

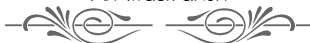
Part One:

Introduction to Disabilities

PREVIEW

The Need for Special Education

An Illustration



Mary, a student in a conservative Mennonite school, has struggled each of her four years of schooling. She has gone through numerous programs and therapies given by her teachers, none of which have been effective. Her teachers were only minimally trained in the methods they used, and none of the methods are directly related to Mary's disability. Now, in fourth grade, she still struggles with reading and other basic skills. Neither her parents nor her school believe in repeating grades, so she "just does what she can." A weight problem adds to her insecurity, and she finds it hard to enter into play with her friends and even her siblings.

Mary's family doesn't believe she'll amount to anything worthwhile. When they play together, Mary's first-grade sister tells her, "Ah, Mary, you wouldn't understand. You're not smart enough for stuff like that. You're slow." Her three-year-old brother agrees, and Mary accepts her little sister's reprimand, believing she's *just that way*.

In many conservative church schools, special needs are not addressed. Teachers know there are problems but have little or no resources to use. Because of that, the students struggle through school and often become the socially isolated and silent figures in our churches. Some even leave to find fellowship and acceptance elsewhere.

It seems highly unfair that the average student gets everything he needs to succeed, while children who need extra help or need to be challenged are left to ride the waves of their educational experience alone, just doing "as much as they are able." Most conservative schools have a limited framework in place for working with special needs, and there are few schools that have any specialized programs to help students who struggle.

Numerous reasons exist for the lack of specialized education in

Helping Children With Special Needs

conservative schools. Funding is the main reason, while the need for teachers educated in learning disabilities is the second major reason. Special education teachers are often volunteers or young people who do tutoring. They can offer one-on-one education targeting a student's most difficult subject, but they do not usually have experience or training in strategies that could help special needs students. While many of our teachers have received basic training in general strategies, few have education and experience in teaching how to overcome various disabilities.

A third reason for not having specialized education is a general suspicion of educational theory, modern medicine, psychology, and the public school system. Although public education has numerous drawbacks, it also offers a host of helpful resources that we could legitimately use. Of course, we must be discerning when we work with those who may not share all of our values, but that is not to say that we should avoid them altogether. We should be cautious, however, when presented with a workshop, therapy, or medicine that promises a quick fix; otherwise, we may fall prey to fraudulent marketing schemes because they seem thrifty or make convincing claims. Some of these schemes even originate in the occult. We should remember that just because it works doesn't necessarily mean it's from God.

Another reason that special needs children are not taken care of adequately is the belief that special needs do not exist or should not exist. Parents who live as though disabilities do not exist struggle to recognize that their child has unique needs. They believe that if others simply accept their child at his ability level, he will not seem different. Other parents believe that diagnosing a child with a learning disability and treating him or his studies differently is harmful labeling of the child. They fear their child would be embarrassed, possibly causing him ongoing emotional problems.

Still others try to excuse the disability by stating that it is not biblical to "compare ourselves among ourselves." These people fail to recognize that there are certain norms used in assessing development to see whether a child is healthy or not. Just because

a student needs special education does not mean that there is something wrong with the child. For some people math is easy; others write easily; some can draw. We are not all made the same, and that's okay! Extra help or small adjustments help children learn; they are not shameful.

If parents are afraid of their child being labeled, they should recognize that a medical or professional diagnosis is significantly different from labeling. It is a tool that we use to overcome the obstacles of learning for a child. Many children who are labeled as “disabled” are actually children who merely think in a different way. One may be dyslexic and need help in reading and writing, but he is nonetheless able to think at higher levels or in different ways from his peers. Some of the most prominent businessmen, scientists, and medical doctors have learning disabilities, but their methods and unusual ways of thinking have contributed to their fields beyond what most are able to do. For most people in general society, disability is not a bad word anymore. People generally accept the differences of others and try to accommodate within reason.

Whatever the reason, a need for special education exists. Curriculums are made with the average student in mind. The textbook and curriculum decides what is to be taught and creates a general guideline as to how to teach. Not every student is going to fit that scope. The teacher must initiate the effort of helping a student learn—that is her job description. Teachers must do their best to help young lives develop for service in God's kingdom, which is both a giant responsibility and a special privilege.

Goals for This Book

Understanding a disability helps people relate and teach better. A person with a disabled relative can finally understand “why she does that,” after years of being embarrassed. Understanding why a student falls asleep after eating enables a teacher to intervene, possibly by rescheduling some classes to help the student do better in her subjects. If a teacher has a student with a specific disability,

learning about some things to try may be the breakthrough in helping the student learn spelling words. Interventions (alterations in teaching procedures or helps) are not just for those who have special needs; they can also help students who are merely struggling with spelling or some other subject.

In this book I will be sharing about things I have learned through training, experience in the classroom, conversations with parents or relatives of children with learning disabilities, and visits to many schools. For the many who asked for information and help, I have included some other factors that may impede learning but are not necessarily learning disabilities (such as socio-economic situations and health factors). These factors do require specialized education but not in the sense of a medical disability. My primary goal is to cover disabilities and other factors that can negatively affect learning, with the goal of helping teachers in conservative settings to have a basic understanding of what a student is going through and how to help a child to be a successful young person and adult in the church. Christ created everyone to have a part in the church; it is amazing how a “disability” can become an ability that strengthens the church.

This book is not a special education bible. It is merely the collected opinions and ideas of the author and cannot be used as a substitute for professionals. For accurate diagnosis of a disability, a professional is highly recommended. This book is not to be used as a means of diagnosing someone, as that would be illegal and unethical. Qualified physicians and professionals are the only people able to diagnose. If this book is the only tool used to help a child with disabilities, it will likely be a detriment to the child instead of a help.

Another word of caution: in some states it is illegal to recommend any specific therapy or medication to parents. However, teachers may suggest that a child be evaluated by a professional who can help with specific needs. Additionally, teachers must always work with and inform parents of any alternative teaching methods they are implementing. Parents have the right to deny any alternative form of teaching.

Use of medications, therapies, psychiatric care, and counseling are not covered in the book because they are beyond the responsibility of a teacher. Medication is only addressed in the light of side effects. In any school, there will be children who are taking medications. Some of these medications will affect the student in various ways, and the teacher will do well to be aware of how the student is being affected, since it conditions his learning.

One section of this book is directed to parents to help them find credible information about disabilities. This section also covers some of the controversies in specialized education. Some parents may choose therapy for their child, but though various therapies may be mentioned for awareness, they are not examined in this book. Again, the chief goal of this book is to make teachers aware of what they can do for their students in the classroom.

What Is a Disability?

An Illustration



"I think my child may have ADHD!" exclaimed the parent of one of my students.

I thought of the boy in question. To me, he didn't quite fit the bill of a typical ADHD child. I asked his parent a few questions. Yes, he had a good farmer's breakfast in the mornings. He was rambunctious but not necessarily hyper. He always had calm, thought-through answers. To what behavior was she referring?

"Well, he has had some headaches that are pretty strong," she admitted. Now we were getting somewhere.

"Has he gotten the headaches checked out? That can be rather serious if he's getting them all the time."

"Oh, no," She shook her head emphatically. "He's been drinking four Mountain Dews in the morning, and that usually does the trick."

Overview of Intervention Development

Your Purpose When Teaching Children with Special Needs

Students who are learning disabled need interventions to learn, but they also need to be taught how to overcome their disabilities. Like all children, they need to learn how to function in and contribute to society and their communities. When we learn about working with children who have disabilities, it helps us to do the following:

- Target specific skills that they need to learn
- Understand some things that they do because of a disability
- Teach them ways to be appropriate/polite in social groups
- Teach them to solve problems when encountering obstacles
- Develop their God-given abilities and to stay focused on what they can do
- Create safe and healthy environments for them
- Teach them to develop friendships and communication skills

When we look at a person with a disability, we must look past the problem to the person himself and see his potential. Teachers need to capitalize on the student's strengths. When we make excuses for them on account of their disabilities, we limit them. We should challenge them to overcome some of the hurdles they face. When we believe in them, they will often rise to the occasion. Set high yet realistic expectations for them. Give tasks where they can contribute and have opportunities for success. Be flexible, remembering that you are there to teach them according to their needs, whether or not they fit into "your" program or

curriculum. When students are trying out new skills, provide self-correcting opportunities for immediate feedback. Remember too that they are just learning these skills, and you don't always need to take the grade until you feel that the class/individual has mastered the skill. Be open to using wholesome, appropriate technologies and strategies that can help a child communicate with others. Give credit where credit is due; celebrate when a child overcomes a hurdle.

Some basic adjustments to assignments can help students compensate. Help them to focus on relevant aspects of assignments. Make sure to use concrete examples, and provide opportunities for them to progress at their own rate. Provide extra opportunities for practice, instructional aids like calculators and fact tables, and age-appropriate reading material.

A student should never be excused from subjects or activities because of a disability, especially if the disability does not affect his understanding of the subject (for example, he should not be excused from science because of a reading disability. The disability should be addressed only in the subject area affected—reading class, in this case).

Teachers are given a great responsibility before God. Influencing souls carries great responsibility—especially the very moldable children with special needs. Because misunderstandings can be frustrating and detrimental, we must enter the realm of special needs prayerfully and reverently, leaning on Him for wisdom.

Guidelines for Testing

Make sure the method of testing is actually evaluating what you want to find out—do not penalize a student for his disability. If the subject is history, concentrate on facts; make sure that grammar and spelling are not being graded. That can be saved for English class. Modify tests and evaluations as needed. When a student has trouble reading, oral testing is perfectly fine, as long as you strictly adhere to reading only what is on the paper—no hints, looks, or

the option to type answers, and longer test times. Many intervention strategies are common sense, but it takes time to sit down and think of them. Patience and determination are needed as you think of ways to bridge the gap between what you believe the child can do and how you will help him do those things.

Remember that children are not all the same: look at the interventions and choose, adjust, or modify to meet the needs of your child. One size never fits all in this case. Most of the interventions that I personally use are specific to the need but catered for the student; in other words, I may look at some intervention strategies for dyslexia, but I also modify it to the student's character, ability, and personality. Remember to keep all interventions age-appropriate.

Five Important Things to Teach Children with Special Needs

- To ask for help or accept help
- To have confidence in solving problems
- Respect of self/understanding how God sees them
- Respect for authority
- Ability to interact comfortably with others

Preschool Intervention and Language

If a child is suspected of having a disability that may require him to get special education services outside of the church community, introduce the child to English early on, especially if he may need to lip-read English or need speech therapy. Autistic children, because of their lack of coping with different environments, may need English to create familiarity. Most children in their first five years are at the peak of being able to learn two languages at the same time and keep them separate. The mind can automatically differentiate between the two languages. If parents are unsure that their child will be able to differentiate, they could try the method of speaking only English to their child but

allowing the rest of the family to speak Pennsylvania Dutch to the child.

For children with organizational disabilities, simple instructions should be given in order: “Finish the table and then go out to play.” It is important to be as simple and direct as possible. Limit to three or fewer commands/steps.

Most states have a program that provides free therapies from birth to three years old. Often these services are provided in the child’s home, making it convenient for parents and comfortable for the child. This program may be helpful in giving a toddler with a disability the head start he needs to compensate and live up to his full potential.

Health Impairments

Consider classroom cleanliness for those with allergies, places to rest, medical supplies and equipment, emergency information with prepared plans, and areas for movement and exercise. Consider the areas in which the child will have limited abilities and participation, and focus on strategies that overcome those limitations.

Visual Impairments

Keep things in a particular and predictable order, orally review the daily schedule, describe concepts and objects with touch and sound in mind, formulate hands-on projects using touch, target hand-writing skills (for communication with the sighted), teach students how to get attention and communicate properly, and use manipulatives. Place the child’s desk away from noise (i.e. hallways, vents) and close to where he needs to see. When students need to line up, place a visually impaired student where you can guide him (at the beginning or end of the line), rather than having him between other students. Use programs and equipment that read text and teach Braille. Use large-print materials and/or audio material.

quiet time in your classroom, especially after stimulating activities such as recess, gym, music or lunch. Schedule ten to fifteen minutes of study time, reading time, or rest time. There should be no talking during this time. If you feel you need a break at times, arrange your schedule to alternate between classes with high activity and low activity. It is also okay to have a child work in a resource room or have an aide come in to give you a break.

Medication

Medication is a controversial issue because it has been misused in many situations, and it is relatively easy to get medication even when the case is not real ADD/ADHD. In many cases, children have been given medication simply as a means of doping them to keep them less active.

Medication should not be used as a means to an end. It can help students get over the initial hump of taking control of their actions and learning to focus, but it does not help them to learn discipline in the long run. Even if a child is on medication, symptoms of the disorders will still need to be dealt with. Medication should be considered only when the child cannot function adequately in life, but it should not be used only as a means of getting him to sit still. Students whose minds are like ping pong balls will not be able to function well in life unless they have training to overcome some aspects of their disability. Medications do not have to be used throughout life, yet it is extremely important that the child not go on and off the medication. This frustrates both teachers and students because it often causes moodiness and irritability, decreases effectiveness of the drug, and increases emotional meltdowns.

If a student is taking medication for ADD/ADHD, the teacher may be asked to monitor the student's performance in the classroom. Stimulant medications are often used, which affect chemicals in the brain that send messages between parts of the brain. The basis for these medications is the theory that hyperactivity and inattention are means to keep the brain from

“falling asleep,” and the use of a stimulant medication helps replace the need for hyperactivity to keep the brain awake. Side effects of stimulant medication can include reduced appetite, headaches, elevated blood pressure and heart rate, nausea, insomnia, tics, twitching, anxiety, shakiness, agitation, mania, paranoia, and a lost sense of personal identity. Teachers should contact parents if they witness any of these in their students.

Strengths and Contributions

Many of these students end up being good leaders: they take initiative, are active, and are not intimidated by the spotlight. Their persistent efforts as children often prove to be fruitful in their adult ambitions. They are often the ones who can see the heart of an issue and lead out in solving a problem.

Students with ADD and ADHD usually have average or above-average intelligence. They are able to look at things differently from other people. They tend to be more creative, original, and humorous. Their energy can become charisma, liveliness, and spunk. They are resilient and tenacious. If they develop persistence during their school years by pushing through their problems, they tend to be generous, understanding, accepting, and intuitive. Understanding ADD/ADHD in children can help develop these quality leadership traits. Many teachers try to annihilate annoying characteristics of a child, but in doing so they end up destroying characteristics God can use. The child may then feel useless as a person. All children have traits that need to be rounded out and formed into something useful, and the student with ADD/ADHD is no exception.

What ADD/ADHD Teaches Us

What is normal? Many times we force children into a form they were not meant to be. When we consider a child with ADHD, for example, we must ask ourselves if we are forcing him against what God has made him to be and trying to make him like everyone

writes. Finally he reads what he has written.

- For difficult sounds, stand behind the student and say the sound until he can differentiate.
- Read a passage out loud simultaneously.
- To assist students with reading fluency, read a passage together first. Then the student reads the passage to the teacher, repeating it until he is able to read it fluently and correctly. Note that this is a technique for learning fluency and not for learning to read itself.

For Phonics Awareness

- When a child has trouble making himself clear, teachers need to help him recognize how he comes across. When he makes a request that is incorrect, say “You want to say. . .” or “You mean . . .” and have the child repeat it correctly.
- When trying to teach phonics awareness, speak slowly and face the child, using short sentences.
- Other means of helping children listen to sounds and study them include tapping rhythms and reciting poetry, rhymes, or times tables. Identify songs by clapping them out.
- Give children the opportunity to share their stories at the beginning of the day when they have something exciting to tell you.
- Have students repeat back to you a request, definition, or command.

For Learning New Words and Meanings

- Have them listen to the word then say, spell, and write it.
- Use word-building strategies such as using -ing, -ight, -en as endings and adding a letter or group of letters to the beginning.
- Break down the word into syllables: use tokens or

- claps/taps to count or divide syllables.
- Have the student create his own dictionary. Give him an initial word list. As the words are mastered, they are placed in his dictionary. Review the words that are mastered. If the word is forgotten, put the word back on the active word list. A record such as this should be kept so the child can see the progress he has made.
 - Cover all but the last letters. Have the student sound out the word. Continue to uncover the words until the full word is exposed.

Kinesthetic Activities

- Encourage students to make things with their hands. Many dyslexic students excel in coordination and balance and need chances to put them to use.
- Have them play an instrument, but be aware that reading music and playing keyboard instruments may be challenging.
- It is important for them to choose hand dominance. Teachers should encourage students to pick either the right or left hand and stick to their choice.
- As he says a word, have the child feel his throat. Write the word heavily with a crayon. Repeat the sound of the word as it is written. Review the words and star the words they know well.
- Copy and trace on graph paper or trace over a rough surface such as sandpaper.
- Prepare a grab bag with cut-out letters. Have the student close his eyes and feel the shape of a letter; then have him write the letter on paper.
- When the child is old enough to learn typing, teach him but don't require him to use it exclusively.

- Teach other students to be aware of opportunities to help at recess
- For students with colorblindness or partial sight, have a pocket crayon box that has a slot only for one color (red goes in the red pocket). For coloring, list some of the items and have the class share the color before they begin to color (What color is the tree trunk? Brown).
- Allow the student to feel things when possible. When describing something, describe also how it feels.
- Teach other students to remember that the visually impaired student cannot see their facial expressions or gestures when communicating (probe this one especially if an argument arises).

Strengths and Contributions

Students with visual impairments are often more talented in other areas, such as self-expression. They often use good facial expression and are prone to ask questions about concepts. They have greater complexity in their speech and responses.

What Blindness Teaches Us

Sometimes we are unable to see spiritual concepts. When we “see men as trees walking,” we need the touch of Jesus to help us to see others and ourselves more clearly. Many times our vision is blurred and we miss the important things in life. When Christ touches our lives again, our spiritual perception becomes clearer and we are able to see true reality.

Other Disorders That Can Affect Learning

Dysgraphia

Similar to dyslexia, dysgraphia involves the ability to write. A severe inability to coordinate sight with motor movements causes dysgraphia. This usually comes with other disabilities, especially ADD/ADHD. A student does not have dysgraphia unless he is hindered in learning. Students should be monitored for dysgraphia after the first grade. The student with dysgraphia will have illegible (not sloppy) writing despite appropriate attention given to writing. Students with dysgraphia may mix print and cursive, upper and lower case, and letter shape and size. Other characteristics are changes in slant, irregular spacing, not using margins and lines, excessive erasures, unusual grip or finger position, and unfinished words or letters. True dysgraphia can be distinguished from bad handwriting when tested by these characteristics.

Students who have good handwriting may also have dysgraphia. Some students master writing, but it doesn't become automatic—instead, it is painstakingly laborious. When the student is using self-talk or watching his writing hand closely while writing very slowly, he is working too hard to produce writing. An occupational therapist can help children develop muscles needed for writing. Adaptations could also include using a computer or typewriter to do work, or using other special writing implements. Choose the most legible style (print or cursive), give extra time, administer oral tests, and teach correct use of pencil grips.

Hyperlexia

Children who have hyperlexia read beyond their grade level. They have a fascination with numbers and letters. Because hyperlexia often coexists with autism or speech disorders, these students may develop problems with social skills and may have