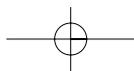
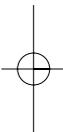
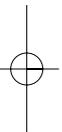
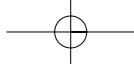


PART I

Fundamentals of Honoring Potentials and Strengths of Students and Teachers



1

Concentrating on Students' Strengths and Curriculum Standards

This book begins by outlining students' strengths. We all learn best when we are allowed to *show what we know*. By focusing on just the limitations of different disabilities and syndromes, an instructional nightmare will ensue. Yes, there are some characteristics common to different disabilities, but you are not instructing a disability, you are instructing a child. Equally true is that you are teaching a student, not a subject. We as instructors want to challenge all students to achieve their highest potentials with feasible accommodations. Frustrations present themselves most often when there are expectations that do not match the delivery of specific curriculum objectives. As teachers, we know what standards-based objectives we'd like to achieve in a given lesson or unit, but then we are sometimes dismayed to discover that the students have not achieved our expectations. Well, were our expectations realistic? Educators need to be aware of the essential specific baseline knowledge standard for each subject, and then design objectives with accommodations that do not enable, but rather challenge students. Yes, some students might need accommodations or modifications, but these do not replace the plan of each child achieving specific learning objectives. Ultimately, educational professionals need to have high expectations for all students if academic standards are to be achieved.

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WHAT ARE THE STANDARDS?

A curriculum is only a guide as to what might be taught. . . . [T]he voluntary national standards do not constitute a program . . . or teaching objectives. . . . [T]he standards contain suggestions about the content that the student might encounter in a complete education. . . . It remains the responsibility of the teacher to develop and instigate an instructional program.

—Colwell, 2005

The latest scientific research shows that students with significant disabilities (approximately 2 percent of all students) can make progress toward grade-level standards when they receive high-quality instruction and are assessed with alternate assessments based on modified achievement standards.

—U.S. Department of Education, 2005b

Planning lesson activities and presenting them to students in a coherent order is a challenging task in standards-based teaching. . . . [W]e need to work together collaboratively.

—O'Shea, 2005

In a truly standards-based approach, students, teachers, teacher-educators, textbook publishers, and testing agencies should know what students are expected to learn (content standards) and what constitutes superior, acceptable, and unacceptable performance (performance standards).

—Ravitch, 2006

There are a number of challenges facing all teachers as they implement standards, assessments, and accountability reforms with students with disabilities. The most significant of these challenges is how to enable each student to access the critical knowledge and skills specified in the standards.

—Nolet & McLaughlin, 2005

Higher and more rigorous expectations of students in schools today pose great implications for students with disabilities.

—Scarpati, 2000

The intense focus on two basic skills (reading and math) is a sea change in American instructional practices, with many schools that once offered rich curriculums now systematically trimming courses like social studies, science, and art. . . . [E]xperts warn that [by] reducing the academic menu to steak and potatoes, schools risk giving bored teenagers the message that school means repetition and drill.

—Dillon, 2006

According to a report by the Rand Corporation, having states set their own proficiency standards has become a controversial issue because some states have set proficiency standards that are easy to achieve, whereas other states have set very rigorous proficiency standards that are difficult to achieve.

—Yell, Katsiyanna, & Shiner, 2006

Standards from different states and associations were reviewed and then divided into disciplines in the curriculum chapters that follow. As an educator, it is imperative to check your state's Web site for more current information on your state and district's content and core standards. More information on assessment and standards will also be addressed in Chapter 2. In no way are these charts encompassing of all topics under each subject, yet they bring to mind the juxtaposition of the huge complexities and simplicities involved within individual subjects. The dilemma or challenge here is how to allow students with disabilities full access to the general education curriculum, while at the same time focusing on individual students' goals and strengths. The conundrum is how to honor and respect varying student abilities within the framework of the standards. In the past, the deletion or overdilution of these standards, when it came to students with disabilities, resulted in a downward spiral of student knowledge. Teachers are now challenged to not only include all students in their classroom, but to also hold them accountable to learning more. It's a road that was at one time less traveled, but with the proper *teaching hiking gear*, it is definitely navigable.

Chapters 2–4 address assessment issues, how students learn, and how teachers teach. Moving forward into the classroom, Chapters 5–14 list specific objectives in reading, writing, mathematics, science, social studies, the arts, physical education, career education, life skills, social areas, and communication as indicated by our national standards and several states across the nation. The objectives are all shown near each other in ranges of grades, to allow for quick viewing of adjacent grades. Teachers can pull from different ones to allow students of higher and lower levels within the same class to learn about a topic or concept, on varying levels, with vertical and horizontal alignments. Baseline, advanced, and more challenging assignments are also included on primary, intermediary, and secondary levels. Following that, possible accommodations are listed for students with differing emotional, physical, cognitive, and sensory abilities. The question here is not whether students with differing academic, motoric, behavioral, perceptual, or physical needs can learn the same topics or concepts, but rather, what are the best strategies or tools to assist teachers with their endeavors. Baseline, advanced, and more challenging assignments try to mimic actual classroom lessons. The purpose here is to replace the thinking of impossibilities with a mentality that supports a *feasibility approach!*

The following on line sources were consulted:

Online Sources for Standards

Mid-Continent Research for Education and Learning: www.mcrel.org/standards-benchmarks/

Education World: www.education-world.com/standards/national/ and
<http://www.education-world.com/standards/state/index.shtml>

Illinois Learning Standards: http://www.isbe.state.il.us/ils/social_emotional/standards.htm

(Continued)

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(Continued)

New Jersey Core Curriculum Content Standards: <http://www.state.nj.us/njded/cccs/Standards>

Texas Assessment of Knowledge and Skills (TAKS): <http://www.tea.state.tx.us/student.assessment/>

Music Educators National Conference (MENC), The National Association for Music Education: <http://www.menc.org>

Science Content Standards Developed by the National Research Council: <http://www.nsta.org/standards>

Content Standards for Mathematics Developed by the National Council of Teachers of Mathematics (NCTM): <http://standards.nctm.org>

Content Standards for Social Studies Developed by the National Council for the Social Studies (NCSS): <http://www.ncss.org>

Content Standards for the English Language Arts Developed by the National Council of Teachers of English (NCTE) and the International Reading Association (IRA): <http://www.ncte.org>

National Standards for Physical Education—American Alliance for Health, Physical Education, Recreation and Dance: <http://www.aahperd.org/NASPE/publications-nationalstandards.html>

The Kennedy Center ArtsEdge: <http://artsedge.kennedy-center.org/teach/standards.cfm>

Before generic standards are applied, students' varying abilities must be known. The following pages list syndromes by name and concentrate on possible strengths, instead of looking at a deficit paradigm. Teachers can apply the standards to match students' strengths when equipped with the facts. This allows for a feasible and realistic approach to deliver learning objectives instead of just trying to follow standards without knowing and valuing your special audience!

POSITIVE CHARACTERISTICS OF DISABILITIES

The best teachers never lose sight of their students' potential. They believe in the brilliance and ability of all their students.

—Landsman, 2006

Even though many disabilities or syndromes have weak areas, individual strengths exist as well. Classroom instruction that focuses on what students are capable of accomplishing recognizes how students' strengths can surpass their deficits. Placing energy and attention on students' current levels and potentials yields many positive results. Disabilities have common characteristics, yet they do not describe an individual child's likes or dislikes. Consequently, there are no

blanket teaching lessons that promote the mastery of the same objective for all students, without recognizing individual differences. In addition, teachers must challenge, not enable, their students by incorporating appropriate and feasible accommodations. The second step would be to modify or change the curriculum or expectations if accommodations are not sufficiently addressing individual needs. The third option, deleting the concept, is a last resort that if consistently employed has a cumulative negative spiraling effect throughout a child's years in school and future as an adult.

Quite often, teachers set themselves and their students up for many frustrations by not realizing the individual characteristics and strengths of their students. It's not an easy task to recognize these traits, but not an impossible one either. The goal here is to combine topic-based learning with student-centered needs and abilities. Check out the possible strengths and some supportive research of the alphabetically listed categories described below. Quite often, it's your positive perspective that determines that the glass is half-filled, or, in this case, ensures more positive student learning outcomes! Cheers!

Remember, of course, that diversity exists within each underlined category.

Positive Characteristics

Many students with *above average skills*

- Are proud of their achievements
- Have strong parental support
- Respond to challenging assignments
- Have high levels of curiosity
- Have excellent critical-thinking skills
- Like independent projects
- Use creative outlets (e.g., music, art, chess, etc.)
- Respond to project-based learning assignments
- Are introspective
- Are goal oriented
- Are willing to share their knowledge
- Are eager to improve grades with additional assignments
- Prefer open-ended questions with multiple responses
- Do well with options and self-directed learning
- Thrive with differentiated pacing of assignments
- Learn new material in less time
- Remember what they learn
- Multitask simultaneous classroom activities

Research/literature about students with above average skills says the following:

[G]ifted students often resist doing their assigned work because it is designed for age-appropriate learners and usually cannot provide the challenge and sense of accomplishment that would keep gifted learners motivated to work. . . . [T]hese students are entitled to receive the same types of differentiation so readily provided to students who struggle to learn.

—Winebrenner, 2000

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Being gifted academically means that you are achieving or have the potential to achieve at rather high levels when compared with other students of your age and/or grade level. It would be a sad waste of your school days to be studying curriculum you already know or spending a lot of your time tutoring classmates.

—from a student, quoted in Callard-Szulgit, 2005

Many students with *Asperger's syndrome (AS)*

- Possess an affinity for routines
- Have a good handle on their own interests
- Work well with written assignments (e.g. graphic organizers, social skills notebook)
- Respond to behavior modification approaches
- Have sensory preferences (tactile learning, visual cues)
- Motorically demonstrate their learning
- Pick up cues by watching others
- Have a high verbal IQ
- Advance with direct skill instruction
- Have good relationships with adults

Research/literature about Asperger's says the following:

Reasonably normal language development (specifically, two-word phrases by age 2 and three-word phrases by age 3) is a distinguishing feature of Asperger's (compared to children with true autism or high-functioning autism). . . . [Children with Asperger's] often have impaired social interactions, stereotyped behaviors, preoccupations or interests, motor delays or clumsiness. . . . Neuropsychiatry testing also shows that children with Asperger's consistently score higher on verbal rather than performance IQ.

—Klass & Costello, 2003

Many teachers fail to recognize the special academic needs of children and adolescents with AS because these students often give the impression that they understand more than they do.

—Myles, 2005

Incorporating special interests of students with AS into the curriculum is one way to make interesting a task that may initially seem overwhelming or lack meaning to a student with Asperger's.

—Myles, 2005

Many students with *attention deficit/hyperactivity disorder (AD/HD)*

- Are responsive to immediate teacher feedback
- Have the ability to move and learn
- Thrive in a nonthreatening environment

- Possess good cognitive levels
- Model appropriate behaviors with guided practice and application
- Are able to develop increased self-awareness under teacher's auspices
- Can multitask in a well-organized environment
- Learn well with kinesthetic activities
- Like when notebooks and text covers are color coded
- Advance when given clear expectations and immediate feedback
- Complete assignments that are broken down into their smaller components

Research/literature about AD/HD says the following:

Diagnosing and helping students with AD/HD requires the collaboration of parents, clinicians, teachers, and students.

—Schlozman & Schlozman, 2002

Children with AD/HD are not all the same. . . . However, they need reassurance that the problems they have are not unique to them. They benefit from a sense that help is available and that they themselves can be a powerful force in their own treatment.

—Quinn & Stern, 2001

Although AD/HD can generate a host of problems, there are also advantages to having it . . . such as high energy, intuitiveness, creativity, and enthusiasm, and they are completely ignored by the disorder model.

—Hallowell & Ratey, 1995

In addition, clinical psychologist Stephen Faraone of Harvard University says, “My hope is that once we’ve discovered those genes, we’ll be able to do a prospective study of kids at high versus low genetic risk. Eventually . . . environmental changes could play an important role in treating some AD/HD patients” (Brown, 2003).

Many students with *auditory processing* disabilities

- Have good focus with written and visual directions and cues
- Understand better when allowed to intermittently paraphrase
- Have excellent response to technology tools such as interactive white boards, along with ones that offer word processing programs that include accompanying graphics
- Learn well with structured phonetic and linguistic programs
- Attend well to lectures when given outlines or graphic organizers to follow
- Exhibit increased auditory responses when eye contact is established with speaker
- Make excellent progress when metacognitive strategies are learned and applied
- Experience advances when hooked up with a peer coach to model and consult

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Research/literature about auditory processing disabilities (APD) says the following:

A child with APD is often described as a “visual learner,” who learns best when material is presented through pictures and hands-on demonstrations. . . . [I]f multisensory cues seem to confuse the child, the possibility of an interhemispheric disorder should be considered.

—Bellis, 2002

Auditory processing problems won’t show up on standard hearing tests since the problem is not the ability to hear sounds, but the ability to process verbal information. . . . [These students] have trouble hearing in a crowded classroom . . . [have trouble understanding] multi step directions . . . [and] need to receive instructions in writing not just auditorily.

—Warshaw, 2004

Many students with *autism*

- Have focused interests
- Are able to continue ongoing tasks
- Respond to directed social play through structured play groups
- Follow routines well when there is consistency in scheduling
- Achieve understandings through concrete experiences
- Have an affinity for tactile stimulation such as different textures, or even water therapy
- Like step-by-step explanations in learning
- Use pictures to communicate needs and thoughts
- Have different reactions to noises and lights
- Benefit when academics are related to life skills
- Make excellent strides when given appropriate early interventions

Research/literature about autism says the following:

Through play, children experience cognitive, social, linguistic, motor and emotional growth . . . with typical peers as role models . . . in natural settings that promote generalizations.

—Lantz, Nelson, & Loftin, 2005

I THINK IN PICTURES. Words are like a second language. . . . I translate both spoken and written words into full-color movies, complete with sound, which run like a VCR tape in my head. When somebody speaks to me, his words are instantly translated into pictures.

—Grandin, 1995

High-functioning autism (HFA) is a term sometimes used interchangeably with Asperger’s syndrome, but these individuals are in fact a distinct group . . . slower to acquire language and have weaker verbal scores and

stronger integrative skills (visual-spatial skills). . . . One distinction is that children with HFA are not particularly interested in social relationships, whereas children with Asperger's are deeply interested though unable to understand the rules.

—Klass & Costello, 2003

Typically developing peers may provide a role model for well-adjusted social behavior, with possible implications for the social competence of the child with autism.

—Bauminger, Shulman, & Agam, 2003

Practitioners working with students with ASD (Autism Spectrum Disorder) have found that these individuals learn best when they have visual aids and other forms of structure to assist them in understanding rules, time frames, sequences, time allocations, and task completion . . . which will enable students with ASD to be more independent and productive in their lives.

—Simpson et al., 2005

Many students with *communication disorders*

- Have better receptive than expressive language skills
- Exhibit excellent responses to timely and structured speech interventions
- Experience advancements when learning is coordinated between school and home environments
- Experience gains with modeling, rewards for approximations, and meaningful praise
- Make headway when communication skills are combined with more visuals (e.g., pictures, mirrors) and technology tools such as computer programs and digital recorders
- May need a personalized PECS (Picture Exchange Communication System) if more severely disabled
- Improve speech in inclusive environments that relate speech to children's experiences, such as speech through *conversational instruction* and *peer osmosis*

Research/literature about communication disorders says the following:

Communicative impairments can occur in association with a syndrome (speech production, voice, language, resonance, and hearing) as well as feeding disorders.

—Shprintzen, 2000

An estimated 18.4% of children ages 5–17 speak a language other than English. Of the total number of students receiving services in special education, 18.9% have a speech or language impairment.

—Data from U.S. Census Bureau, 2000

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Children with dyspraxia or apraxia . . . have the capacity to say speech sounds but have a problem with motor planning. They have difficulty making the movements needed for speech voluntarily.

—Bowen, 1998

The more individuals with significant disabilities are provided with ways to express their thoughts and feelings, the more they will be engaged in establishing basic literacy skills.

—Downing, 2005

Many students with *conduct disorders*

- Respond to behavioral charts that reward positive strides
- Improve behavior within structured, consistent environments
- Establish a rapport with a trusting adult
- Want other ways to feel good about themselves (e.g., art, music)
- Like physical outlets such as yoga or exercise
- React appropriately when given fair, yet consistent limits and consequences
- Desire peer acceptance
- Are not all about the surface behavior, but are complex caring individuals
- Have positive interactions when allowed meaningful and guided opportunities to contribute/share thoughts with peers
- Display responsibility under teacher's auspices
- Increase progress when parents are given guidance about managing behavior issues

Research/literature about conduct disorders says the following:

Problem-solving and social skills training may offer promise to students with conduct disorder. Proceeding step by step, using games and stories that gradually approach real-life situations, the therapist teaches the child how to exercise self-control, see other people's point of view, anticipate their reactions, and understand the consequences of their own actions. This method works best with children of mild disturbance. . . . Many experts believe the most promising approach . . . is parent management training. . . . Parents are taught to issue and enforce stable rules, negotiate compromises, and substitute sensible discipline for inconsistent harshness.

—“Child and Adolescent Conduct Disorder,” 2005

[P]unishment shouldn't be the final step in handling aggressive students. . . . Educators should look for ways to help aggressive kids change their behaviors . . . critically examining . . . the school's culture and climate—including classrooms, corridors, and cafeterias—to identify conditions that provoke students to display anger and aggression.

—Black, 2003

Many students with *deafness/hearing loss*

- Are of average or above average intelligence
- Can use “alternative” ways of communicating, such as oral (using speech, lip reading, and any residual hearing), manual (signs, finger spelling), or total communication (oral method plus signing and finger spelling)
- Learn well with more visuals, outlines, and handouts of teacher’s notes
- Benefit from technological advances, such as a laptop, amplification systems, or even cochlear implants, if appropriate
- Possess more introspective qualities
- Desire to be included with peers, family, and community
- Have strong capacities for learning

Research/literature about deafness/hearing loss says the following:

The Association Method is a systematic, multisensory approach for teaching spoken language, reading, and writing for students with hearing loss and other populations with speech, language, and reading difficulties. . . . [I]t benefits students with a step-by-step, repetitive, and cumulative approach, learning each sound, word, sentence, and story.

—Sullivan & Perigoe, 2004

Short periods of exposure to amplified sound may not cause permanent hearing loss, but damage from long-term exposure can be cumulative. This means a slight hearing loss in childhood can become a substantial loss later on.

—“Most Teens Oblivious to the Threat,” 2005

There is no doubt that hearing loss alters lifestyle. While we have not reached the age of reversing all hearing loss, we are in an age of technology that enables better hearing than ever before. Hearing loss is an “invisible” disability. . . . [T]he stigma associated with hearing aid use leads to poor use of hearing aids. Individuals with hearing loss who do not use hearing aids report higher rates of depression, sadness, anxiety, and paranoia . . . [and tend to be] less socially active and experience greater emotional insecurity . . . [and may have] stopped attending social events and avoided family gatherings, simply because it was too difficult to hear and understand conversation.

—Sherlock, 2005

Unlike a hearing aid, which amplifies sound, a cochlear implant digitizes sound and sends it via magnets and electrodes to the brain. . . . The success stories amazed us: implanted children in mainstream classrooms speaking beautifully, nearly indistinguishable from hearing classmates.

—Denworth, 2006

When appropriate, use of a student’s residual hearing can be utilized to gain phonological information about spoken language.

—Neff, 2006

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Many students with *depression*

- Respond well to individual counseling, modeling, and coaching
- Advance with behavioral interventions, strategies, and support
- Like to play with toys to resolve conflicts when younger
- Recognize their own mood swings when older
- Seek transitional plans and more career guidance when adolescents
- Establish comforting relationships with pets
- Cathartically benefit when allowed to role-play *hypothetically* stressful situations
- Can use nonverbal modes of expression like art, dance, writing, or music

Research/literature about depression says the following:

Children with intense anxiety or depression are particularly likely to have problems that appear similar to AD/HD, and evidence also exists that suggests that symptoms of depression—as the child’s “self-esteem” suffers in the face of continuing social and developmental failures—can complicate AD/HD.

—Zametkin & Monique, 1999

Regular exercise is a potent mood lifter. [An] American Journal of Preventive Medicine article by Andrea Dunn found that an exercise regimen of 180 minutes a week could rouse depressed subjects out of the doldrums and keep them that way, if they stuck with the program.

—Dunn, 2005

Educators are beginning to recognize that mental health is essential to learning. . . . With emotional disorders such as depression . . . students need to think in a more positive way. Educators can teach anger management, social skills, conflict resolution, mediation skills, relaxation techniques. . . . General educators need to work with special education teachers, watch students in lunchroom, playground, classroom and have opportunities for more staff development to help students achieve more in their lives.

—Vail, 2005

Many students with *developmental disorders*

- Have the ability to understand concrete concepts
- Possess an affinity for repetition in learning
- Desire to be included with peers
- Have a strong determination to succeed
- Have concerned parents
- Respond well to early intervention
- Experience success with related services such as speech, occupational, physical, and play therapies
- Are able to make gains with structured academic and behavioral interventions
- Have individual needs, goals, and aspirations

Research/literature about developmental disorders says the following:

A genetic disorder predisposes individuals to a variety of behavioral characteristics.

—Hodapp, 2004

Over time and as students with significant disabilities accessed the core curriculum, we began to notice that students were exceeding our expectations.

—Downing, 2005

Many students with *dyscalculia*

- Have better reading/language skills
- Have success with numbers when using a step-by-step approach
- Respond to kinesthetic approaches; e.g., Touch Math, physical demonstration and manipulation of concepts
- Experience better understandings when math procedures are connected to their own lives; e.g., *Everyday Mathematics*
- Have good computational skills when conceptual background is concretely or pictorially explained
- Have success with intermittent repetition of prior learning
- Achieve progress when instruction teaches the language of math
- Develop a desire to succeed when given frequent, yet realistic praise and encouragement

Research/literature about dyscalculia says the following:

Children with dyscalculia can usually learn the sequence of counting words, but may have difficulty navigating back and forth, especially in twos, threes or more. . . . [E]stimating numbers is impaired in comparison to that of their peers. . . . [A]n intuitive grasp of number magnitudes typical of children in the age group of 7 to 11 is absent in the child with dyscalculia.

—Vaidya, 2004

Visualization, focusing strategies, guidance with seriation, classification and reading word problems are part of best practices for students with dyscalculia.

—Vaidya, 2004

Many students with *dysgraphia*

- Work well with computers and specialized software programs
- Like voice recognition and prediction programs, which translate words into written form

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- Benefit from tactile stimulation such as salt, felt, clay, or raised lettering
- Make more strides when a peer or adult acts as a scribe to help with lecture notes
- Experience increased understanding when allowed to listen to taped class lectures
- Need graphic organizers such as outlines or webs to minimize hand strain while maximizing writing pace
- Respond to increased awareness, reminders, and corrections for improved body posture; e.g., sitting upright, and proper location of fingers and appropriate pencil grip when writing
- Improve with eye–hand coordination and visual fine motor integration practice
- Work well with occupational therapists
- Make strides with explicit written language instruction that views writing as a process
- Demonstrate written work best in an untimed, nonthreatening environment

Research/literature about dysgraphia says the following:

For kids with dysgraphia, it is important to disentangle the mechanics from generation of content. . . . [U]se dictation at first, then keyboarding . . . to share their ideas without their physical limitations getting in the way.

—Warshaw, 2004

Students with disabilities often experience particular difficulties with handwriting, and these problems can hinder their development both in school and in postsecondary settings. The importance of an ongoing and consistent program of handwriting instruction is stressed, especially for students with disabilities who need to fight negative first impressions.

—Greenland & Polloway, 1994

Many students with *dyslexia*

- Like textbooks-on-tape or high-tech reading machines
- Exhibit excellent cognitive thought processes
- Have academic and social strengths
- Have stronger oral comprehension
- Have better math skills
- Are able to compensate for reading/language weaknesses
- Desire to complete same work as peers
- Have a conceptual understanding of content
- Respond well to low-level but high-interest books
- Are motivated learners when given praise for strides

- Are able to break the phonetic code when given direct and consistent skill instruction
- Have excellent responses to multisensory reading approaches; e.g., the Orton-Gillingham method

Research/literature about dyslexia says the following:

In teaching reading . . . the objective is not multisensory teaching from the teacher; the objective is multisensory learning within the learner.

—Broomfield & Combley, 2003

Intensive phonics instruction literally gets into the heads of adults with dyslexia, according to a new brain-imaging study. After completing such training, these individuals display modified brain activity that apparently fosters their improved performance on reading tests, concludes a team of neuroscientists led by Guinevere E. Eden of Georgetown University Medical Center in Washington, D.C.

—Bower, 2004

Many students with *executive dysfunction*

- Are able to set goals with adult assistance and modeling
- Respond well when given step-by-step directions
- Have better sequencing and organizational skills when using checklists
- Experience increased understandings when verbal directions are repeated and continually accompanied by easy-to-follow, terse written ones
- Progress to retraining and sharpening cognitive abilities when given applicable bypass strategies to use in all content areas
- Respond well to technology programs
- Advance when given appropriate accommodations to regulate attention, set goals, and monitor achievements

Research/literature about executive dysfunction says the following:

What comes to most of us fairly unconsciously must be explicitly taught to folks with Executive Dysfunction. A combination of cognitive training and appropriate accommodation can make a difference.

—Kight, n.d.

Many students with *mental retardation/intellectual disabilities*

- Benefit from family support that continues school efforts at home
- Feel a sense of loyalty to peers and loved ones
- Appreciate supportive staff

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- Possess a desire to learn
- Are able to succeed in school and life
- Have strong social needs
- Have trusting personalities
- Respond well to concrete learning
- Have the same thoughts and desires as peers of different intellectual levels
- Have better receptive than expressive language skills

Research/literature about mental retardation/intellectual disabilities says the following:

In the case of students with mental retardation, it appears that those who need physical education the most to develop fitness may be prone to receive less instruction in many schools.

—Ayvazoglu, Ratliffe, & Kozub, 2004

Students with mild retardation seem to be at risk for depression because they often can perceive that their peers without disabilities are able to accomplish tasks that they themselves cannot.

—Stough & Baker, 1999

People with intellectual disabilities are showing they not only can work on landscaping crews or as baggers in supermarkets but also can serve as cashiers, office aides or technical assistants. . . . [V]arious organizations stand ready to provide job counseling and other services for employers and their workers with intellectual disabilities. Moreover, the accommodations needed for such workers are typically small, and sometimes prove beneficial to other employees.

—Shea, 2005

The term highest achievement standards possible is intended to reflect that the alternate achievement standards should be no less challenging for students with the most significant cognitive disabilities than the standards set for all other students.

—U.S. Department of Education, 2005b

Many students with *obsessive-compulsive disorder* (OCD)

- Follow cues for self-management programs
- Have a strong affinity for perfection
- Have good hygiene practices; e.g., clean hands
- Respond well to self-awareness/behavioral programs
- Are able to learn when given acceptable positive outlets to channel obsessions
- Have age-appropriate cognitive levels

- Have high organizational skills
- Desire to control obsessions and compulsions

Research/literature about obsessive-compulsive disorder says the following:

A large proportion of adults with OCD, perhaps as high as 80%, have their onset during childhood or adolescence. . . . Obsessions and compulsions should be explored in relation to the age of onset, and the degree of interference with daily activities, as well as the degree of distress caused by the complaints. . . . Early intervention and preventive strategies, aided by the new surge of family, genetic, immunological and neurophysiological studies, pose the best hope for the improved treatment of OCD in children.

—Grados, Labuda, Riddle, & Walkup, 1997

Cognitive behavioural therapy (CBT), including exposure and response prevention (ERP), should be offered as first-line therapy for children, young people and adults with mild to moderate OCD.

—Reed, 2005

An accurate and developmentally sensitive conceptual model of the development and maintenance of OCD during childhood and adolescence would lead to the refinement of current assessment procedures and treatment guidelines, to the benefit of children and adults.

—Farrell & Barrett, 2006

Many students with *oppositional defiant disorder*

- Have strong goals
- Possess a drive for independence
- Respond well to learning when allowed to be active participants
- Make strides when individual behavior management programs are implemented by a caring adult that they trust
- Learn how to circumvent self-imposed interferences
- Achieve gains with individual counseling/therapy/coaching
- Experience greater benefits when home reinforces school's behavioral plan

Research/literature about oppositional defiant disorder says the following:

Treatment seeks to identify and connect with unmet emotional needs . . . [and] capitalize on the adolescents' healthy drive for independence by identifying the emotional truths that inform their acting out and by coaching them to find ways to actualize their emotional goals. . . . [Treatment also] coaches the parents to avoid counterproductive kinds of interference with learning from trial and error. The author helps parents learn from their failures, too.

—Bustamante, 2003

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[T]erms such as oppositional defiance disorder locate problems within students rather than within the educational system. . . . [Teachers and staff should strive to become] knowledgeable about [students'] unique characteristics . . . establish and teach rules, build relationships with students . . . [and] collaborate and communicate with students' families to strengthen the connection between the school and home.

—Salend & Sylvestre, 2005

Many students with *physical impairments*

- Have excellent cognitive levels
- Experience positive interactions with peers
- Possess good communication skills
- Have strong self-advocacy abilities
- Have supportive families
- Are able to maximize potentials
- Possess metacognitive and compensatory skills to circumvent physical weaknesses
- Make good use of technology options
- Possess a keen awareness of how to modify their environment to best meet physical needs
- Desire to be treated on a par with students who do not have noticeable disabilities

Research/literature about physical impairments says the following:

This study highlights the importance of conducting a careful assessment of social needs and competencies for elementary school students with physical impairments and documenting socially focused IEP goals and intervention plans when difficulties are identified. . . . With consistent provision of needed supports and interventions in these areas . . . more students can achieve optimal outcomes from their educational experiences.

—Coster & Haltiwanger, 2004

Computer technology in recent decades has opened up worlds of opportunity for people who face physical limitations.

—Teicher, 1999

Many students with *sensory impairments*

- Are able to compensate through stronger modalities
- Maximize self-regulatory strategies
- Are motivated to succeed
- Get good results with early sensory training
- Make excellent advances with peer modeling
- Possess the same emotional/academic/cognitive levels as other students in class
- Can obtain remediation with assistive technology

Research/literature about sensory impairments says the following:

A person with sensory impairments has a reduced or lack of ability in using one or more of three senses—vision, touch, and hearing . . . [that] range from slight to complete loss of ability to use the sense. . . . [The impairment] may be present with other disabilities such as mobility impairments or learning disabilities. . . . While the use of assistive technology does not remove a sensory impairment, it can remediate its effects so that a person is able to . . . demonstrate and apply her knowledge.

—University of Washington, 2001

Although schools commonly use them to support students with sensory impairments and learning disabilities, these features (e.g., closed captioning of video, text-to-speech, speech recognition, computer-based graphic organizers) can help a broad range of students. Research is beginning to show the benefits of giving all students access to these capabilities.

—Silver-Pacuilla & Fleischman, 2006

In addition, *The Sensory Profile* by Winnie Dunn (n.d.) is an evaluation tool for professionals to gather information about children's sensory-processing abilities that support or interfere with functional performance.

Many students with a *specific learning disability*

- Achieve results with appropriate help
- Complete work when given more time
- Perform well when tasks are broken down into steps
- Like to be tested in a quieter place that is free from distractions
- Make strides with multisensory approaches to learning
- Learn to compensate for learning difficulties
- Respond well to appropriate educational interventions
- Have untapped strengths
- Go on to live successful and productive lives as adults

Research/literature about specific learning disability says the following:

[T]he biggest challenge for us was not overcoming our weaknesses as Specific Learning Disabilities/ADHD thinkers but transcending the biases and oppression of the institution of education.

—Mooney & Cole, 2000

With careful planning, students with learning disabilities can choose appropriate postsecondary programs, be successful, and subsequently graduate. . . . A critical step is to know their rights and responsibilities . . . [and] be aware of accommodations needed . . . [so as to] make well-informed decisions.

—Beale, 2005

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Students need to know that they're accepted. I had one student with a learning disability; everyone told him what was wrong with him, but no one tried to help him realize what was good in him.

—Tomlinson, quoted in ASCD. Education Update, 2002

A learning disability can really affect the way you feel about yourself. Now I know that even if a person learns differently, he or she can still be filled with greatness. Every one of us has something special inside. It's our job to figure out what that is. Dig deep, get it out, and give it to the world as a gift.

—Winkler, 2005

Many students with *Tourette's syndrome* (TS)

- Can make advancements in environments with reduced visual distractions
- Experience increased understandings when given ample time to respond
- Have more self-confidence when given realistic praise
- Have good social interactions when peers are better educated about Tourette's
- Have average or above average cognitive levels
- Make excellent progress with word processing programs
- Have unique movements that can be refined with structured programs/therapy; e.g., handwriting, occupational therapy
- Improve behavior/attention with proper classroom scaffolding
- Require optimum classroom seating (e.g., not in front of class if student has extra motor movements)
- Have better self-control and less embarrassment if allowed to inconspicuously release extra energy or fidgetiness; e.g., go on an errand, walk out into the hallway

Research/literature about Tourette's syndrome says the following:

Dr. Samuel Johnson, famous for his dictionary and wit, had classic TS symptoms that have been recorded in detail. Mozart also exhibited the symptoms. Many Touretters are enormously creative and smart.

—Kramer, 2004

Educators who foster openness and understanding to students with Tourette's help them feel included and academically adept by applying simple interventions . . . [such as] praise, multiple breaks, dictate[d] assignments, computers for written work if handwriting is an issue, related services such as OT or physical therapy, giving guidance for independence, self-care skills, and self-confidence.

—Prestia, 2003

Many people with Tourette's are never diagnosed, because they are embarrassed by their tics, and able to suppress them during visits to the doctor. . . . [Tourette's is] mainly a disorder of childhood and

adolescence. . . . [M]ost tics fade by age 18. . . . [I]t's important to remember that in many cases the symptoms are mild and require nothing more than explanation and reassurance.

—“Child and Adolescent Conduct Disorder,” 2005

Many students with *traumatic brain injury* (TBI)

- Make progress in school using a step-by-step approach
- Increase understandings when learning is tied to themselves with personal connections
- Have good results with repeated practice
- Advance further when there is collaboration and coordination of programs between school and home
- Apply strategies to compensate for memory issues; e.g., mnemonics, advance notice/study guides for assessments
- Make positive strides by reducing distractions in structured and supportive environments

Research/literature about traumatic brain injury says the following:

Inflicted traumatic brain injury (TBI) is the leading cause of death among children, as a result of abuse.

—Runyan, Marshall, Nocera, & Merten, 2004

If you are a medical professional, it is your responsibility, if not your duty, instead of trying to fit a square peg into a round hole, you should foster and help this budding individual-to-be to grow into who they can be . . . and are.

—Harvey, 2006

Many students who are *twice-exceptional*

- Make more strides when praised for accomplishments
- Maximize areas of strength to circumvent weaker issues
- Accomplish more when they possess high yet realistic confidence levels
- Have unique levels in social or academic areas
- May have dual exceptionalities
- Have self-driven motivation
- Have a strong, resilient inner core
- Understand ways to compensate for weaker areas to reach potentials
- Will experience more self-awareness by keeping class portfolios of work completed
- Achieve positive results when environmental and instructional resources are orchestrated, maximized, and implemented
- Have strong advocates; e.g., parents, school personnel
- Do well with a growth vs. deficit paradigm
- Fare better without assigned labels
- Show what they know with authentic and varied assessments

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Research/literature about twice-exceptional children says the following:

When giftedness is identified in a population of people with disabilities, conflict[s] concerning what constitutes adjustment and conformity arise.

—Cline & Hegeman, 2001

Many eminent individuals throughout history have shown evidences of a learning disability in conjunction with giftedness; e.g., Albert Einstein, Winston Churchill, Thomas Edison.

—Little, 2001

Many students with *visual impairments*

- Have stronger auditory or kinesthetic/tactile orientations
- Achieve better understandings with accompaniment of verbal instructions
- Experience successes with technology and adapted materials
- Acquire independent living skills with mobility training
- Progress when given visual parameters (e.g., outlines, graphic organizers)
- Have good experiences when manipulatives accompany learning of abstract concepts
- Have the same social needs and academic levels as peers with better vision

Research/literature about visual impairments says the following:

The inclusion movement has not eliminated the need for specialized schools for students who are blind. . . . [S]pecialized services enable children with visual disabilities to succeed in regular classrooms . . . providing a continuum of service options. . . . [This may be] considered to be a more restrictive environment, but [is in fact] a potentially more productive setting.

—Bina, 1999

There's a tremendous amount of technology available to students with visual impairments. . . . A cooperative effort between ViewPlus Technologies and Hewlett Packard Specialty Printing Systems has resulted in a machine that can produce Braille, and tactile graphics all on the same page. . . . Talking Book devices now offer better audio quality, easier navigation by page and chapter, and the ability to bookmark favorite passages.

—“Talking Book Machines,” 2005

Itinerant Teaching: Tricks of the Trade for Teachers of Students with Visual Impairments has suggestions for keeping up with students' equipment, organization, scheduling, travel demands . . . planning a typical day, resources [and so forth].

—Prause, 2005

Talking computers have brought the blind to the world and the world to the blind. . . . The proponents of Braille always fall back on the same argument: If reading and writing is important to the sighted, they are important to the blind.

—Faherty, 2006

To summarize this section on disabilities, the power of positive thinking is enormous. Rather than concentrating on weaknesses, search for what students can do, giving their lives a positive rather than negative spin. This is a way to build self-esteem which often goes hand in hand with academics. Students' strengths are often neglected when their weaknesses are magnified and dissected. The following quote poignantly states the significance of concentrating on students' abilities.

If we want to prepare kids for adulthood, one of the most important things we can do is celebrate their strengths, those assets with which they're going to find meaning in life and be able to make contributions. (Levine as quoted in Scherer, 2006)

Let's celebrate the positive by connecting students' strengths to the standards. This is a way to honor both their present levels and future potentials!

ENABLING VERSUS CHALLENGING YOUR STUDENTS

Students with disabilities need varying accommodations, depending upon factors such as

- Complexity of the assignment
- Prior knowledge
- Interest level
- Class size
- Physical needs
- Social skills
- Type of presentation (concrete vs. abstract)
- Type of disability
- Individual Education Program (IEP) requirements
- Social history
- Psychological needs
- Cognitive levels
- Home support
- Individual motivation

Feasible Accommodations

Accommodations must help students master skills and standards-based curriculums, not circumvent learning the concepts. Yes, *accommodations and modifications may be necessary, but they do not replace remediation.* Teachers need to focus upon the purpose or objectives of the assignment before they plan just how they

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will implement students' accommodations or modifications, if necessary. For example, what if students are asked to make a collage of magazine pictures of items that they use for good hygiene, but some students in the class do not have the fine motor coordination to use a pair of scissors? Would placing already-cutout pictures in a pile for them to choose from be an appropriate accommodation? What about using visual images on the computer? They'd still have to select appropriate pictures of hygiene items for their collage from a group of pictures. In this case, the final product will be the same, but the means of getting there is somewhat modified.

How about a student who was asked to solve a word problem on a high-stakes examination, and did all of the correct processes, but then made a careless error in the computation part? Should that student be allowed to use a calculator as an accommodation, or be given partial credit for choosing the correct problem-solving strategy? That's a call that needs to be made by individual teachers. Maybe the teacher could give that child a second try with a calculator so he or she could check the accuracy of the computation. Is the expectation to know how to solve the word problem, implementing the correct strategies, or is it to also know how to correctly perform mathematical operations, or is it both? Here the teacher needs to decide whether the accommodation of a calculator or a multiplication chart is a feasible accommodation or an enabling one. Will the accommodation or grade modification dilute the grade, or promote self-mastery and more reflections? What do the district and state recommend concerning how to accommodate the students?

How about a student that needs to perform a scientific experiment in a lab setting, but has difficulties reading grade-level vocabulary in the written directions? Would assigning a peer coach to help this student read the words or allowing the student to listen to a tape with oral directions and procedures be examples of appropriate accommodations? What about a paraeducator or educational assistant reading the directions to the student? Just what level of support would be appropriate here?

What about students with dysgraphia who are asked to demonstrate writing skills? If they struggle with the handwriting, but their thinking process is good, would it be okay if they dictated their compositions to a scribe or write with a keyboard such as an Alpha Smart? What about the child who is poor in encoding (spelling)? Should he or she be penalized for errors or given an accommodation such as a handheld electronic speller or a list of commonly misspelled words?

All of these scenarios require teachers to ask themselves,

- What are the expectations of the assignment?
- Will the accommodations provided sacrifice these expectations?
- Is the student learning?
- Are the results skewed, compromised, or legitimate?
- Do the accommodations enable the student?
- Have the student's individual needs been met?
- Am I teaching a topic or teaching individual students to learn *about* that topic?
- Will the student be assessed? If so, how?

The chart that follows allows educators to visually compartmentalize accommodations for individual students with disabilities. There's a crossover of accommodations that are applicable for different students' needs depending upon the complexity of the assignment, prior knowledge, interest, and home support. It's a guideline that brings to mind the idea that, since abilities and strengths vary, teaching strategies, accommodations, and modifications must vary as well.

(text continues on page 32)

<i>Accommodations for Students With . . .</i>	<i>Learning Needs</i>	<i>Emotional/Social/Behavioral Needs</i>	<i>Physical/Perceptual/Sensory Needs</i>	<i>Teacher/Student Concerns and Online Resources</i>
Above Average Skills	Individualized and independent assignments with realistic and attainable goals	Lessons need to match maturity level and be age appropriate despite students' higher intelligence	Dependent upon students; observe and assess accordingly	Ongoing classroom assignments/centers set up that honor students' advanced levels; www.cectag.org www.nagc.org
Asperger's Syndrome	Structured instruction with routines clearly explained and consistently followed; e.g., lists, graphic organizers, classroom rules	Guided social-skills training during cooperative assignments	Limit distractions, yet honor other kinesthetic/tactile and visual presentations	Can persevere on own interests, need to be drawn back into lessons with more reflection; www.asperger.org
Attention Deficit/Hyperactivity Disorder	Step-by-step presentations in a structured environment with organization/study skill instruction	Need monitoring and reinforcement for positive behavioral/social interactions	More chances to move about through <i>active learning</i>	May be on medication to control impulses, be aware of possible side effects; www.chadd.org
Auditory Processing Disabilities	Accompany verbal instruction with written models and appropriate technology	Same opportunities as peers	Increase eye contact with students when giving oral directions	May need additional time to respond; www.ncapd.org/php/
Autism	Functional vs. more advanced academics dependent upon cognitive levels	Social stories with hypothetical, yet realistic role-playing of everyday encounters with peers and adults	Tactile stimulation with concrete examples of abstract concepts; usage of more visuals	Link students with peer mentors as role models in inclusive environments; www.autism-society.org

(Continued)

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(Continued)

<i>Accommodations for Students With . . .</i>	<i>Learning Needs</i>	<i>Emotional/Social/Behavioral Needs</i>	<i>Physical/Perceptual/Sensory Needs</i>	<i>Teacher/Student Concerns and Online Resources</i>
Communication Disorders	Clear, explicit directions for academic assignments with more visual aids; e.g., visual dictionaries, videos, computer graphics	Inclusion in all social class groups; be aware of frustrations	Face student when speaking and talk in conversational tone. Ask student to paraphrase understandings	Collaborate with speech pathologists; www.asha.org
Conduct Disorders	Consistent, structured class environment with rules outlined and enforced	Behavioral/social contracts with more student metacognition; proactive approach to deter negative effect on classroom dynamics	Check students' perceptions; e.g., diary, log of thoughts, student-teacher conferences	Communicate with parents of students; behavioral strides with school-home coordination; www.nmha.org www.nimh.nih.gov
Deafness/Hearing Loss	Optimize students' abilities; e.g., more visuals for vocabulary, outlines, copies of teacher's guides and lessons	Opportunities to effectively socialize with peers in class and extracurricular activities	Match technology with individual student needs; e.g., PECS; interactive board for easier note taking	Be aware of individual preferences; e.g., total communication, speaking, lip reading, finger spelling, or signing; www.agbell.org www.shhh.org www.deafchildren.org
Depression	Allow alternative assignment if you think academic performance was negatively influenced by emotions at time of observation, instruction, or evaluation	Have available <i>feel good</i> emotional outlets; e.g., intersperse exercise, art, or music with learning	Encourage more metacognition for students to accurately reflect on perceptions and trigger points; e.g., graph daily moods	Monitor quieter students who reach out in <i>silent ways</i> ; e.g., writings, art, absences, self-care, dress; www.nimh.nih.gov

<i>Accommodations for Students With . . .</i>	<i>Learning Needs</i>	<i>Emotional/Social/Behavioral Needs</i>	<i>Physical/Perceptual/Sensory Needs</i>	<i>Teacher/Student Concerns and Online Resources</i>
Developmental Disorders	Patient, repetitive, concrete learning presentations with concentration on functional academics	Age-appropriate activities, direct social-skill instruction; e.g., social stories	Check with school nurse for possible medical concerns	Introduce learning with high expectations for all students; www.devdelay.org www.thearc.org www.aaid.org/
Dyscalculia	Step-by-step kinesthetic approach with real-life connections	Try to focus on other strengths to bypass math weakness; e.g., draw or write a math story	Do not penalize students for number reversals, allow and teach usage and functions of calculators	Have students record and graph their math strides; www.dyscalculia.org www.ldinfo.com
Dysgraphia	Maximize and utilize technology; e.g., from pencil grips to word prediction programs	Encourage written communication by not penalizing students for illegible thoughts	Ease fine motor strains by allowing alternative responses; e.g., express thoughts in dance or pantomime, give more frequent breaks	Decide if oral communications to a scribe or digital recorder are acceptable accommodations; www.ldinfo.com
Dyslexia	Multisensory, systematic, direct phonetic skill instruction across curriculum areas; e.g., breaking up more difficult multisyllabic vocabulary words, classifying vowel types in literature and texts	Do not embarrass students by asking them to read in front of peers, allow wait time, increase praise for reading progress, use age-appropriate materials	Increase individual student awareness of letter reversals; e.g., self-corrections and highlighters; allow students to use a ruler, blank paper, or thin overlays as line guides in readings; enlarge smaller text	Maximize technology for students to ease frustrations; e.g., books on tape, Recording for the Blind & Dyslexic; www.rfb.org www.interdys.org www.ortonacademy.org

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(Continued)

<i>Accommodations for Students With . . .</i>	<i>Learning Needs</i>	<i>Emotional/Social/Behavioral Needs</i>	<i>Physical/Perceptual/Sensory Needs</i>	<i>Teacher/Student Concerns and Online Resources</i>
Executive Dysfunction	Set up checklists for students to organize, prioritize, and complete assigned learning tasks	Teacher-student conference to assess, motivate, personalize, and encourage goal setting	Step-by-step modeling helps students with sequencing, perceptual overload, and memory issues	Appropriate and realistic accommodations help students to compensate for weaker areas; www.schoolbehavior.com http://www.tourette-syndrome.net/ef_overview.htm
Mental Retardation/Intellectual Disabilities	Concrete, step-by-step learning presentations with modeling and repetition of specific requirements	Circumvent frustrations by rewarding approximations toward learning goals; encourage relationships with peer mentors	Ongoing communication with school nurse and families for pertinent medical history and other physical concerns	Relate learning to individual interests while trying to focus on functional and independent daily living skills; www.thearc.org www.aaid.org/
Obsessive-Compulsive Disorder	Channel student concerns for perfection as well as possible ritualistic behavior into appropriate academic/behavioral tasks; e.g., class sharpener or other productive daily chores	Appropriate preventive classroom interventions/strategies; e.g., behavioral monitoring, <i>quiet</i> signals	Awareness of possible school triggers, physical effects, and emotional stress exhibited as a result of compulsions and obsessions	Understanding and patient environments that accept and do not ridicule students; www.ocfoundation.org www.adaa.org
Oppositional Defiant Disorder	Empower students with acceptable learning direction/choices; e.g., choose 3 of these 5 listed assignments	Like the child, but dislike the behavior; try to establish ongoing, nonjudgmental, and trusting relationship	Be certain students' sensory perceptions are accurate by asking them to paraphrase rules and interactions	Do not engage in power struggles with students, but be firm, consistent, and fair; www.nmha.org www.mentalhealth.com