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Exceptionalities Toolbox

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| **Exceptionality Name** | **Definition &**  **AB Educ. Code** | **Characteristics &/or Observable Behaviours** | **Teaching Strategies & Resources** | **Links &/or Sources** |
| **Depression** | Total body illness affecting feelings, thoughts, behavior, health and appearance.  Can be hormonal or genetic, and often coupled with mental and physical disabilities.  Clinical Depression (MDD)  - Persistent low mood and/or pleasure in things they used to enjoy  - sleep, restlessness, tiredness, feeling guilty, difficulty concentrating may also be present.  Dysthymic disorder:  - less severe, low mood, some struggles most days.  Seasonal Depression (SAD)  - most prominent in fall and winter, needs to occur more than one year in succession.  Gr. 1-13: Code 42 – Severe emotional/behavior disability | Depends on student. Can present as happy or sad.  - Negative self concept  - Loss of interest  - Tired  - Avoidant  - Difficulty with decisions  - Overwhelmed by small things  - Anger/irritability  - Frequent complaints  - Headaches and stomachaches  Behavior:  - Truancy  - School performance  - Fighting  - Rejection of friends  - Poor Concentration  - Lack of focus and motivation  - Giving up easily due to poor confidence  - Forgetfulness and indecision  - Diminished ability to thinking clearly and analyze problems | - Create classroom community  - Open mindedness  - Mental health awareness  - Safe space  Approaches:   1. Be direct with the student when asking about depression 2. Direct them to the right resources and people 3. Allow alternate timetables and flexibilities for learning. 4. Analyzing your own word choices 5. Enrich the school experience   Strategies:   1. Validate student’s feelings 2. Teach the student to identify mood patterns 3. Encourage positive talk 4. Include physical activity in the classroom 5. Include goal setting   Best practices:  Contact school counselor, get sleep, eat healthy, self talk, relaxation.  Keep a record of the student progress. | Alberta Government. Mental health matters.  https://archive.education.alberta.ca/media/6847618/jrchoose1.pdf  Bumps along the way: coping with underachievement, perfectionism, heightened  sensitivity, depression, frustration and introversion. https://archive.education.alberta.ca/media/448810/journey7.pdf  Everything you need to know about depression. Mental Illness.  https://www.jack.org/resources/everything‐you‐need‐know‐about‐depression  Understanding medical and disability information.  http://www.learnalberta.ca/content/inmdict/html/medicaldisabilityinformation.pdf |
| **Autism** | Autism Spectrum Disorders (ASD)  - Affect brain function  - Lifelong condition  - No medical test to determine  - Falls under PDD umbrella  - Impairs reciprocal social interaction skills and communication  - Restricted, repetitive and stereotypic patters of behavior, interests and activites.  Code: 44 | Challenges:  - Social interactions  - Communication  - Behaviour  Examples:  Nonverbal language, pretend play, eye contact, facial expressions, emotions, empathy, literalistic, echolalia, restricted interests, repetitive behavior, sensitivity to sensations, difficulty with transitions, possibly aggressive or self-injurious. | - Visual supports  - Structured learning environment  - Consistent expectations  - Socialization strategies.  - Sensory Considerations  - Assistive technology  - Document what works with the individual  - Separate Space  - Hands on activities  - Reach out to parents | Alberta Learning (2004). Essential components of educational programming for students with autism spectrum disorder. *Alberta Learning.* <https://archive.education.alberta.ca/media/511684/ecep_autism_spectrum_disorder.pdf>.  Inclusive Education - Autism. (2012). Tips for teachers. <http://inclusiveedautism.blogspot.ca/2012/02/tips-for-teachers_27.html>  Ministry of Education: Special Programs Branch (2000). Teaching students with autism: A resource guide for schools. <https://www.bced.gov.bc.ca/specialed/docs/autism.pdf>.  Teaching students with autism spectrum disorders (2003), <https://archive.education.alberta.ca/admin/supportingstudent/diverselearning/autism/> |
| **Anxiety** | Group of disorders (11 types) including General, Separation, Social, Panic, and OCD.  - Can lead to depression  - More common in women than men  Cause unknown, combination of genetics, brain chemistry, and environmental factors. | Sweating, dizziness, numbness, rapid heartbeat, difficulty breathing, stomach upset, diarrhea, concentration difficulties, confusion, irritability, trembling, restlessness, avoidance behavior, tense muscles  Challenges:  - Impairments to social skills  - Academic difficulties  - Emotional wellbeing  - Physical symptoms  - Correlated with being bullied | - Peer support pairing, rotating peers  - Maintaining proximity  - Diversity types of activities  - Low-keys cues and prompts to initiate strategies  - Role-play  - Self-Monitoring strategies  Determine comfort with types of questions, call first, only when standing near.  Write out instructions clearly in multiple places.  Allow children to leave the classroom.  Provide a routine and predictable learning environment.  Having one safe person at school to confide in.  - chunk work, alter working environments, extra time for exams, allow multiple ways of presenting, clock paused tests during break. | When Something's Wrong:  Strategies for Teachers.  **[Error! Hyperlink reference not valid.](http://www.kidsmentalhealth.a/documents/res-cprfteachers-2007.pdf)**  *Supporting Behaviour and*  *Social Participation of All*  *Students: Managing anxiety.*  [http://www.learnalberta.ca/co](http://www.learnalberta.ca/cotent/insp/html/managing_anxity.html)  [tent/insp/html/managing\_anxi](http://www.learnalberta.ca/cotent/insp/html/managing_anxity.html)  [ty.html](http://www.learnalberta.ca/cotent/insp/html/managing_anxity.html)  *Diploma Exam*  *Accommodations.*  [https://education.alberta.ca/m](https://education.alberta.ca/media/1089194/08-dip-gib-2015-16-accommodations.pdf)  [edia/1089194/08-dip-gib-](https://education.alberta.ca/media/1089194/08-dip-gib-2015-16-accommodations.pdf)  [2015-16-accommodations.pdf](https://education.alberta.ca/media/1089194/08-dip-gib-2015-16-accommodations.pdf)  *Medical/Disability Information*  *for Classroom Teachers:*  *Anxiety Disorders.*  [http://www.learnalberta.ca/con](http://www.learnalberta.ca/content/inmdict/html/anxiety_disorders.html)  [tent/inmdict/html/anxiety\_disor](http://www.learnalberta.ca/content/inmdict/html/anxiety_disorders.html)  [ders.html](http://www.learnalberta.ca/content/inmdict/html/anxiety_disorders.html) |
| **Medically Fragile**  **Technologically**  **Dependent** | Medically Fragile and/or Technologically Dependent (mf/td) is a label given to students who require complex medical care.  Includes conditions which can rapidly deteriorate.  Students may require technological health intervention to support life functioning. | 5 Types:  Group 1 – Children dependent at least part of each day on mechanical ventilation  Group 2 – Prolonged intravenous administration of: nutritional substances, drugs  Group 3 – Daily dependence on other device-based support for: Tracheotomy tube care, Suctioning, Oxygen support, Tube feeding  Group 4 – Prolonged dependence on other devices which compensate for vital body functions who require daily or near daily nursing care, including: Apnea monitors, Renal dialysis, Urinary catheters or colostomy bags, substantial nursing care  Group 5 – Children who require constant supervision or monitoring resulting from the complexity of their condition and/or the quantity of oral drugs and therapy they receive. | - Video Conferencing  - Tracking Progress  - Normalization  - Classroom Discussion  - Support Aids  Consider:  - Accessibility, Furniture, Climate, Medical access. | HELP! IS THIS AN INTENSIVE CARE UNIT OR A CLASSROOM? Journal by Donna E. Wadswoth  PARENTS OF TECHNOLOGICALLY DEPENDENT CHILDREN NEWSLETTER (August 2003)  THE TECHNOLOGICALLY DEPENDANT MEDICALLY FRAGILE AT RISK STUDENT. International Journal of special education (2006) |
| **Gifted and Talented** | - Giftedness has often been defined as having an IQ over 130.  - High aptitude in musical, kinesthetic and artistic fields  - Giftedness is *exceptional* potential and/or performance across a wide range of abilities in one or more of the following areas: general intelligence, specific academic, creative thinking, social, musical, artistic, and kinesthetic.  **Intellectual**: motivation, interest, problem-solving ability  **Emotional**: heightened sensitivity, heightened intensity of experience, perfectionism,  introversion, superior humour, moral sensitivity  Code: 80 | - Advanced intellectual achievement, high motivation and interest, verbal proficiency, problem solving ability, logical thinking, and/or creativity.  - Impatience with peers, parents, and teachers  - Considered stubborn or uncooperative, because they are goal-oriented and focused.  - Sensitivity to the expectations and feelings of others; they may be extra-sensitive to peer criticism and teasing.  - May use humor as a weapon against other students, teachers, and peers.  Asynchronous development. Their minds and emotions may mature at different rates, and this asynchrony corresponds to the level of intelligence of the child.  - Groups of children who are gifted often have differences among themselves which are as great as differences from other students.  - A 1996 University of Calgary study of gifted students revealed that some 21% of gifted kids were underachievers in a school environment.  Girls: May learn to cover up or deny abilities to become popular, fit in, or feel “normal”.  Boys: More likely to rebel than girls. Hyperactive, distractible, and disorderly are more common labels for boys.  -ELL or minority students may be overlooked, due to language barriers | - ***Enrichment***- Giving the students additional or alternate work that is more sophisticated or thought provoking depending on their mastery of the current subject.  - ***Acceleration***- Allowing students to complete grades at their own (accelerated) pace.  - ***Telescoping***- Covering the same amount of materials or activities in less time, which allows for more time for enrichment activities and projects.  - ***Mixed-abilities groups***- Assigning the student to a group with slower learners, where they can serve as an example and help their groupmates learn. Note: this is frequently ineffective, and probably shouldn’t be employed as a differentiation strategy!  - ***Similar-ability groups/Congregated School Settings*** - Gifted students are often more engaged when paired with other highly intellectual peers, or attend schools set up to accommodate gifted students.  **Specific Strategies**  - Provide alternate subject-appropriate study materials  - Compacting -  - Independent Projects  - Mentorships/Apprenticeships  - Flexible Skills Grouping | Alberta Children and Students with Special Needs. https://education.alberta.ca/diverse-learners/special-education-statistics/  Alberta Education Standards for Special Education. https://education.alberta.ca/diverse-learners/special-education-standards/ .  Differentiated Learning and Teaching Accommodations for Students Who are Gifted. (2006). Retrieved January 19, 2016, from archive.education.alberta.ca/media/526039/11b.doc  The Journey: A Handbook for Parents of Children Who Are Gifted and Talented. (2004). https://archive.education.alberta.ca/admin/supportingstudent/engagingparents/journey/ |
| **AD/HD** | Neurobiological condition with three main symptoms:  Inattention, Hyperactivity, and Impulsivity.  No single cause found, likely abnormalities in neurotransmitters of the brain causing inefficient impulse control, screen sensory input and focus attention. 80% inherited, influenced but not determined.  Environmental factors can minimize or intensify the difficulties experienced. | 30-50% of students also have learning disabilities.  Challenges:  - Keeping track of belongings, getting started, sitting still, focusing on tasks, regulating attention, dealing with transitions, time management, completing written assignments, working independently, consistency, discussions, following instructions.  Reading – struggle with recall  Writing – writing legibly, editing, planning, generating  Math – recall, careless errors  Behaviour:  Limited confidence, problems in teams, social deficiencies, emotional overreactions, anger management. | Don’t personalize the behavior!  - Meet with parents  - Clear routines and rules  - Structured transitions  - Include physical activity  - Teach strategies for self control  - Engage in interests  Strategies:  - Clear instructions, direct instruction, chunk steps, plan for the tasks, self talk, checklists, extra time, word processor, reduce distractions, organization, movement, divide tests into shorter time slots or give breaks, avoid multiple choice tests. | Attention Deficit/ Hyperactivity Disorder (AD/HD). <http://www.learnalberta.ca/content/inmdict/html/pdf/ADHD.pdf>  Focusing on Success: Teaching Students with Attention Deficit/Hyperactivity Disorder. (2006). <https://archive.education.alberta.ca/media/511987/focus.pdf>  Helping the Student with ADHD in the Classroom: Strategies for Teachers. (1998). <http://www.ldonline.org/article/5911/>  Myths and Facts about ADHD. (2013). <http://www.teachadhd.ca/Pages/default.aspx>  Take Ten Spotlight Series: Strategies and Tools for Teaching Students with Learning Disabilities/ADHD. (2015). <http://canlearnsociety.ca/resources/take-ten-series/> |
| **ESL/ELL** | - English Language Learners (ELL): describes students whose primary or heritage is not English  - English as a Second Language (ESL) Classrooms: where these students learn English.  Teachers should encourage and allow students to develop proficiency in their native language, which will allow and aid students in transferring their knowledge over, and further develop their English.  By hindering their first language, students will learn less because they will not fully understand what is being taught in English, and begin losing their native language at the same time.  Normally context-specific social language develops more quickly than academic language. For most ELL/ESL learners, academic proficiency may take about 5-7 years, as opposed to 2-3 years for basic interpersonal communication skills. | - Use the wrong verbs or pronouns because they sound familiar (e.g. confident vs confidence)  - Learned English by listening to music, watching TV, or hearing their friends talk  - Teachers can help these students improve their English by figuring out how they first learned to speak English  Social language competency may mask the academic language competence, and ESL/ELL learners may at times be assessed above their actual level of language. | - Differentiated assessment  - Ongoing assessment  - Flexible grouping  - Make content comprehensible for all students  - Build a respectful and helpful classroom climate  - More reading and writing activities  - More time to write  - Connect to personal lives/culture  - Involve family and community  - Clear and high expectations for all  - Encourage native language  - Consider cultural differences  - Use culturally diverse resources, ideal dual language texts.  - Include parents/guardians, ask them if they speak or learn English at home.  - Use nonverbal communication.  - Assess in a number of ways | Alberta Education. (2009). *Supporting English as a Second Language: Promising ESL Strategies in Alberta.*  <https://archive.education.alberta.ca/media/1076318/support_esl.pdf>  Alberta Education. (2016). *Making a Difference: Meeting diverse learning needs with differentiated instruction*. Alberta, Canada. <https://archive.education.alberta.ca/teachers/resources/cross/making-a-difference.aspx>  Alberta Education. (2012). *Assessment Tools and Strategies: Language Proficiency Assessment.*  <http://www.learnalberta.ca/content/eslapb/documents/language_proficiency_assessment.pdf>  Alfred, I. (1994, March). *ESL in the Mainstream: Challenges and Possibilities.* <http://files.eric.ed.gov/fulltext/ED385120.pdf> |
| **ODD** | Oppositional defiant disorder (ODD)  - Characterized by a persistent pattern of aggressive and defiant behaviour and a need to annoy or irritate others.  - Shows up in children by eight years of age and sometimes as early as three years.  - Strictly a childhood/adolescent condition but can lead to other disabilities that will remain throughout adulthood.  - Result of an underdevelopment and difficulty applying flexibility and adaptability skills when they are needed.  Coding: 42 | - Sudden unprovoked anger, Frequent temper tantrums, Appearing angry and vindictive, Arguing with adults and peers, Defiance or refusal to comply with adults’ rules or requests, Deliberately annoying others, Blaming others for their misbehaviour, Easily annoyed by others, Being resentful and angry | Modifying the classroom environment:  - Create a calm and quiet environment  - Flexible space  - Classroom organization  - Reinforcement strategies  - Consequence strategies in response to inappropriate behaviour  - Structured instructional time and transitions  - Schoolwide rules  - Establishing routines for classroom tasks  - Observing behaviours seen in class and modifying classroom management  Praise, behavioural goals, self management strategies, positive reinforcement, consequences, pacing  - Providing choices to lessen the amount of power struggles.  - Keep open communication with parents/guardians of the student.  - Provide work at appropriate learner level, if the work is too hard the student can become frustrated, if the work is too easy the student can become even more bored. | <http://www.macmh.org/publications/fact_sheets/ODD.pdf>  <http://www.learnalberta.ca/content/inmdict/html/oppositional_defiant.html>  <http://mdestream.mde.k12.ms.us/sped/ToolKit/Articles/Behavior_Discipline/Salend.pdf> |
| **Deaf/Hard of Hearing** | - Deafness - Little to no hearing that results in severe problems with auditory language development  - Hard of Hearing - Difficulty in hearing abilities that results in some issues with auditory language development  - A student/ECS student with deafness/hard of hearing is one who has a hearing condition that affects speech and language development, and interferes with their ability to learn  Codes: Code 30, 55 (HoH), Code 45 (deaf) | - Even if deaf students have a hearing aid, hair and hats may cover them, so deaf students look just like everyone else.  - To those who don’t know the child is deaf, they appear to be shy at best and rude at worst.  - Unlike a student in a wheelchair or a student with ODD, the deaf student can easily be forgotten in class, or the playground.  - In settings where deaf people are communicating with each other, they will also use techniques such as stamping of the feet and flicking lights on and off. | - Technological Aid:  Use closed captions on videos, and try to use FM transmitted hearing aids.  - Total Communication  Either with an interpreter or as an ASL speaker communicate with the student in both ASL and English.  - Visual Focus  Use more visuals when explaining concepts, and make sure the student can see you and others.  - Organization of the Classroom  Put the student away from auditory distractions in a place where they can see things clearly.  - Clarity of Instruction  Use clear vocabulary, repeat other students answers and questions, confirm the student has understood directions and write new concepts and words down on the board. | <http://www.learnalberta.ca/content/inmdict/html/hearing_loss.html>  <http://www.edu.gov.mb.ca/k12/docs/support/dhh_resource/toolkit_resources.pdf>  <http://www.bced.gov.bc.ca/specialed/hearimpair/toc.htm> |
| **Down Syndrome** | Down syndrome results from chromosomal issues during fetal development on the 21st chromosome.  Higher chances of thyroid issues, leukemia, seizures, speech delay, hearing loss, and corrective eyewear.  Not genetic, occurs randomly. | Social development is key, may be involved in options classes but others can reach full inclusion in a traditional class, often with an aid.  May have difficulties with reading and language skills, motor skills, behavior issues such as anger from inability to self-express. | - Be adaptive to medical aids  - Use multi-modal approaches  - Foster interpersonal connections in the class  - Be aware of sensitivity to stimuli.  - Use appropriate seating arrangements.  - Establish classroom rules.  - Teach appropriate body language and displays of affection  - Involve parents  - Use group work  - Reduce distractions  - Create space for the student | Managing Behavior. <http://www.ndss.org/Resources/Wellness/Managing-Behavior/#sthash.ZwUrZpEe.dpuf>  Down Syndrome.  <http://www.learnalberta.ca/content/inmdict/html/down_syndrome.html>  What is Down syndrome? <http://www.cdss.ca/information/general-information/what-is-down-syndrome.html>  Facts and FAQ About Down Syndrome. <http://www.globaldownsyndrome.org/about-down-syndrome/facts-about-down-syndrome> |