

THE GENERAL EDUCATION TEACHER'S GUIDEBOOK TO SPECIAL
EDUCATION

HONORS THESIS

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by

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THE GENERAL EDUCATION TEACHER'S GUIDEBOOK TO
SPECIAL EDUCATION

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ABSTRACT

The purpose of this thesis is to inform the general education teacher about how to meet the needs of special education students in the mainstream classroom. The general education teacher will see varying disabilities throughout their teaching career. It is vital to be properly educated on how to accommodate these students. This thesis serves as a guidebook informing teachers of characteristics, tendencies, and strategies to meet the needs of these students while in the mainstream classroom. This thesis centers around four of the most common disabilities: Down syndrome, ADHD, autism, and speech and language disorders. This work covers the eligibility process for special education services, the importance of early intervention, parental involvement, and teaching theories and practices.

SPECIAL EDUCATION AND MY DEGREE

As a future educator I am aware that I will have students with many varying disabilities included in my classroom. This includes cognitive, physical, and emotional disabilities. I feel it is my obligation to learn as much as I can about various types of disabilities to assure myself that I can teach any child who comes my way. I want students with disabilities to walk into my classroom and feel as comfortable and unique as every other student in the classroom. I hope to be able to create a classroom environment of trust and comfort. As an early childhood education major my degree requires only one special education class to graduate. The purpose of this thesis paper is to explore the topic of special education as it relates to primary students, specifically kindergarten through second grade. From this paper I hope to gain knowledge about teaching theories and models that work with children with disabilities so that I can ensure a successful learning experience for them. I want to welcome each student with open arms as my hope is to feel knowledgeable and most importantly, comfortable, inviting each and every type of student into my classroom.

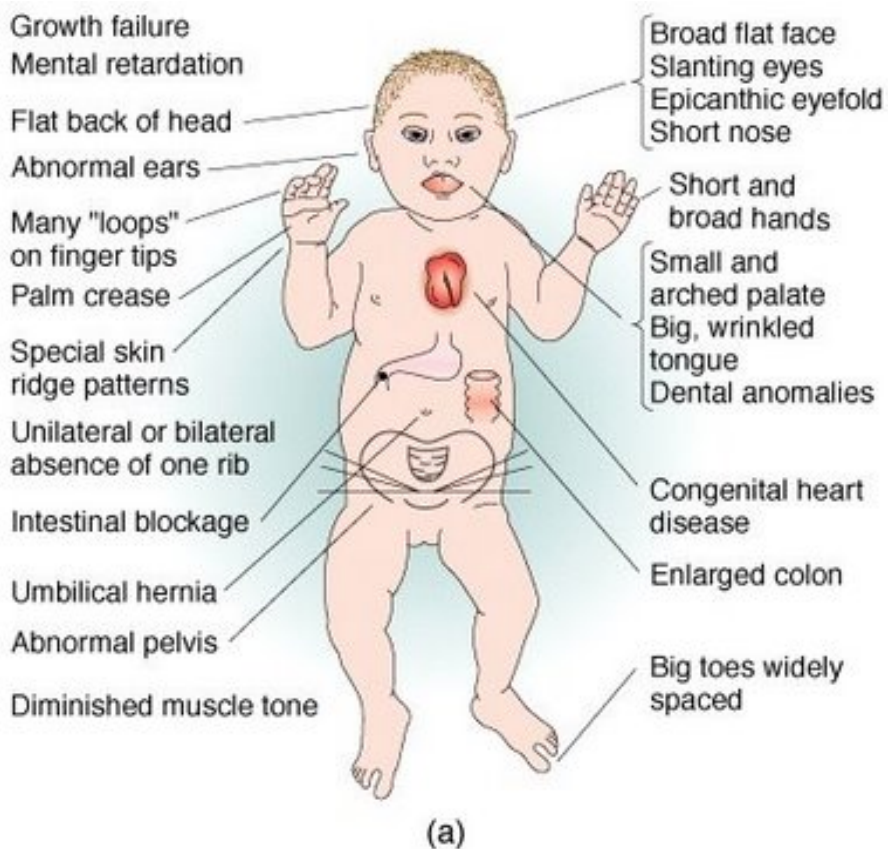
COMMON DISABILITIES

Many primary teachers work with children who have mild to moderate disabilities in their general education classrooms. “Types of disabilities that qualify students for special education assistance include speech and language

impairments, intellectual disabilities, emotional disturbance, hearing impairments, visual impairments, traumatic brain injury, and other health impairments” (U.S. Bureau of Labor and Statistics, 2012). Some of the most common types of disabilities seen in early childhood include Down syndrome, autism, attention deficit disorder, and speech and language impairments.

Down syndrome

Down syndrome is a genetic disorder in which a person has 47 chromosomes instead of the normal 46 chromosomes. “A student with Down syndrome is usually quite recognizable due to characteristics like a smaller overall stature, flat facial profile, thick epicanthal folds in the corners of their eyes, protruding tongues which is due to their smaller oral cavity and muscle hypotonia - low muscle tone” (Watson, 2012). When teaching students with Down syndrome it’s important to be aware of the student’s personal comfort zone as they are often particular of their surroundings. Students with Down syndrome have many intellectual challenges even in the early childhood stages of their education. These students are known to have short attention spans and are easily distracted. “One of the biggest challenges students with Down syndrome experience is speech and language difficulties” (Watson, 2012). The inclusion model tends to be the best approach when helping these students progress in their speech and language abilities.



Smida, Victor. (2011). Down Syndrome-Trisomy 21 or Mongolism

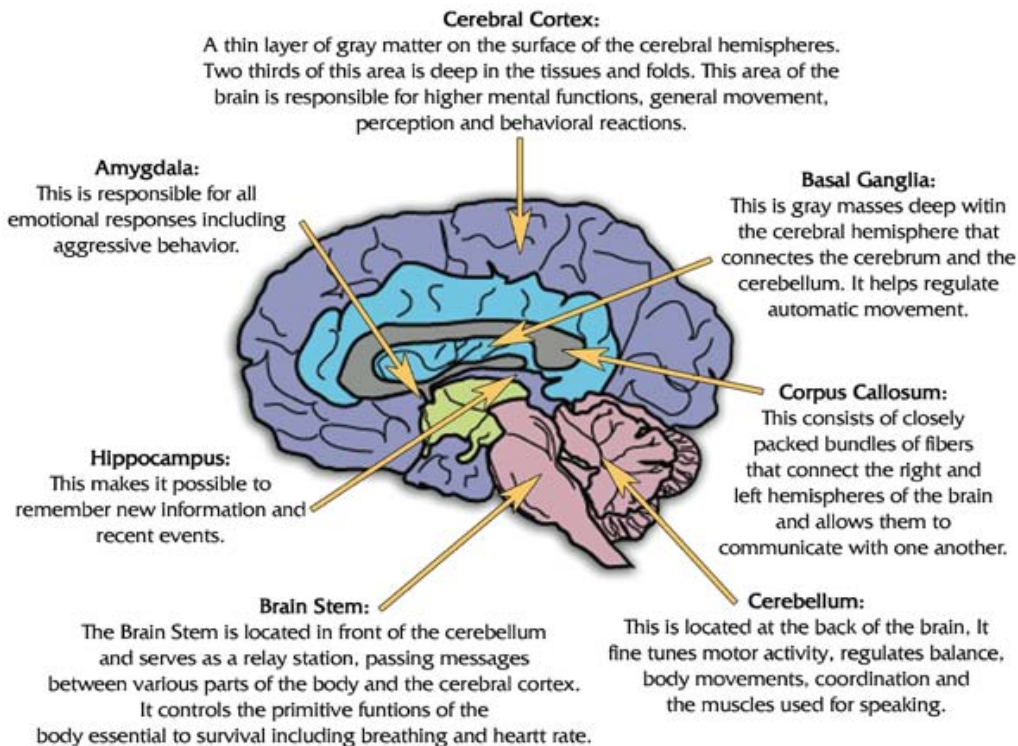
Autism

Autism is a developmental disorder that is typically diagnosed between the ages of 2-3. “Characteristics of autism include limited social interaction, repetitive behaviors and overly focused interests, significant impairment in social, occupational, or other functioning areas” (Smith, Polloway, Patton, Dowdy, 2008 pg. 290). Autism affects the brain’s development of communication and social skills. “Children with autism are often visual thinkers therefore they think in pictures and not in language” (Humphrey, 2011). In addition, a child with autism

will not succeed if the teacher is giving the students lengthy step by step instructions as these children often have difficulty remembering long strands of material and directions. As for all disabilities, the teacher must be aware of things that easily irritate the student. For example, some students with autism do not like to be looked at in the eyes where as other autistic students highly prefer it.

Children with autism often have social issues as they are “typically thought to be socially stiff, socially awkward, emotionally blunted, self-centered, deficient at understanding nonverbal social cues, and inflexible” (Smith, Polloway, Patton, Dowdy, 2008 pg. 298).

Parts of the Brain Affected by Autism

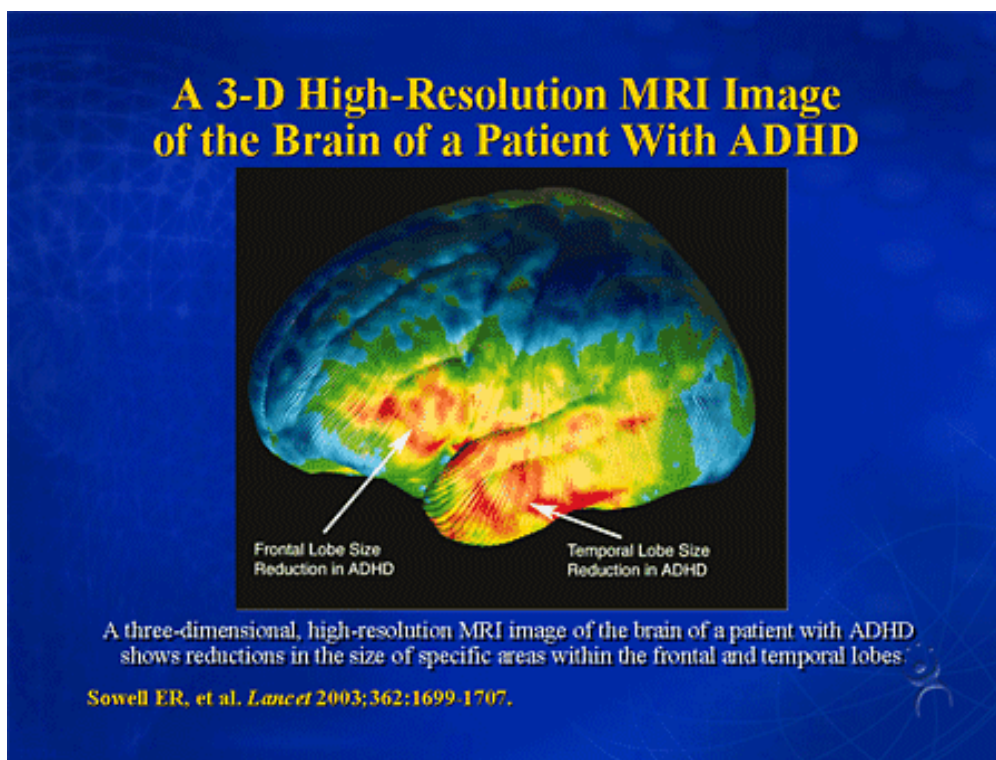


Sanjay, Moniga. (2011) Cell Stem Theory. Autism.

Attention Deficit Disorder

“Attention deficit disorder, often abbreviated ADD, is a disability in which the student can have difficulties in focusing, impulse control and sometimes hyperactivity” (Keller, 2007). Typical characteristics of a child with ADD include fidgeting, being easily distracted, constant talking, difficulty following directions, listening problems, and they often impatient when waiting their turn. “ADD is an

invisible, hidden disability in that no unique physical characteristics and no definitive psychological or physiological tests can differentiate these children from others” (Smith, Polloway, Patton, Dowdy, 2008 pg. 263). In order for a student to be diagnosed with ADD they are observed over a few months time to see if they are consistently displaying these characteristics. Although, only a physician can diagnose a child with ADD. As a teacher it’s important to continually monitor the student and give them encouragement. “Young children need praise as a reward when they have displayed good behavior and it’s the teacher’s responsibility to find ways to encourage and motivate children with ADD as what works for many children may not work for them” (Keller, 2007).



Sowell, ER. (2003). Exploring the Neurocircuitry of the Brain and Its Impact on Treatment Selections in ADHD.

Speech and Language Disorders

There are many types of speech and language disorders among young children. Some of these include stuttering, specific language impairment, phonological disorders, childhood apraxia and even selective mutism. Most speech and language disorders among young children are fairly obvious to diagnose. It's easier to see if a child is constantly stuttering or having problems with articulation when speaking or on the contrary, not speaking at all. The child's speech or language disorder will depend on the type of services they receive. As teachers, it's important to be very patient with these children as they often need more wait time when answering a question and may have different ways of communicating. "When we are able to communicate easily and effectively, it is natural to participate in both the commonplace activities of daily living and the more enjoyable experiences that enrich our lives" (Smith, Polloway, Patton, Dowdy, 2008 pg. 391). For students with speech and language disorders each day is a challenge as basic communication is a daily struggle.

Risk Factor Chart

Risk factor	More likely in beginning stuttering	True for my child
Family history of stuttering	A parent, sibling, or other family member who still stutters	
Age at onset	After age 3 1/2	
Time since onset	Stuttering 6-12 months or longer	
Gender	Male	
Other speech-language concerns	Speech sound errors, trouble being understood, difficulty following directions	

A chart showing the risk factors for a child struggling with stuttering

Fraser, Jane. (2012). The Stuttering Foundation.

THE ELIGIBILITY PROCESS FOR SPECIAL EDUCATION SERVICES AT THE ELEMNTARY LEVEL

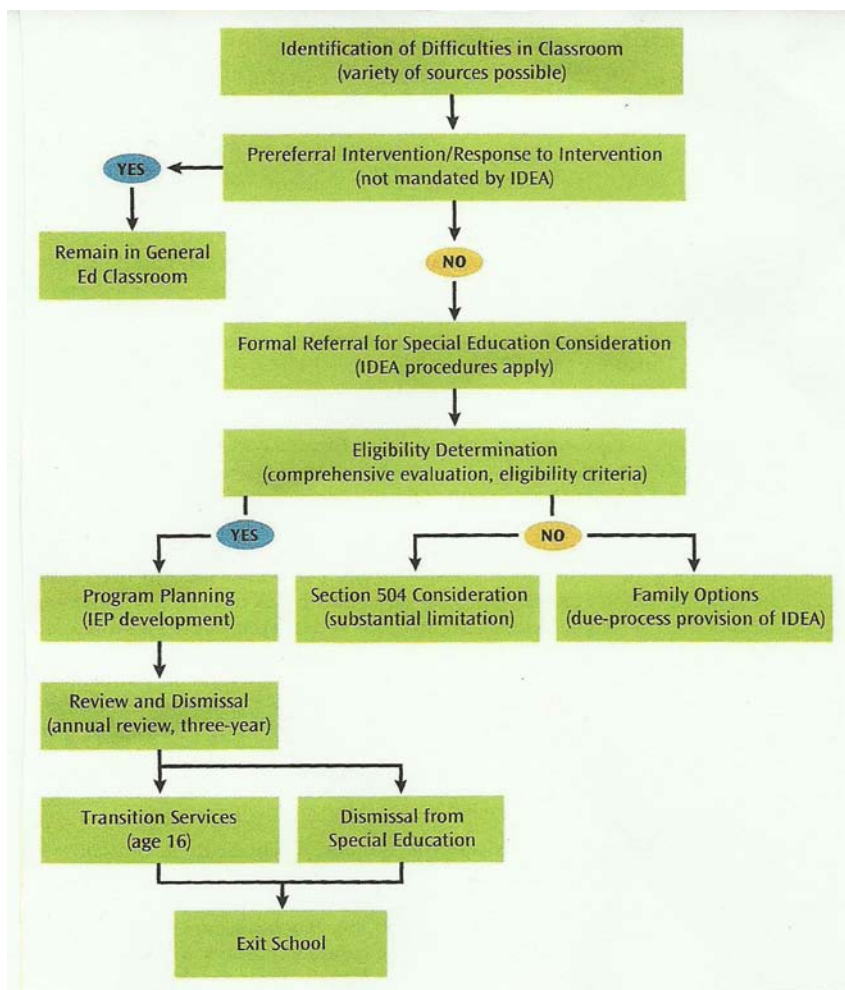
There are multiple steps in the special education process at the elementary level. This process begins with the initial referral for special education services. Parents, teachers, counselors, and other adults who interact with the child can recommend them for special education services. This leads to the pre-referral process. “This is a process that ensures that the child has been given appropriate accommodations and modifications before they are referred for special education assistance” (Stump, 2010). A pre-referral team will meet and review the reasons the child is being referred and agree on interventions to try and help the student

without having to refer them for special education services. The team will agree on a time to meet in the future to see if the interventions were successful or if they should proceed with the special education referral process.

If the committee decides to continue with the special education referral process then the next step is to evaluate and observe the student to see if special education services can be beneficial to their education. A letter is sent to the child's parents informing them of their rights through the process and inviting them to participate in the first meeting of their child's IEP committee. At the meeting the committee decides if a comprehensive evaluation should take place and if they decide that it should then the parents are asked to sign a written consent form for the evaluation. "The school has 60 days to evaluate the student and therefore gather information about if the child is eligible for special education services" (Smith, Polloway, Patton, Dowdy, 2008 pg.11). If the child is eligible for special education classes and services the committee will develop an individualized education program (IEP) for that specific student. An IEP is a plan to help the child succeed throughout the school year (Nemours, 2011). It includes measurable educational and/or behavioral goals for the child, how the goals will be met, who will be responsible and evaluation. The IEP for a student must be reviewed every year to set new goals and evaluate which goals have been met.

Child Find is a federally mandated program that came into law in the year 1980. Child Find is a continuous process of public awareness activities, screening and evaluation designed to identify and refer as early as possible all young

children with disabilities (Child Find, 2010). Child Find supports the importance of early intervention in young children. Early intervention typically refers to students in pre-kindergarten and kindergarten. The goal of early intervention is to help parents become aware of their child's disabilities as early as possible and get them immediate assistance. Research shows that early intervention plays a significant role in a child's cognitive, linguistic, social and emotional development (Child Find, 2010).



Flowchart of services for students with special needs

Smith, Polloway, Patton, Dowdy, 2008. Pg. 71

Down syndrome

Inclusion is a primary way that special education services benefit children with Down syndrome. Students with Down syndrome participate in the mainstream classroom as often as possible especially in periods such as lunch and specials. In addition, children with Down syndrome interact in the general education classroom in subjects such as science and social studies although their curriculum may be modified. This means that these children may have their assignments explained to them in a different way or have different expectations from the general education teacher. In order for students with Down syndrome to be able to successfully participate in the general education classroom, effective inclusion is vital meaning that the student will have a special education teacher or paraprofessional with them at all times. IDEA states that, “Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily” (NICHCY, 2010). Therefore, children with Down syndrome should remain in their general education classroom unless they benefit by being in a special education classroom for a set amount of time a day. Children with Down syndrome often use sign language as a form of communication. Special education services become beneficial as they can meet

with a speech pathologist to help them improve their speech and language impairments. Students with Down syndrome need special education assistance. They think differently than the typically developing child does. For example, children with Down syndrome often need more detailed directions and extra guidance to help them succeed on a daily basis. In addition, these students learn best by seeing. A child with Down syndrome will become a more successful learner if someone shows the child what they are expected to do. These children may be very advanced academically they just need a more detailed form of instruction.

Autism

Children with autism often see the world in a different way and typically do well in a small and inclusive group setting. “Growing evidence shows that placing children with autism with their peers who are nondisabled in general education settings, with appropriate supports, can make a significant difference in their behaviors and in their learning”(Smith, Polloway, Patton, Dowdy, 2008 pg. 295). It’s important for children with autism to interact with other students because their classmates model appropriate classroom behavior. This helps the student with autism understand and develop a sense for socially acceptable interactions. “A variety of services such as speech therapy to increase language skills, and counseling are made available to support the education of children with

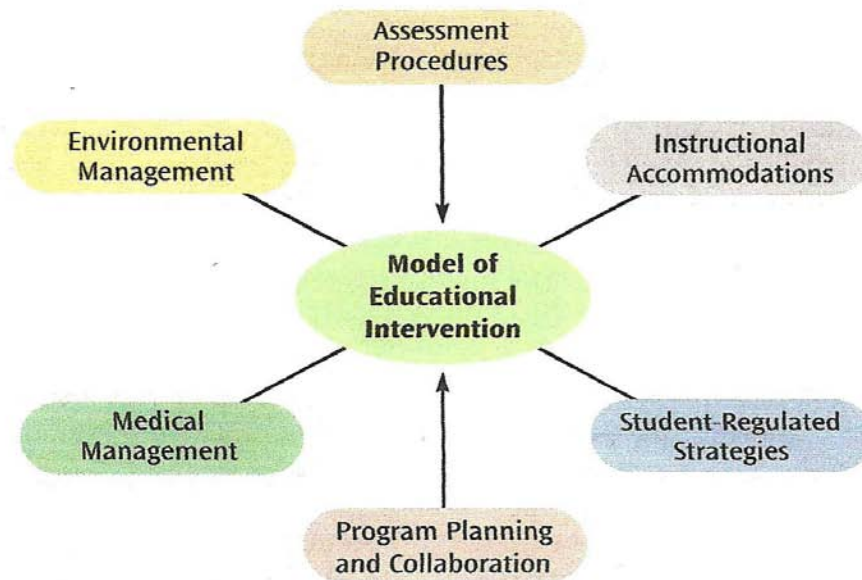
autism, in accordance with the child's needs" (GAO, 2005). "Other services that may be provided to children with autism include special education teachers/aides along with speech, behavioral, occupational, and physical therapists" (GAO, 2005). The effects of autism vary from child to child therefore not every child with autism requires the same services. As children grow their special education services may change. Students with autism may require new assistance as they grow older or may eliminate certain services completely. Counseling in the schools benefits children with autism as they often feel alone and need someone to talk to and trust. In addition, working in organized small groups on social skills is always beneficial to children with autism. These students may also exhibit behavior problems as they become easily frustrated due to feelings of loneliness and anger. Children with autism are included in the mainstream classroom for as much of the day as possible. The severity of the child's autism and his or her IEP will determine how much time they spend in a special education classroom.

Attention Deficit Disorder

"A child with ADD is so busy paying attention to everything going on around him or her that attention is directed away from the important educational stimuli, and school performance is negatively affected" (Smith, Polloway, Patton, Dowdy, 2008 pg. 251). A role of the special education teacher when dealing with a child who has ADD is to collaborate with the general education teacher to develop educational plans that may help the child while in the classroom. "Most

children with ADD spend more than 80% of the day in their general education classroom” (Smith, Polloway, Patton, Dowdy, 2008 pg. 256). Since students with ADD spend so much time in the mainstream classroom, the special education teacher also collaborates with the general education teacher on how to effectively manage the student’s behavior. Children with ADD often have behavior problems because of their high degree of distractibility. Special education teachers and paraprofessionals also work with the child individually to help him or her develop their own behavioral goals and expectations. One of the general education teacher’s primary roles is to manage the classroom environment. “A classroom with even one or two students with ADD can be difficult to control if the teacher is not skilled in classroom” (Smith, Polloway, Patton, Dowdy, 2008 pg. 257). Group management techniques are beneficial to all students in the classroom and a great way to positively reinforce appropriate behavior in students with ADD.

Establishing and maintaining classroom rules is the foundation of classroom management. In addition, it’s important for the general education teacher to be aware of time management. Children with ADD need structure and routine in their daily schedules. This includes setting expectations and rewards as well as consequences if the rules are not followed. “Students with ADD thrive in an organized, structured classroom” (Smith, Polloway, Patton, Dowdy, 2008 pg. 260). Children with ADD often become stressed and overwhelmed when they do not have a structured schedule. These students are more successful when they have a plan for the day and can therefore manage their behavior accordingly.



Model for ADHD Intervention

Smith, Polloway, Patton, Dowdy, 2008. Pg. 264

Speech and Language Disorders

When a child's speech or language disorder is negatively affecting their education then they may qualify for special education services through the school. The pullout method of instruction consists of a speech pathologist pulling the child out of the general education classroom to work with the individual on their speech or language disorder. "Another method consists of a speech pathologist coming into the child's classroom and teaching alternative lessons or sections of a particular lesson, or even co-teaching the same lesson at the same time" (Smith,

Polloway, Patton, Dowdy, 2008 pg. 397). The severity of the child's speech or language disorder determines how much special education assistance they will receive outside the mainstream classroom. Working collaboratively with a general education teacher is a primary way that a speech pathologist can benefit a child with a speech or language disorder. In addition, the general education teacher can modify the classroom for a child with a speech or language disorder. For both speech and language disorders it's crucial to establish and maintain a positive classroom climate. This includes discussing the child's problem with them while providing encouragement and support. Another successful method for improving speech or language disorders is pairing students together for practice. A child struggling with their speech is paired with a child who has no speech difficulties so they can model the correct pronunciation of words. "Students with speech disorders, especially stuttering, need to learn self-confidence and develop a positive attitude" (Smith, Polloway, Patton, Dowdy, 2008 pg. 300). Encouraging students to create positive self-talk is vital in helping a child with speech and language disorders in the mainstream classroom setting. These students may become frustrated and it's important to redirect their frame of mind if they begin to become negative. Other ways to help the student succeed in the classroom include classroom interaction, social interaction, and personal interaction. These help the student practice interaction among their peers, how to begin a conversation, and how to express their feelings.

THE IMPORTANCE OF EARLY INTERVENTION

Early intervention is a program that assists infants and toddlers who have disabilities. The program is also beneficial to parents or guardians of the child with the disability. Early intervention helps parents understand their child's disability and how they can help meet their needs. Research shows that the earlier a child has early intervention, the more opportunities they will have to succeed and progress. "High quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities" (TA&D, 2011). Early intervention for children with special needs is important as it can greatly impact the child's disability in a positive way. For every child the first few years of their life are crucial in their development. "During these early years, they achieve the basic physical, cognitive, language, social and self-help skills that lay the foundation for future progress and these abilities are attained according to predictable developmental patterns" (ndss, 2012). Early intervention services are highly recommended as they are designed to benefit and prepare infants and toddlers with disabilities.

Down syndrome

Children with Down syndrome are delayed in many areas immediately at birth. Early intervention for this type of child can assist in areas such as speech and language therapy, physical therapy, and occupational therapy. Language and speech therapy help children with pre-speech and pre-language skills. "These

include the ability to imitate and echo sounds; turn taking skills (learned through games like “peek-a-boo”); visual skills (looking at the speaker and objects); auditory skills (listening to music and speech for lengthening periods of time, or listening to speech sounds); tactile skills (learning about touch, exploring objects in the mouth); oral motor skills (using the tongue, moving the lips); and cognitive skills (understanding object permanence, and cause and effect relationships)” (ndss, 2012). Physical and occupational therapy primarily focuses on motor development. Many babies with Down syndrome have low muscle tone and are often behind with gross and fine motor development. There is no cure for Down syndrome which makes early intervention services for infants and toddlers crucial. Early intervention helps the child become aware of their condition and teaches them how to manage their disability.

Autism

Research strongly supports the importance of early intervention practice for students with autism. “The results of a retrospective study corroborated the belief that children with autism have significantly better outcomes when an intervention begins before age 5” (Smith, Palloway, Patton, Dawdy, 2008 pg. 296). Common forms of assistance for children with autism include physical therapy, social, behavioral and speech-based therapies. It’s important that these children participate in early intervention as soon as possible because the younger they are the easier it is to reverse negative behavioral patterns. Children with autism often

adapt behaviors that may not be good for them and if that behavior is identified when the child is younger then it is easier to eradicate. Children with autism see the world in their own unique way starting from a very young age. Social and behavioral specialists' help these children develop in ways beneficial to their future so that when they enter school they will be more comfortable with their peers.

Attention Deficit Disorder

Although diagnosing a child with ADD is relatively difficult at a young age, there are characteristics the child may display that could be early signs of ADD. These children typically have poor social skills, are disruptive and overly loud when interacting with their peers. They are often verbally and physically aggressive which makes them stand out from other children especially when used in collaboration with the child's teacher. "Classroom-based behavioral interventions, including the use of positive reinforcement response cost, and daily rewards have also shown promise" (Smith, Palloway, Patton, Dowdy, pg. 113). Parent behavior training is also a relatively successful way to intervene.

Speech and Language Disorders

Early intervention is greatly important for children with speech and language disorders. "Preventive early intervention shortens the time of therapy

massively and immensely increases the chances for success” (Smith, Polloway, Patton, Dowdy, pg. 51). The sooner a child begins speech and language therapy the easier it will be to correct their disability. Speech and language disorders can be improved and even cured. If a child does not seek services from a young age then their disability will become more concrete. The goal of early intervention for children with speech and language disabilities is to diagnose and treat the child’s disability as well as helping them develop the correct way of using language.

PARENTAL INVOLVEMENT

“When schools and families work together, a partnership of support for children develops. Education becomes a shared venture, characterized by mutual respect and trust in which the importance and influence of each partner is recognized. Although children, families, teachers, and schools benefit individually, their partnership enhances the entire process of education” (— Rebecca Crawford Burns “Parent Involvement: Promises, Problems, and Solutions” in *Parents and Schools: From Visitors to Partners*). Parental involvement in any child’s schooling is important as it benefits the child in many ways. Parental involvement for children with disabilities is vital as it not only benefits the child academically but also socially. Parents who are involved in their child’s school life are more likely to set high expectations for their child. This typically causes the child to become successful. Children with disabilities need constant help with applying what they’ve learned at school into their daily home

life. If a child with Down syndrome is learning basic life skills at school, then it's vital that these skills are carried out at home as well. If the skills are not applied at home then these skills will not become concrete. Likewise, if a child with a speech or language disorder is learning how to communicate and pronounce words correctly, then the parents must be involved in the child's school life to know what they've been learning and how to help encourage the same practices at home. Without parent participation and approval children cannot be given special education services. In addition, it's required that the school involves the child's parents in every step of their child's development process as well as their individualized education plan. Many teachers believe that parental involvement is a prime factor in the success of a child and their disability. If children are not getting adequate support at home then what they learn at school may not be enough to really impact the child in a positive way.

Home-based Interventions

Home-based interventions are a common way for parents to get involved in the education of a child with a disability. "Parents and other family members at home can get involved in the student's educational program by providing reinforcement and instructional support, as well as by facilitating homework efforts" (Smith, Polloway, Patton, Dowdy, pg. 61). On the contrary, some parents are unsure of how to help accommodate their child's needs. It is the responsibility

of the school to make sure that parents are aware and prepared for how to meet the child's needs at home in the same way they are met at school.

Providing Reinforcement and Encouragement

“Because eligibility for services under IDEA requires that students need special education, most students with disabilities experience some degree of failure and frustration because of their academic difficulties” (Smith, Polloway, Patton, Dowdy, pg. 62). Positive reinforcement and encouragement is a great way for parents to help their child overcome this obstacle. Parents have the ability to provide more positive reinforcement than the school environment can as parents are with their children for a longer period of time. Some forms of positive reinforcement include a sleep over, extra time playing with friends, and other desired rewards that the child will look forward to. “School personnel need to let parents understand that reinforcement for positive behaviors is crucial to a child's self-esteem and growth” (Smith, Palloway, Patton, Dowdy, pg. 62). As students with disabilities often struggle with insecurities it's vital that parents make the home life a positive and safe environment that provides encouragement and support.

Providing Instructional Support

Because students spend more time at home rather than at school, family involvement is crucial. The school is required to involve the parents in every aspect of the child's progress and growth to make sure they are receiving adequate reinforcement of strategies learned. Often, many kids are not receptive to parental reinforcement at home. Therefore, researchers have discovered ways to demonstrate to parents what it's like to be a good support figure at home. "Advocates for expanding the role of parents in educating their children adhere to the following assumptions: Parents are the first and most important teachers of their children, the home is the child's first schoolhouse, children will learn more during the early years than at any other time in life, all parents want to be good parents and care about their child's development" (Smith, Polloway, Patton, Dowdy, pg. 62). As always, it's important for parents to use these assumptions in a positive way to help their child succeed. Parental involvement plays a huge role in the success of their child; therefore it's vital that the school maintains a healthy relationship with the parents.

TEACHING THEORIES AND PRACTICES

Information-Processing Theory

The information-processing theory is a popular approach of many cognitive psychologists in the United States. "Information-processing approaches are based on the premise that to understand how students do or do not learn, it is necessary

to understand the overall system of how the individual processes information” (Mercer, Pullen, pg. 156). The goal of this theory is to understand the child’s information-processing system above anything else. As this model focuses on memory, various types of memory are analyzed such as working memory, sensory memory, short-term memory, and long-term memory.

Sensory Memory

“Sensory memory refers to the portion of memory that receives information from the environment” (Mercer, Pullen, pg. 156). Sensory memory is the shortest type of memory as it deals with the five senses of hearing, smell, sight, taste, and touch. Sensory memory is so short term that an example is looking at an object for a few seconds and then remembering what that object is.

Short-Term Memory

Short-term memory comes after the information received in the sensory memory. “At this stage, the learner draws on prior knowledge in long-term memory to evaluate the stimulus-that is, the information-and the context of the stimulus” (Mercer, Pullen, pg. 157). Short-term memory is said to have a limited capacity of about six pieces of information and which usually lasts from 5-30 seconds. During the working-memory stage the primary goal is to remember the

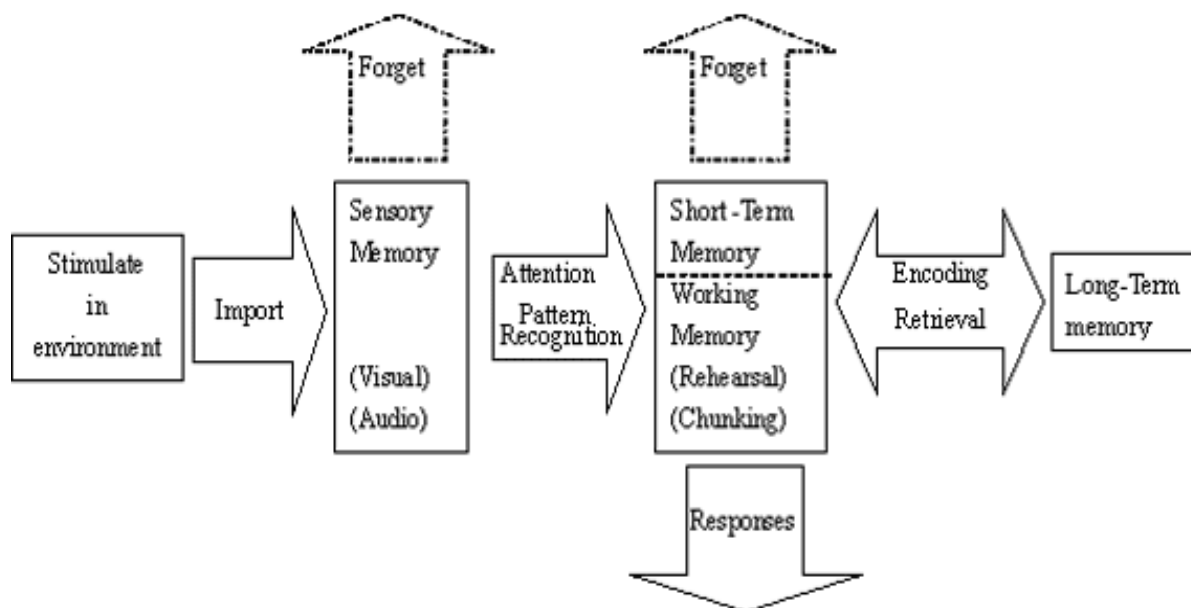
information for immediate use. Working-memory is not used for storing memories such as your personal phone number or your friend's names.

Long-Term Memory

Long-term memory does not have a limited capacity. "Long-term memory contains all of the information that an individual has learned; it can be thought of as "acquired knowledge" (Mercer, Pullen, pg. 157). Long-term memory is often divided into declarative memory (knowing what) and procedural memory (knowing how). Declarative memory is often used for information such as studying for a test or answering problems such as the steps in a math equation. This type of memory is also responsible for remembering events and what happened at those times. Procedural memory is the memory of skills and the recognition of remembering how to do things such as playing a musical instrument or swimming. "Frequently, procedural knowledge is difficult to discuss because it includes fluent operations such as those involved in decoding a word, kicking a soccer ball, tying a shoe, or making an outline" (Mercer, Pullen, pg. 158). This type of memory becomes automatic and once this happens it is considered to be declarative and procedural knowledge.

Information-Processing Theory and Learning Disabilities

When studying the memory process of children with disabilities the short-term memory task is often studied. “The findings of these researchers have resulted in several conclusions: students with learning disabilities have more difficulty with these tasks than do their peers without learning disabilities; the memory problems of individuals with learning disabilities are attributed to the limited use of cognitive strategies (organization and rehearsal) that others routinely use, and when these cognitive strategies are taught to individuals with learning disabilities, their performances are similar to those of others” (Mercer, Pullen, pg. 159). Studies have also shown that information processing approaches do not in any way represent the intellectual disabilities of students with disabilities.



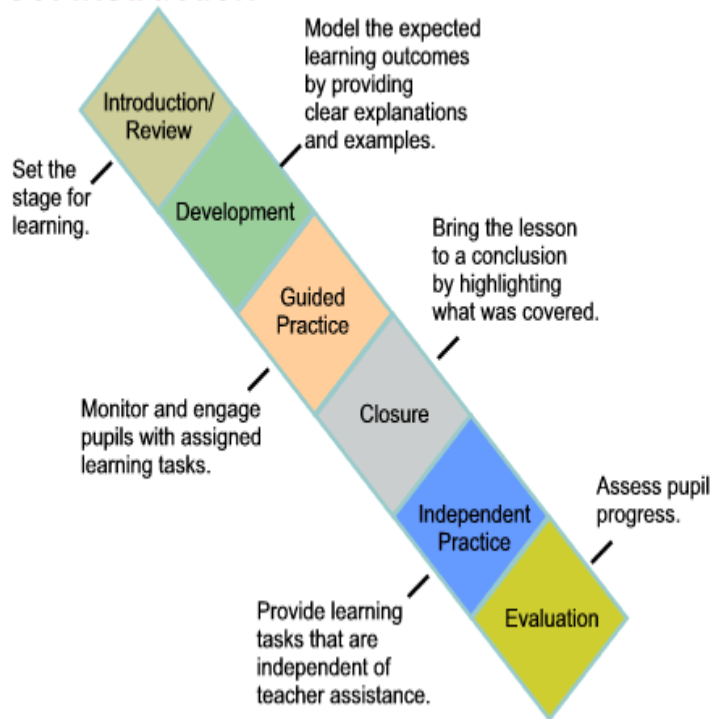
A visual of the information-processing theory

Orey, M. (2001). Information Processing. In M. Orey (Ed.), *Emerging perspectives on learning, teaching, and technology*.

Direct Instruction

Direct Instruction is teacher directed and focuses mainly on skills. It is made up of small groups and has a face-to-face learning style. This type of instruction is ideal when working with students with disabilities as it provides more one-on-one attention which encourages understanding and comprehension skills. The University of Oregon conceptualization of Direct Instruction says, “The key principle in Direct Instruction is deceptively simple: For all students to learn, both the curriculum materials and teacher presentation of these materials must be clear and unambiguous” (Mercer, Pullen, pg. 163). Direct Instruction is a step-by-step strategy to accomplish mastery of material. In addition, Direct Instruction is aimed at breaking away from the teacher directed approach and targeted towards more independent based work. Students with disabilities benefit from this type of instruction because these students learn better in organized chunks. Rather than teaching a whole lesson at one time, learning step-by-step instructions is more ideal.

Direct Instruction



An illustration demonstrating the stages of the direct instruction teaching model

Rosenshine, B. & Meister, C. (1992). The use of scaffolds for teaching higher-level cognitive strategies. *Educational Leadership*.

Universal Design of Learning

Universal Design has proven to enhance students learning, especially those with disabilities. “This practice incorporates ongoing assessment to determine the most effective, scientifically based intervention designed to keep students successfully learning in the general education classroom” (Smith, Polloway, Patton, Dowdy, pg. 69). Universal Design is known to give multiple means of representation, multiple means of expression, and multiple means of engagement. This type of method is popular with students with disabilities as it targets the

“what” of learning, the “how” of learning, and the “why” of learning. The main goal for the Universal Design method is to provide information in more than one way, differentiate instruction when needed, and engage students to the material. This method is aimed to target different parts of the brain which is ideal for students with disabilities as one part of their brain may be stronger than others.

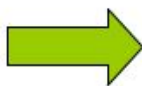
**Unique attributes of
technology:**

***Multiple Means of
Representation***



To give learners various ways of acquiring information and knowledge.

***Multiple Means of
Expression***



To provide learners alternatives for demonstrating what they know, and rehearsing.

***Multiple Means of
Engagement***



To tap into learners' interests, offer appropriate challenges, and increase motivation.

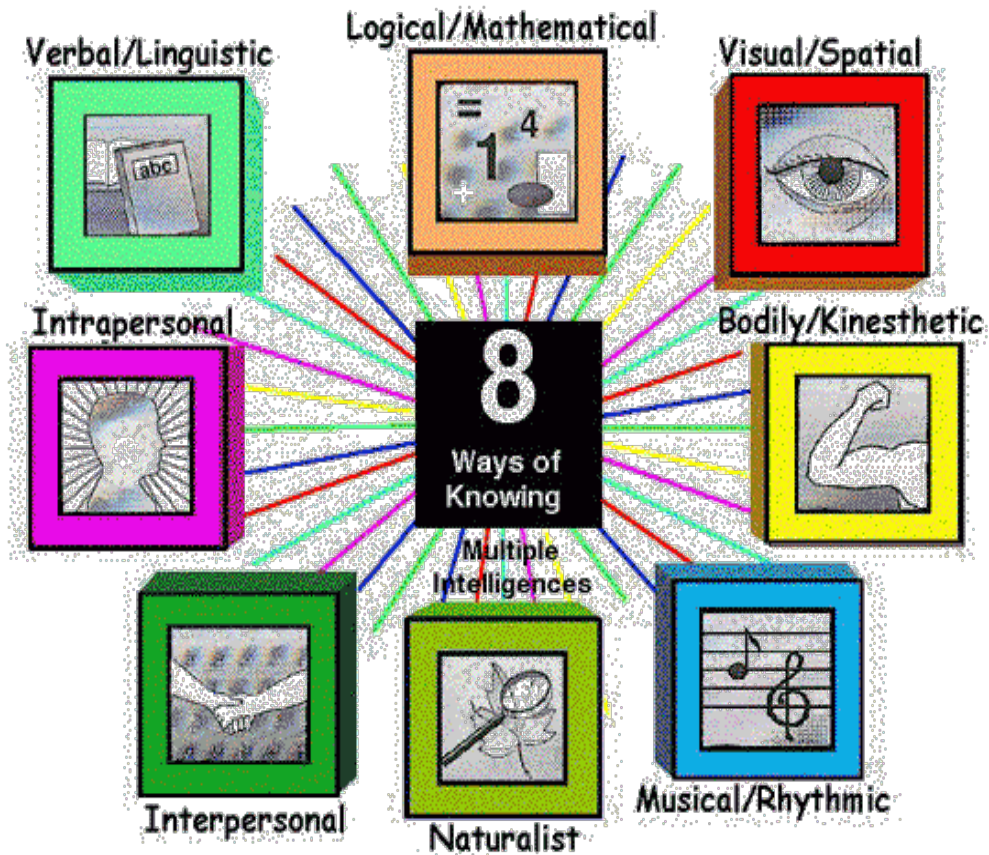
You can reach all students.

Based on research by Center for Applied Special Technology (CAST)

Jennifer Edge-Savage, Cambium Learning, Universal Design for Learning, 3 Jan. 2012.

Differentiated Instruction

This type of instruction is ideal for students with disabilities. Differentiated instruction means using various ways to teach children because not all children learn in the same way. It is based on learning styles and preferences, readiness, and interests. Many times instruction is grouped into three categories: the lower-level learner, the average-level learner, and the high-level learner. This approach gives students multiple ways to learn and comprehend the material. For example, if students are learning about dinosaurs the teacher may give different options to explore this topic such as writing a paper about dinosaurs, acting out a play, or drawing a picture. This allows the students to choose which learning style works best for them and will benefit them the most. This approach focuses on the child's interest and when a child is fully engaged they are more eager to learn and succeed. Students with learning disabilities often struggle with the ordinary mainstream approach of teaching as their interest in things is typically much smaller than an average student. Giving children a choice on how to explore a topic is an ideal approach to learning.



Howard Gardner's theory of multiple intelligences suggests that not all children learn the same way and that each child has their own individual strong points. Teachers should plan instruction based on this model as they should try and incorporate each style of learning into their lessons.

Halsted, Judith Wynn. "Guiding the Gifted Reader." *ERIC Clearinghouse on Disabilities and Gifted Education (ERIC EC)*. Web. 26 Oct. 2009.

My Story

In January, 2012 I began my student teaching and was placed in the kindergarten inclusion classroom. I learned that in my classroom there were three autistic children, a child with severe ADHD, a child with anger management problems, a child with a severe speech disorder, and one with sensory issues. I had already begun writing my thesis and thought that I was adequately prepared for the disabilities I was about to witness. I quickly found out that like all aspects of education, the educator always learns best through experience.

One child with autism in my classroom was so severe that he had a special education paraprofessional with him at all times throughout the entire day. He was only in the mainstream classroom for about an hour each day and attended recess, specials, and lunch with the class. With students with autism I found that getting to know the child on a personal level is vital. No two children with autism are the same and what works for one child may not work for the other. I found that some things that bother one child don't even faze the other. I learned very quickly that one thing most autistic children have in common is their need for structure and repetition. If there is a slight change in the day's plans or if something new, even if it's a reward or something exciting, happens the child may have a meltdown. In kindergarten for the 100th day of school we like to have a huge celebration. In the morning of the 100th day instead of the regular phonics lesson we were going to the cafeteria for a fun celebration in which the children could wander around and make fun things pertaining to the 100th day. On the way down to the cafeteria one

autistic child was bawling. When I asked him what was wrong he replied, “This isn’t the same, everything is different.” Although I had read about this type of reaction it came as a total shock to actually experience it. I took his hand and walked down to the cafeteria with him and was slowly able to get him involved in the all the fun. He became comfortable and eventually went off on his own. With children with autism the initial shock of something different is sometimes the worst part. I feel one of the worst things I could have done would have been to accept the child’s meltdown and take him back to the classroom. This shows the child that at the slightest feeling of discomfort they can cry and therefore won’t have to participate. If the educator continually encourages the child to try new things then the student is likely to one day engage in this type of interaction on their own.

Another common trait of students with autism is their lack of interest in socializing with their peers. All three children with autism in my class would prefer to play by themselves at all times if possible. Many times a special education aide will encourage them to play with other students. For some children this is a breaking point. One day the special education paraprofessional would not let up on making the child play with someone in the class and the student with autism threw a fit. He was crying and saying, “I can’t wait for you to go inside so I can play by myself again.” The paraprofessional did not go inside and still encouraged him to play with others. Students with autism need this type of

pressure as if their lack of socialization skills are left unnoticed they will only become more concrete in the future making it harder to fix.

Students diagnosed with ADHD can at times be the most challenging in the classroom. The child in my class was constantly disruptive throughout the entire day. In addition, she was unable to sit still and demanded a lot of attention. I became close to her and got to know her personality well. I learned what type of discipline worked for her and how to accommodate her needs. In addition to ADHD she was making faces at other children and would get extremely close to their face. Her mood could change in a matter of seconds from being extremely happy to extremely angry. Some special education aides have suggested she may be emotionally disturbed but it's unlikely to diagnose a child with this at such a young age. As a teacher it's always important to find what works with each individual student to improve their behavior and motivate them to do well. This student's mother would give us small toys such as a bouncy ball to give her if she had a great day. This incentive worked pretty well as she was always trying to be on her best behavior to earn a reward. In addition, this made her feel good about herself and boosted her self-confidence to know that she had a great day.

The student with anger management problems has made tremendous progress since the beginning of the year. I was told that the first few months of school he was throwing chairs at the teacher and yelling out inappropriate things. I first witnessed his anger issues when he refused to participate in a lesson for no particular reason. This rush of rage took over his body and his face turned bright

red. He raised his voice and then got tears in his eyes. It can be scary to see how quick a child with anger management problems can react. It's important that the teacher establishes a close relationship with these students as the teacher must be aware of what sets the child off. In this student's case it was something so small and simple. Depending on the severity of the child the teacher should always have appropriate precautions to protect the other children in the class in case the child has a severe incident.

Having a speech or language disorder can be frustrating. The child in my class was so severe that I often had trouble understanding what he was saying. His classmates were constantly asking him to repeat what he was saying which left him very frustrated. I noticed that he became easily discouraged and liked to act out. Children with speech and language disabilities will often stir up trouble to take the attention away from their disability. With this student I learned to watch the way his mouth worked to decode what he was saying. The speech pathologist would pull him out of class everyday for about thirty minutes to work on his speech. Early intervention with these students is crucial as the sooner they begin speech therapy the less concrete their disability will become.

The child in my class with sensory issues was constantly swinging things, tossing things, moving his hands, or swaying back and forth. He was not a disruptive child who meant to cause trouble but his issues soon became a classroom issue. He began to have slight panic attacks when sitting at a table next to too many people. He was then moved to his own separate desk by himself. This

worked great and also helped the other children in the classroom concentrate. If we were walking in the hallway to lunch he would constantly be swinging his lunchbox in the air or accidentally hitting another student with it. When lining up at the door he would become so fidgety that would knock the entire line of students over like a line of dominos. We began to analyze the situation and realized that he only had this issue when he was around other boys as they encouraged his behavior. We then made a class rule that from then on the line must always be in a boy/girl order. This worked great and we no longer had problems in line. When sitting on the carpet we gave him a squishy ball for him to squeeze. This helped him concentrate and keep his hands to himself. His parents told us that he is seeking treatment outside of the school to help with his sensory issues. For a child with sensory issues it's important for the teacher to recognize what encourages the behavior and continue to try possible solutions to alleviate the problem.

Final Words

The general education teacher will see varying disabilities throughout their teaching career. It's important to become knowledgeable on how to help these students succeed in the classroom. No two children learn in exactly the same way and each child should be treated as an individual. Get to know your students and learn the best possible ways to accommodate their disability.

In the movie, *The Sound of Music*, there is a great instructional analogy in the scene when Maria Von Trapp (Julie Andrews) takes the seven children on a bike ride (Wormeli, 2003).

As they ride, some of the children follow the teacher, some ride alongside the teacher, and some move ahead. One is carried piggyback style on Maria's back because she cannot ride at all. Despite everyone's different rate and competency with bike riding, the group is moving as a whole; everyone is on the trip, advanced and struggling bike riders, and no one is left behind. (Wormeli, 2003, p.1)

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