developmental Disorder (ARND)
- Alcohol-Related Birth Defects (ARBD)

CAUSES

When a woman drinks alcohol while she is pregnant, her baby may be born with FASD. There are many complex factors why a pregnant woman may drink, including poverty, unemployment, abuse, and family violence. Sometimes these factors are beyond the woman's control. She may drink alcohol to try and cope and then continue this behaviour while she is pregnant. FASD is also a risk for women who might drink alcohol without knowing they are pregnant or are unaware of the consequences of exposing the unborn baby (fetus) to alcohol. According to the Canadian Community Health Survey (2003), 13.9% of women reported drinking alcohol at some point while they were pregnant. Therefore alcohol use while not using effective contraception can place a woman at risk for having an alcohol exposed pregnancy.

The effects of alcohol on the developing fetus can cause a range of physical disabilities, brain and central nervous system disabilities and behavioural problems. The effects that the child is born with are permanent and are known as the **primary disabilities**.

Secondary disabilities are disabilities that an individual is not born with, but may develop as a result of the interaction with what society expects

from children as they grow and develop.

The impact of alcohol on the fetus can range in severity and depends on factors like, how much, when, how often the mother drinks, and the mother's and the baby's genetic makeup and health. Recent studies have shown that drinking even small amounts of alcohol at any time while a woman is pregnant can have a negative impact on the developing brain of her unborn baby. Even consuming one or two drinks a week puts a baby at risk.

The Government of Canada recommends that there is no safe time or safe amount of alcohol to drink when pregnant or when planning to become pregnant.

Common Characteristics of People Diagnosed with FASD

Primary Disabilities

- Physical birth defects
- Facial abnormalities
- Physical health problems
- Learning disabilities at school
- Memory problems
- Short attention span
- Difficulty communicating feelings in an appropriate manner
- Difficulty understanding the consequences of actions

Secondary Disabilities

- Difficulty communicating thoughts and inability to control behaviour
- Disrupted school experiences
- Drug and alcohol abuse
- Difficulty holding a job
- Difficulty handling money
- Interacting with others
- Inappropriate sexual behaviour



FASD is a major cause of preventable birth defects and the leading form of developmental delay in North America.

Accommodations for Students with a Learning Disability

What are Accommodations?

Accommodations are alterations in the way tasks are presented that allow children with learning disabilities to complete the same assignments as other students. Accommodations do not alter the content of assignments, give students an unfair advantage or in the case of assessments, change what a test measures. They do make it possible for students with LD to show what they know without being impeded by their disability.

How does a child receive accommodations?

Once a child has been formally identified with a learning disability, the child or parent may request accommodations for that child's specific needs.

Examples of possible accommodations for the Individual Education planning team to consider:

Presentation:

- Provide an audio tape
- Provide large print
- Reduce the number of items per page or line
- Provide a designated reader
- Present instructions orally

Response:

- Allow for verbal responses
- Allow for answers to be dictated to a scribe
- Allow the use of a tape recorder to capture responses
- Permit responses to be given via a computer
- Permit answers to be recorded directly into the test booklet

Timing:

- Allow frequent breaks

- Extend the allotted time for the test

Setting:

- Provide preferential seating
- Provide special lighting or acoustics
- Provide a space with minimal distractions
- Administer a test in a small group setting
- Administer a test in an alternate test site

Test Scheduling:

- Administer the test in several timed sessions or over several days
- Allow subtests to be taken in a different order

Other:

- Provide special test preparation
- Provide on-task/focusing prompts
- Provide any reasonable accommodation that a student needs that does not fit under the existing categories

Should accommodations have an impact on how assignments are graded?

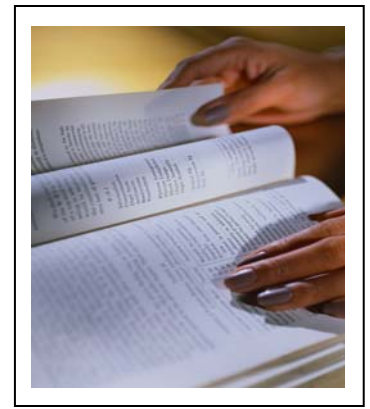
School assignments and tests completed with accommodations should be graded the same way as those completed without accommodations. After all, accommodations are meant to "level the playing field", provide equal and ready access to the task at hand, and not meant to prove an undue advantage to the user.

What if accommodations don't seem to be helping?

Selecting and monitoring the effectiveness of accommodations should be an ongoing process, and changes

(with the involvement of students, parents and educators) should be made as often as needed. The key is to be sure that chosen accommodations address students' specific areas of need and facilitate the demonstration of skill and knowledge.

National Center for Learning Disabilities (2006)



The **ADAPT** strategy for adapting teaching to include exceptional learners has the following five steps:

1. **A**ccounts of students' strengths and needs
2. **D**emands of the classroom
3. **A**daptations
4. **P**erspectives and consequences
5. **T**each and assess to match

This strategy recognizes that both the characteristics of the student (**strengths and needs**) and the demands of the classroom environment have to be considered when devising adaptations.

Hutchinson, N.L., *Inclusion of Exceptional Learners in Canadian Schools* (2001)

Tips to Help Students Who Stutter

Myth: People who stutter are not smart.

Reality: There is no link whatsoever between stuttering and intelligence.

The Stuttering Foundation



A new tip sheet, **8 Tips for Teachers**, published by the nonprofit Stuttering Foundation, offers ideas for educators who work with students who stutter:

1. Don't tell the child to "slow down" or "just relax."
2. Don't complete words for the child or talk for him or her.
3. Help all members of the class learn to take turns talking and listening.
4. Expect the same quality of work from the student who stutters as from the one who

doesn't.

5. Speak to the student in an unhurried way pausing frequently.
6. Convey that you are listening to the content of the message, not how it is said.
7. Have a one-on-one conversation with the student who stutters about needed accommodations in the classroom.
8. Don't make stuttering something to be ashamed of.

What is stuttering?

Stuttering is a communication disorder in which the flow of speech is broken by repetitions (li-li-like this), prolongations (lllllike this), or abnormal stoppages (no sound) of sounds and syllables. There may also be unusual facial and body movements associated with the effort to speak. Stuttering is also referred to as stammering.

The Student Services Department

Mission Public Schools is committed to providing an educational program for all school-age students and recognizes that many students have special learning needs. Student Services coordinates and provides many of the services for those students.

Department overview:

Director, Student Services
 District Vice-Principal, High Incidence
 District Vice-Principal, Low Incidence

District Elementary Counsellors and Youth Care Workers

Speech and Language Pathologists and Educational Assistant/Speech Language

English as a Second Language Teachers and Education Assistants

Teacher of the Hearing Impaired

Teacher of the Visually Impaired and Education Assistant, Vision-Brailist

District Elementary Special Education Teacher

District School Psychologists

Employability Skills Program Teacher

Hospital/Homebound Teacher

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