Understanding Medical and Disability Information

Strategies that make a difference

Understanding medical and disability implications is essential for getting to know students, planning effective instruction and providing the right level of classroom support.

The critical information is not necessarily what the medical conditions or disabilities are, but rather how they impact a student's learning, social/emotional behaviour and the classroom environment.

To find strategies that teachers can use as a starting point to inform their classroom practice, and better support students with specific medical conditions and disabilities, select from the list below. This information is organized around:
- planning and awareness
- instruction
- social and emotional well-being.

Attention Deficit/Hyperactivity Disorder (AD/HD)
Allergies
Anxiety Disorders
Asperger Syndrome
Asthma
Autism Spectrum Disorders
Blindness
Cerebral Palsy
Conduct Disorder
Cystic Fibrosis
Depression
Developmental Coordination Disorder
Diabetes (Type 1)
Down Syndrome
Expressive Language Disorder
Fetal Alcohol Spectrum Disorder
Fragile X Syndrome
Global Developmental Delay
Hearing Loss

Learning Disabilities
Marfan Syndrome
Mild Cognitive Disability
Mitochondrial Disorders
Moderate Cognitive Disability
Obsessive Compulsive Disorder
Oppositional Defiant Disorder
Prader Willi Syndrome
Reactive Attachment Disorder
Receptive Language Disorder
Seizure Disorders
Selective Mutism
Severe Cognitive Disability
Spina Bifida
Spinal Muscular Atrophy
Stuttering
Tourette Syndrome
Visual Impairment
Williams Syndrome

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Attention Deficit/Hyperactivity Disorder (AD/HD)

Strategies that make a difference

Attention deficit/hyperactivity disorder (AD/HD) is a neurobiological condition that can cause inattention, hyperactivity and/or impulsivity, and other learning difficulties. Research suggests that AD/HD is most likely caused by abnormalities in certain neurotransmitters or messengers in the brain, making the brain inefficient or sluggish in the areas that control impulses, screen sensory input and focus attention.

There are three types of AD/HD: predominantly hyperactive-impulsive type, predominantly inattentive type, and combined type. Signs of hyperactivity may include restlessness, squirming and fidgeting, and excessive talking. Signs of impulsivity may include acting without planning or thinking first, difficulty following rules and steps, interrupting others, and difficulty managing frustration, emotions and transitions. Signs of inattention may include losing or forgetting things, frequently "tuning out," difficulty following instructions, missing important details, difficulty staying on-task and completing assignments, poor organizational skills, difficulty with short-term memory and recall, distractibility and problems with focusing and maintaining attention. Students with predominantly inattentive type AD/HD may not be diagnosed until upper elementary and junior high school when the demands for organization and independence increase. Combined type AD/HD is diagnosed when six or more signs of hyper-impulsive type and inattentive type are present.

No one direct cause of AD/HD has been identified. Attention deficit/hyperactivity disorder tends to run in families, and does occur in both boys and girls but boys are much more likely to be diagnosed.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to AD/HD. This could include finding out about:
- the student's strengths, interests and areas of need
- the student's specific symptoms
- successful strategies used at home or in the community that could be used at school.

☐ If the student is taking medications during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Be aware that some students may be uncomfortable discussing or taking medications in front of peers. Collaborate with the student and family to determine how best to support the student.

> Your awareness needs to begin with conversations with the student's parents.

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☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on AD/HD with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how AD/HD may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Implications for Instruction

☐ Give clear, brief directions. Give written or visual directions as well as oral ones.

☐ Teach active listening strategies. Encourage students to delay their responses, since this is frequently an effective way to help them process more deeply what has been said.

☐ Remind students to "stop, think and listen" before responding, acting or making a choice.

☐ Break tasks and assignments into short, easy-to-manage steps. Provide each step separately and give feedback along the way.

☐ Help the student make a plan for a task by identifying the goal, breaking the task into steps, and identifying where to start and end. Encourage the student to use self-talk to work through more challenging tasks (e.g., "First I have to ___, and then I have to___.").

☐ Provide checklists, graphic organizers, visual referents and examples to help the student plan ahead and to stay on-task.

☐ Design learning activities that require a high response rate. For example, provide students with individual white boards, chalkboards, response cards or electronic tools so they can respond while working in large groups.

☐ Teach strategies for self-monitoring, such as making daily lists and personal checklists for areas of difficulty.

☐ Use instructional strategies that include memory prompts, such as mnemonics and visual prompts.

☐ Teach specific problem-solving strategies, and use visual supports to help the student remember what the steps are.

☐ Teach strategies for what to do while waiting for help (e.g., underline, highlight or rephrase directions; jot down key words or questions on sticky notes).

☐ Provide extra time for tasks or reduce the amount of work required.

☐ Provide direct instruction and practice in letter formation and page organization. If handwriting continues to be difficult as the student gets older, reduce expectations for copying, provide extra time for written work and explore the use of a word processor.

☐ Design math tasks and materials that consider spatial organization and fine motor difficulties. For example, reduce the amount of information on a page; provide a "window box" template to view one question at a time; provide graph paper to align numbers correctly.

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- ☐ Provide opportunities for repetition and actively engage students in using memory cues to remember basic math facts. If the student continues to struggle with recall of math facts, provide reference sheets so that the student has an opportunity to apply and extend knowledge without being held back by memory issues.
- ☐ Explicitly model and teach prereading strategies that activate prior knowledge, build vocabulary and set a purpose for reading (e.g., K-W-L charts).
- ☐ Teach strategies for monitoring comprehension during reading. Physical supports, such as sticky notes or storyboard templates, may be helpful.
- ☐ Reduce distractions. For example, seat the student near your desk or in an area away from distractions, such as doors; provide a study carrel that all students can access; allow the student to listen to music using a headset to screen out noise.
- ☐ Help the student to organize belongings and work (e.g., label school supplies, colour code subject notebooks).

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels, different schools and out of school.
- ☐ Remind yourself and the student that AD/HD is a biologically based disorder. Reframe how you view the student. For example, consider that, rather than being lazy the student avoids work because he or she finds it too difficult.
- ☐ Support the development of self-advocacy skills by involving the student in selecting and monitoring supports and strategies that will work best for him or her.
- ☐ Consider having a "key person" the student can check in with on a weekly (or daily) basis to assist with goal setting, planning and self-monitoring.
- ☐ Explicitly teach social skills, such as how to read body language and expressions. Use direct instruction along with modelling, storytelling and role-play.
- ☐ Provide supports and set up the environment for success in social situations, such as:
  - – using a buddy system for recess, lunch and other unstructured social times
  - – providing organized activities for the student to take part in at recess or lunchtime.
- ☐ Provide clear expectations, consistency, structure and routine for the entire class.
- ☐ Use low-key cues, such as touching the student's desk, to signal the student to think about what he or she is doing without drawing the attention of classmates.
- ☐ Provide support in transitioning from one activity or place to another. Cues, routines and purposeful activity during transitions may be helpful.
- ☐ If the student becomes over stimulated when exiting for a break, delay his or her exit for a minute or two until other students have left.
- ☐ Monitor for signs of anxiety or depression, such as visible tension, withdrawal, changes in grooming habits, missing or coming late to class, or incomplete assignments.
- ☐ Use low-key rewards and positive reinforcement rather than punishments.
- ☐ Give positive or negative consequences consistently and promptly to establish a strong connection between the behaviour and consequence.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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☐ Allow the student to stand near the front of a line, and then gradually place the student further back as his or her ability to wait improves.

☐ Provide opportunities for movement. Allow the student to move or stand up while working; provide the student with a fidget toy such as a necklace or squeeze ball to use quietly, as needed; provide stretch or movement breaks as part of the classroom routine; and create opportunities for the student to do errands in the classroom.

☐ Ensure the student goes out at recess, takes breaks or participates in physical activities to use up excess energy and restlessness.

☐ Use monitoring strategies to minimize opportunities for off-task or disruptive behaviour (e.g., move around the class during instructional sessions and quiet work periods; talk to students to build rapport; provide immediate, specific feedback on positive behaviours).

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
(e.g., Regional Educational Consulting Services,
Student Health Partnership, Alberta Children's Hospital,
Glenrose Hospital)?
If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
for this student?
If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
If yes, what outcomes would be anticipated?

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Allergies

Strategies that make a difference

Allergies are the body's overreaction to substances that, in non-allergic people, are harmless. These substances called allergens can enter the body through the skin, eyes, nose, mouth or digestive system. Common allergens include dust, moulds, pollen, insect bites, animals (including dander, hair, fur, feathers and saliva), chemical vapours from paint, carpet or perfume, foods and smoke. Allergy symptoms may be mild, moderate or severe. Even mild symptoms, if chronic, can cause students to be absent from or have difficulty in school. However, allergies can be controlled and symptoms can be managed.

Anaphylaxis is a severe allergic reaction that causes rapid, life-threatening effects throughout the body and typically requires immediate medical attention. It is important to know your jurisdiction's protocol in relation to this serious medical condition.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to allergies. This could include finding out about:
  – the student's strengths, interests and areas of need
  – the student's specific symptoms
  – common triggers that need to be considered at school
  – successful strategies used at home or in the community that also could be used at school.

☐ In collaboration with parents and health care professionals, develop a written management plan that aligns with related jurisdictional policies and protocols and could include specific information, such as:
  – the role of school staff
  – when and what emergency measures should be taken.

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Work with the parents to carry out a risk assessment before field trips to determine potential hazards and to plan for the student's safe and successful participation.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information about allergies with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

Your awareness needs to begin with conversations with the student's parents.

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- Learn as much as you can about how allergies may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.
- Develop a system for sharing information with relevant staff members about the student's allergies and successful strategies.

Implications for Instruction

- Identify and take steps to reduce common allergy triggers in the school environment.
- Be aware that students with severe allergies may have numerous absences due to medical appointments or treatments, or fatigue.
- Develop a communication strategy between the home and school to stay informed about absences, and to keep the student and family connected to classroom learning.
- Recognize that a student, who has been ill with allergies or has recently had an allergic episode, may need some time to work up to speed again. Adjust the workload, if needed, and provide appropriate academic and social supports.

Implications for Social and Emotional Well-being

- Engage the student and parents in planning for transitions between grade levels and different schools.
- Support the development of self-advocacy skills, such as teaching the students to ask for what they need. When possible, involve students in monitoring the success of supports and strategies used in the classroom.
- Consider a buddy system to support a student with allergies. If the student is returning to class after an allergic reaction, the buddy can help out with missed work.
- If required, make necessary adjustments to social activities to allow students with allergies to participate safely.
- Listen to students. Respond quickly if a student identifies the beginnings of an allergic reaction.
- Recognize that the student may have dietary restrictions. Help the student feel included in the classroom by considering this when foods are served for special events or brought into the classroom.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's medical needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Student Health Partnership, Alberta Children's
   Hospital, Glenrose Hospital, Stollery Children's Hospital)?
   If yes, what issues and questions would we explore?

Links for further information:

Allergy/Asthma Information Association. http://aaia.ca

Allergy and Anaphylaxis Informational Response (AAIR).
http://education.alberta.ca/admin/healthandsafety/aair.aspx

Canadian School Boards Association. *Anaphylaxis: A Handbook for School Boards*.
http://www.safe4kids.ca/content/schools/anaphylaxis_eng.pdf

Canadian Anaphylaxis Readiness Education Online Training Program.
http://www.learnalberta.ca (search: anaphylaxis)

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Anxiety Disorders

Strategies that make a difference

Anxiety disorders are characterized by an excessive and persistent sense of apprehension along with physical symptoms, such as sweating, palpitations, stomach aches and feelings of stress. Anxiety disorders have biological and environmental causes, and are usually treated with therapy and/or medication. Anxiety disorders can coexist with many other disorders and disabilities.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to anxiety disorders. This could include finding out about:
  – the student's strengths, interests and areas of need
  – specific symptoms that may affect the student at school
  – triggers that may affect the student
  – any other associated disorders that need to be considered at school
  – successful strategies used at home or in the community that also could be used at school.

☐ If the student is taking medication during the school day, discuss with the parents the possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Learn as much as you can about how anxiety may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports, such as counselling or therapy groups.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Develop realistic goals with students and chart progress. Help the student to accept and prepare for setbacks.

☐ Conduct reality checks with students to avoid unrealistic expectations for themselves (e.g., 80% on an exam might be an excellent mark; few students get 100%).

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- [ ] Teach positive self-talk. Work with the student to choose positive words and phrases he or she can use in a variety of situations.
- [ ] Adjust assignments according to the student's level of distress. Reduce threatening tasks to within the student's comfort zone; for example:
    - chunk work into smaller sections
    - change environments
    - allow extra time for exams and assignments.
- [ ] Explore the use of distractions to refocus a student's anxiety. For example, if a student is worried about an event that will happen later in the day, provide engaging activities in the earlier part of the day that will keep him or her busy.

Implications for Social and Emotional Well-being

- [ ] Engage the student and parents in planning for transitions between grade levels and different schools.
- [ ] Take the time to develop trust with the student and provide opportunities to discuss anxieties. Allow the student to come to you or signal when he or she is worried or becoming distressed.
- [ ] Be aware that some students may feel uncomfortable about taking medications at school. To ensure this doesn't become an additional stressor for students, discuss with the student and family how to best support any medication or treatment regime.
- [ ] Provide a routine, predictable learning environment. Give the student advanced notice when there will be a change in the schedule or routine (e.g., school assembly or fire drill).
- [ ] Watch for behavioural cues that indicate the student may be getting anxious, such as refusing tasks, frequent trips to the washroom or attendance problems. Track these behaviours to look for a pattern to help identify situations that produce the most anxiety for the student.
- [ ] Work with the student to choose strategies for reducing anxiety. Strategies may include such things as:
    - moving to a quiet place
    - doing relaxation exercises
    - doing visualization exercises (e.g., imagining both the anxiety-producing situation and a solution)
    - focusing on a sensory input like a squeeze ball
    - using visual reminders, cues and/or prompts
    - debriefing with a teacher or other person the student trusts
    - using humour or other distractions.
- [ ] Allow the student to get up and move around to reduce feelings of confinement.
- [ ] Allow physical movement breaks within or outside the classroom (e.g., going for a walk in the hallway, running an errand, moving his or her desk).
- [ ] Provide a selection of sensory tools that are available to the student at all times (e.g., stress ball, art supplies, quiet corner).
- [ ] Allow the student to use a personal music player and headphones to listen to music of choice.
- [ ] Try to approach the student from the front in order to reduce a startle response.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Student Health Partnership, Alberta Children's
   Hospital, Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Is service to the student from an external provider required?   ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Worry Wise Kids (The Children's Center for OCD and Anxiety). "At School."
http://www.worrywisekids.org/schools/index.html

Canadian Psychiatric Research Foundation. *When Something's Wrong: Ideas for Teachers: Anxiety Disorders*.
http://www.cprf.ca/publication/pdf/teacher_02_eng.pdf

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Asperger Syndrome

Strategies that | **make a difference**

Asperger syndrome is an autism spectrum disorder characterized by significant difficulty interacting with or relating to others. People with Asperger syndrome often have average or above average intelligence, but have problems adapting to change or accepting failure, as well as coping with the social and emotional demands of school or other environments. Secondary conditions such as depression, anxiety disorders or obsessive compulsive disorders are common with Asperger syndrome. Motor coordination problems also are common.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to Asperger syndrome. This could include finding out about:
- the student's strengths, interests and areas of need
- the student's specific symptoms
- any other associated disorders that need to be considered at school
- successful strategies used at home or in the community that also could be used at school.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information about Asperger syndrome with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how Asperger syndrome may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Provide clear, concrete instructions and information.

☐ Use simple, concrete language. Explain metaphors and words with multiple meanings, as students with Asperger syndrome often interpret sayings literally.

☐ Clearly identify the change from one activity or room to another (e.g., "Five more minutes to finish your picture before we go to the gym.").

☐ Check the student's comprehension of concepts throughout instruction.

☐ Highlight key concepts and use graphic organizers and visual schedules.

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- ☐ Model activities and expected responses. Provide alternative ways to complete assignments and demonstrate learning.
- ☐ Break down a task into smaller, manageable steps. Define the task and steps by time or amount.
- ☐ Provide extra time to do assignments or allow the use of a computer, if motor coordination problems make writing difficult.
- ☐ Provide support and build motor coordination skills during physical activity. Modify activities, if necessary.
- ☐ Identify sights and sounds in the classroom that may be overstimulating or distracting to the student. Reduce these, if possible, and work with the student and parents to identify strategies for managing distractions.
- ☐ Seat the student in the front row, away from high traffic areas.
- ☐ Provide the student with the option of an independent, quiet work space.

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Watch for signs of anxiety and consult with the parents and school/jurisdictional team to develop effective sustainable supports.
- ☐ Support the development of self-advocacy skills by providing explicit feedback, encouraging goal setting, and involving the student in monitoring the success of supports and strategies used in the classroom.
- ☐ Maintain a predictable classroom and school routine. Give the student advance notice when there will be a change in the schedule or routine (e.g., school assembly or fire drill).
- ☐ Teach the student appropriate conversational skills, such as:
  – greeting people and starting a conversation
  – taking turns
  – asking and answering questions.
- ☐ Be aware of student–peer relationships and provide support and guidance, when necessary. Some students may be unaware or misunderstand incidental information and social nuances.
- ☐ Explicitly teach social skills, such as how to read body language and expressions. Use modelling, storytelling and role-plays, along with direct instruction.
- ☐ Teach organizational strategies to reduce anxiety; for example:
  – personal daily and weekly/monthly schedules
  – personal list to track assignments
  – checklists for materials
  – designated time and routine for putting materials away after each class.
- ☐ Identify environments that may be very stressful (e.g., music class, gymnasium, noisy lunch room) and develop strategies for reducing stress in these environments (e.g., use of earplugs, assigned seating in the lunchroom, etc).

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☐ Determine if the student has intense fascinations and/or preoccupations with certain objects, topics and people. Be proactive in diverting attention elsewhere or establishing boundaries on the time spent looking at or talking about these topics.

☐ Provide supports and set up the environment for success in social situations, such as:
   – using a buddy system for recess, lunch and other unstructured social times
   – providing organized activities for the student to take part in at recess or lunchtime.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

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Asthma

Strategies that make a difference

Asthma is a chronic lung condition that causes difficulty in breathing. People with asthma have extra sensitive airways. When the airways are irritated, they become narrowed or obstructed, making it difficult for air to move in and out. This can cause one or more of the following symptoms: wheezing, coughing, shortness of breath and chest tightness. Asthma affects students in varying degrees, from very mild to very severe. In students with severe asthma, symptoms occur more easily and more frequently. Severe or poorly controlled asthma can be dangerous; however, with adequate treatment, asthma usually can be controlled.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to asthma. This could include finding out about:
  – the student's strengths, interests and areas of need
  – the student's specific symptoms
  – common triggers that need to be considered at school
  – successful strategies used at home or in the community that also could be used at school.

☐ In collaboration with parents and health care professionals, develop a written management plan that aligns with related jurisdictional policies and protocols and could include specific information, such as:
  – the role of school staff
  – when and what emergency measures should be taken.

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Work with the parents to carry out a risk assessment before field trips to determine potential hazards and to plan for the student's safe and successful participation.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information about asthma with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how asthma may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

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Implications for Instruction

- ☐ Identify and take steps to reduce common asthma triggers in the school environment.
- ☐ Be aware that students with severe asthma may have numerous absences due to medical appointments or treatments, or fatigue.
- ☐ Develop a communication strategy between the home and school to stay informed about absences, and to keep the student and family connected to the classroom learning.
- ☐ Recognize that a student, who has been ill with asthma or has recently had an asthmatic episode, may need some time to work up to speed again. Adjust the workload, if needed, and provide appropriate academic and social supports.

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Support the development of self-advocacy skills, such as teaching the students to ask for what they need. When possible, involve students in monitoring the success of supports and strategies used in the classroom.
- ☐ Consider a buddy system to support a student with asthma. If the student is returning to class after an asthma attack, the buddy can help out with missed work.
- ☐ If required, make adjustments to social activities, as necessary, to allow students with asthma to participate safely.
- ☐ Listen to students. Respond quickly if a student identifies the beginnings of an asthma attack.
- ☐ Recognize that the student may have dietary restrictions. Help the student feel included in the classroom by considering this when foods are served for special events or brought into the classroom.

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As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's medical needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Student Health Partnership, Alberta Children's
   Hospital, Glenrose Hospital)?
   If yes, what issues and questions would we explore?

Links for further information:

Allergy and Anaphylaxis Informational Response (AAIR).
http://education.alberta.ca/admin/healthandsafety/aair.aspx

Asthma Society of Canada. AsthmaKids.ca. http://www.asthmakids.ca

Asthma Society of Canada. http://www.asthma.ca/adults

Asthma Society of Canada. "4 Seasons of Asthma."
http://www.4seasonsofasthma.ca/index.php

Canadian Anaphylaxis Readiness Education Online Training Program.
http://www.learnalberta.ca (search: anaphylaxis)

Please note:
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Autism Spectrum Disorders

Strategies that make a difference

Autism or autism spectrum disorders (ASD) are complex, lifelong neurological disorders that affect the functioning of the brain. Individuals with ASD have developmental disabilities that can impact how they understand what they see, hear and otherwise sense, which in turn can result in difficulties with communication, behaviour and relationships with other people. ASD can range from mild to severe and may be accompanied by other disorders, such as learning disabilities, anxiety, attention difficulties or unusual responses to sensory stimuli.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to ASD. This could include finding out about:
  – the student's strengths, interests and areas of need
  – the student's specific symptoms
  – successful strategies used at home or in the community that could be used at school.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on ASD with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

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Implications for Instruction

☐ Ensure the student has some way of telling you what he or she wants or needs. In collaboration with parents and speech-language pathologists, determine if augmentative or alternate communication supports need to be explored.

☐ Provide information in visual forms, including written words, pictures, symbols or photos. Investigate software packages for graphic symbols.

☐ Use pictures to illustrate important classroom information, such as schedules, appropriate behaviour and location of materials.

☐ If the student experiences echolalia (repetition of the speech of others), provide appropriate words that can be used instead.

☐ Ensure that each task you give the student has a clear beginning and end, clear instructions, ample time for completion and a model or illustration to follow.

☐ Break large tasks into small, discrete steps and teach and reinforce each step. Create a set of sequenced pictures illustrating the steps, if needed.

☐ Structure tasks at an appropriate level for the student (e.g., where he or she can be successful 80 to 90% of the time).

☐ Help the student become more independent by:
  – giving choices, as much as possible
  – teaching skills in different settings to ensure understanding and generalization across environments
  – teaching functional life skills (e.g., dressing, grooming), if necessary.

☐ Provide hands-on activities rather than paper and pencil tasks.

☐ Use the student's areas of interests to teach new skills (e.g., if the student loves trains, get him or her to count trains to develop number skills).

☐ Redirect attention if the student becomes overly focused on an area of interest.

☐ Use a consistent, agreed-upon response to manage disruptive behaviours. Arrange for more in-depth evaluation of behaviour, if needed.

☐ Label and organize personal belongings, classroom materials and the physical environment so that the student knows where things go and where activities occur.

☐ Reduce distracting stimuli (e.g., wall decorations, hum of florescent lights).

☐ Cover or put away activities when they are not available to the student (e.g., computer). Present only the materials necessary for a task and remove any other items from the student's work area.

☐ Consider changes to the environment or specific tools to assist with the student's sensory needs.

Implications for Social and Emotional Well-being

☐ Engage the student and parents in planning for transitions between grade levels and different schools.

☐ Provide clear expectations, consistency, structure and routine for the entire class. Rules should be specific, direct, written down and applied consistently.

☐ Provide a schedule of daily and monthly activities to help with communication and to reduce anxiety. Keep to the same schedule, as much as possible.

☐ Warn the student about changes (e.g., to the daily schedule, transitions from one activity or room to another) before they occur as changes often can upset the student with ASD.

☐ Be aware of student–peer relationships and provide support and guidance, when necessary. Some students may be unaware or misunderstand incidental information and social nuances.

☐ Use social stories to help explain and encourage appropriate behaviours in specific situations.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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- ☐ Explicitly teach and practise social skills, such as how to read body language and expressions. Use direct instruction paired with social stories, modelling and role-play.
- ☐ Identify ways to increase positive behaviours, such as using material reinforcers (e.g., snack, preferred activity).
- ☐ Provide increased supervision during free time (e.g., like play time, recess).
- ☐ Provide a separate space for breaks or regular physical movement breaks outside of the classroom, if needed.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs?   ☐ Yes   ☐ No

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student?   ☐ Yes   ☐ No
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Alberta Education. *Teaching Students with Autism Spectrum Disorder*.
http://education.alberta.ca/media/511995/autism.pdf

Canadian Psychiatric Research Foundation. *When Something's Wrong: Ideas for Teachers: Autism*. http://cprf.ca/publication/pdf/teacher_03_eng.pdf

Organization for Autism Research. *Life Journey through Autism: An Educator's Guide*.
http://www.researchautism.org/resources/OAR_EducatorsGuide.pdf

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Blindness

Strategies that make a difference

Students with little or no functional vision for learning are considered educationally blind and primarily use Braille, tactile (e.g., raised maps) and audio resources to access instructional materials. Many of these students may have some residual vision, which can provide cues to enhance tactile learning or access to information. This can be an advantage in such tasks as learning to travel independently around the school. Students who have residual vision should receive specific instruction and practice in the effective use of this vision to help them develop an optimal level of visual efficiency.

Visual acuity is measured by comparing one's ability to identify symbols of various sizes viewed at a given distance (6 metres/20 feet). A normal visual acuity is 6/6 or 20/20. Near vision is measured in a similar manner using a test distance of 16 inches or 40 centimetres. Visual field is measured in degrees. The term legally blind is sometimes used to identify people with a severe vision loss. An individual is considered legally blind if central visual acuity is 6/60 (20/200) or less in the better eye, even with corrective lenses or if the visual field is restricted to a diameter of 20 degrees or less. Only 1 in 10 people, who are legally blind, see nothing at all.

Implications for Planning and Awareness

☐ Meet with the student, parents and the student's previous classroom teachers to discuss necessary supports for the student. This could include information about:
   – the student's learning strengths and routine required accommodations
   – how to access textbooks and instructional materials in alternate formats (e.g., Braille)
   – the technology and special equipment used by the student
   – instructional strategies that enhance access to information
   – the procedure to make peers aware of vision loss and its implications.

☐ Learn as much as you can about how vision loss may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals, such as a teacher of the visually impaired and/or an orientation and mobility instructor.

☐ Arrange (prior to the first day of school) for a teacher of the visually impaired or an orientation and mobility instructor to orient the student to the classroom, to any areas of the school that will be used by the student, and to locations for catching buses.

☐ Learn the correct way to act as a sighted guide for the student and teach this method to peers.

☐ Review previous functional vision assessments and eye care specialist reports to find out specific information about the student's vision. Speak to the student and/or teachers of the visually impaired about accommodations that enhance the use of residual vision, thereby improving access to instruction.

> Your awareness needs to begin with conversations with the student's parents.

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- ☐ Review recent assessments to identify current instructional levels and any areas requiring individualized instruction.
- ☐ Collaborate with school staff, the school jurisdictional team and community partners to identify and coordinate supports and services required to address the nine areas of the Expanded Core Curriculum for students with visual impairment, including:
  - – compensatory and functional academic skills (e.g., Braille reading, keyboarding, tactile discrimination skills)
  - – orientation and mobility
  - – social interaction skills
  - – independent living and management skills
  - – recreation and leisure skills
  - – career and life management skills
  - – assistive technology
  - – visual efficiency skills
  - – self-determination.
- ☐ Develop a system for sharing information with relevant staff members about the student's vision loss, abilities, instructional needs and successful strategies.

Implications for Instruction

- ☐ Organize instruction to include the use of concrete teaching methods, stressing the relationship among things in the environment.
- ☐ Review basic concepts prior to the presentation of a lesson. Incidental learning is significantly limited for a student who is blind. Even if the student is familiar with a concept, pose questions to ensure accuracy and completeness of understanding.
- ☐ Use real models, tactile representations and objects for manipulation to support verbal explanations of new concepts.
- ☐ Use cooperative education strategies to actively involve the student in group work.
- ☐ Discuss access to learning aids and equipment designed specifically for students who are blind with a teacher of the visually impaired.
- ☐ Consult with an orientation and mobility specialist or teacher of the visually impaired to arrange the classroom to ensure the student can move about safely and independently.
- ☐ Create an efficient system that will include desk space and a storage area for technology, special equipment, materials and volumes of Braille textbooks.
- ☐ Implement strategies to ensure the student has access to visual materials presented in various formats (e.g., bulletin boards, videos, software programs).
- ☐ Implement strategies for getting notes presented during a lesson (e.g., electronic copy of notes, sharing notes recorded by a peer).
- ☐ Plan in advance the materials and resources that you will be using in daily lessons. Ensure that they are available in the students' appropriate alternate format at the same time as their sighted peers.
- ☐ Establish procedures to ensure the student has access to textbooks, supplementary and teacher-made materials in Braille at the same time as peers receive a print copy.

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- ☐ Use descriptive words such as left and right, and avoid the use of vague terms, such as "over here" or "this," when giving the student directions.
- ☐ Verbalize what is being written on the board, demonstrated to the class, or happening in the class when nonverbal information is being provided (e.g., a visitor enters the classroom, changes are made to the arrangement of the classroom).
- ☐ Provide additional time to complete assignments, if necessary.

Implications for Social and Emotional Well-being

- ☐ In collaboration with school team members, including the parents, implement strategies to ensure the meaningful social inclusion of the student.
- ☐ Teach the student's classmates strategies to interact effectively with a peer who is blind. Ensure they understand the implications of blindness on verbal and nonverbal communication.
- ☐ Provide both classroom and extracurricular opportunities for the student to interact with peers and to develop friendships.
- ☐ Identify peers by name when responding to raised hands or when calling on specific students to respond to questions. This allows the student who is blind to learn to identify classmates by their voices.
- ☐ Based on observation and assessment of the student during social interactions, provide instruction to address identified social skill needs and mastery of age-appropriate social skills and behaviours. Some skills can be taught in a group setting while others may require one-on-one instruction.
- ☐ Monitor the student's understanding of his or her strengths, areas of need and ability to understand and respond to the perceptions of others.
- ☐ Teach self-advocacy skills and a "can do" attitude.
- ☐ Ensure the student has access to information and the supports needed to achieve success in an activity.
- ☐ Investigate opportunities for the student to meet and interact with peers and adult role models who are blind.
- ☐ Encourage independence by expecting the student to take the same level of responsibility (that classmates have) for his or her learning.
- ☐ Respond to the student in a manner appropriate to the relevant age level and performance expectations for the given age group. Communicating high expectations to the student demonstrates your belief in and commitment to his or her success.
- ☐ Provide opportunities for the student to complete classroom jobs and to help peers. It is critical for the student to believe he or she can help, as well as be helped.
- ☐ Ensure there are both classroom and extracurricular activities where the student who is blind can perform competently and meaningfully.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required?   ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Alberta Education. *Essential Components of Educational Programming for Students Who Are Blind or Visually Impaired*. http://education.alberta.ca/admin/special/programming/components.aspx

Vision Education Alberta. http://www.vision.alberta.ca/

"The Expanded Core Curriculum for Students with Visual Impairments." http://vision.alberta.ca/resources/curriculum.aspx

"Supporting General Education Classroom Teachers of Braille-Reading Students." http://setbc.org/teachingbraillestudents/default.html

Saskatchewan Education. *Teaching Students with Visual Impairments*. http://www.education.gov.sk.ca/StudentSupportServicesPublications

Texas School for the Blind and Visually Impaired. http://www.tsbvi.edu/

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Cerebral Palsy

Strategies that make a difference

Cerebral palsy (CP) refers to a group of disorders that result from injury to the developing brain, and can affect movement and muscle coordination. Depending on which areas of the brain are damaged, CP can cause one or more of the following: muscle tightness or spasms, involuntary movement, difficulty with gross motor skills such as walking or running, difficulty with fine motor skills such as writing or doing up buttons, and difficulty with perception and sensation. Individuals with CP may have cognitive, speech and language disorders, visual and hearing impairments and/or learning disabilities. The parts of the body that are affected and the severity of impairment can vary widely. CP is not progressive, but can seem to change as the child grows.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to cerebral palsy. This could include finding out about:
- – the student's strengths, interests and areas of need
- – the student's specific symptoms
- – successful strategies used at home or in the community that could be used at school.

☐ In collaboration with the parents and health care professionals, develop a written management plan that aligns with related jurisdictional policies and protocols and could include specific information, such as:
- – symptoms and associated disorders that may affect the student at school
- – the role of school staff
- – equipment and modifications
- – when emergency measures should be taken.

☐ If the student is taking medications during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Work with the parents to carry out a risk assessment before field trips to determine potential hazards and to plan for the student's safe and successful participation.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on cerebral palsy with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how cerebral palsy may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

> Your awareness needs to begin with conversations with the student's parents.

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☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services, such as speech-language, occupational or physical therapy.

☐ Arrange for any equipment or classroom modifications that might be needed, as recommended by a specialist. This may include accommodations for mobility equipment (e.g., wheelchairs, standing frames, walkers), supportive seating, supportive toilet seats and/or mechanical lifts.

☐ Determine if any changes to school timetables or schedules will have to be made to accommodate the student's equipment and/or travel time from class-to-class.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Implications for Instruction

☐ Give clear, brief directions. Give written or visual directions as well as oral ones. Allow extra time for oral responses.

☐ Break tasks and assignments into short, easy-to-manage steps. Provide each step separately and give feedback along the way.

☐ Provide checklists, graphic organizers, visual referents and examples to help the student plan ahead and to stay on-task.

☐ Teach strategies for self-monitoring, such as making daily lists and personal checklists for areas of difficulty.

☐ Use instructional strategies that include memory prompts.

☐ Teach strategies for what to do while waiting for help (e.g., underline, highlight or rephrase directions; jot down key words or questions on sticky notes).

☐ Provide extra time for tasks or reduce the amount of written work required.

☐ Provide alternatives to writing for the student to demonstrate learning. If handwriting continues to be difficult for the student, reduce expectations for copying, provide extra time for written work and explore the use of a dedicated word processor and writing software.

Implications for Social and Emotional Well-being

☐ Engage the student and parents in planning for transitions between grade levels and different schools.

☐ Provide clear expectations, consistency, structure and routine for the entire class. Rules should be specific, direct, written down and applied consistently.

☐ Consider ways to adapt play activities and structure opportunities for play with peers. Teach the entire class modified versions of common recess games, and/or assign a recess or break buddy.

☐ If the student uses an alternative form of communication, like a communication book or device, make sure it is available to him or her at recess and lunchtime.

☐ If required, teach peers how interact with the student using the communication device or book.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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□ Use low-key cues, such as touching the student's desk to signal the student to think about what he or she is doing without drawing the attention of classmates.

□ Provide support in transitioning from one activity or place to another. Cues, routines and purposeful activity during transitions may be helpful.

□ Monitor for signs of anxiety or depression, such as visible tension, withdrawal, changes in grooming habits, missing or coming late to class, fatigue or incomplete assignments.

□ Support the development of self-advocacy skills, so students feel comfortable and confident asking for what they need and expressing their preferences.

□ Consider having a "key person" the student can check in with on a weekly (or daily basis) to assist with planning, self-monitoring and problem solving of any concerns or issues that may arise.

As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's medical needs? □ Yes □ No

2. Do I need targeted professional learning? □ Yes □ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required? □ Yes □ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? □ Yes □ No
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student? □ Yes □ No
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? □ Yes □ No
   If yes, what outcomes would be anticipated?

Links for further information:

National Dissemination Center for Children with Disabilities. "Disability Fact Sheet: Cerebral Palsy." http://www.nichcy.org/InformationResources/Documents/NICHCY%20PUBS/fs2.pdf

British Columbia Ministry of Education. *Awareness of Students with Diverse Learning Needs: What Teachers Need to Know: Cerebral Palsy*. http://www.bced.gov.bc.ca/specialed/awareness/31.htm

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Conduct Disorder

Strategies that make a difference

Conduct disorder is a condition characterized by a persistent pattern of behaviour in which the basic rights of others are ignored. Children and teens with conduct disorder tend to be impulsive and behave in ways that are socially unacceptable and often dangerous. Children with conduct disorder have four main types of chronic and persistent behaviour: aggressive conduct; property damage or theft; lying; and serious violations of rules. Conduct disorder may be a result of genetics, chaotic home environments, the child's temperament, physical causes or neurological factors. Conduct disorder is treated through counselling, usually focused on developing appropriate behaviour and coping skills, and sometimes medications. Conduct disorder may occur with other conditions such as attention deficit/hyperactivity disorder or depression; there are correlations between conduct disorder and oppositional defiant disorder. Students with conduct disorder generally exhibit more severe forms of chronic behaviour than students with oppositional defiant disorder. Many young children with oppositional defiant disorder may develop conduct disorder as they get older. Mild forms of conduct disorder tend to improve as the child grows older; however, without intervention conduct disorder can lead to school failure, injuries, teenage pregnancy, mental health issues and conflict with the law.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to conduct disorder. This could include finding out about:
– the student's strengths, interests and areas of need
– specific symptoms that may affect the student at school
– any other associated disorders that need to be considered at school
– successful strategies used at home or in the community that also could be used at school.

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Learn as much as you can about how conduct disorder may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Provide supervision, as needed, to ensure the safety and well-being of the student and others at the school. Be aware that some students with conduct disorder may exhibit frequent fighting, bullying, threatening, intimidation of others, as well as cruelty to animals, deliberate destruction of property, and alcohol or drug abuse.

> Your awareness needs to begin with conversations with the student's parents.

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- [ ] Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports, such as behavioural therapy.
- [ ] Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.
- [ ] The physical placement of the student with conduct disorder should be chosen carefully (e.g., who to sit beside, physical distractions, room to move, proximity to the teacher). It is important to avoid choosing a physical location that isolates the student, since this may make other students less willing and able to interact positively with the student.
- [ ] Create pathways for movement. Pathways should eliminate the need to step over objects or between people.
- [ ] School staff working with the student should be trained in crisis management and nonviolent crisis intervention techniques.
- [ ] Know what your own triggers are to avoid being drawn into a negative interaction pattern with the student.

Implications for Instruction

- [ ] Determine the implications of the student's academic difficulties related to conduct disorder. Students with conduct disorder also may show low cognitive functioning, low academic achievement and reading disabilities.
- [ ] Use "start" requests rather than "stop" requests. "Do" requests are more desirable than "don't" requests.
- [ ] Make one request at a time, using a quiet voice and, when in close proximity, using eye contact.
- [ ] When appropriate, offer a choice (e.g., "Do you want to work at your desk or at the table?").
- [ ] Describe the desired behaviour in clear and specific terms to reduce misunderstanding. Avoid entering into a discussion or argument about the behaviour.
- [ ] Recognize that most behaviour has a function. Use observation and data to determine the function of the behaviour as this will help in determining appropriate strategies to implement.
- [ ] Develop a behaviour support plan in which inappropriate behaviours are replaced with appropriate ones. When appropriate, involve the student in the development of this plan.

Implications for Social and Emotional Well-being

- [ ] Maintain predictable classroom routines and rules for all students.
- [ ] Provide encouragement and praise.
- [ ] Reward appropriate classroom behaviour.
- [ ] Speak to the student privately about his or her behaviour instead of in front of others, to prevent loss of face and avoid escalation.
- [ ] Explicitly teach, reinforce and provide opportunities to practise social and life skills, including how to:
  - understand one's own feelings
  - be friendly
  - read social cues
  - talk to peers
  - manage anger
  - make good decisions

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- – solve problems
- – succeed in school.
☐ To ensure the safety of other students in the classroom, explain to students the importance of walking away from possible confrontations that may lead to aggression.
☐ Encourage students to get help as soon as they feel the situation is getting out-of-hand.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? ☐ Yes ☐ No

2. Do I need targeted professional learning? ☐ Yes ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student? ☐ Yes ☐ No
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Alberta Education. *Supporting Positive Behaviour in Alberta Schools*. http://education.alberta.ca/media/697934/behaviour-complete%20for%20posting.pdf

Minnesota Association for Children's Mental Health. "Fact Sheet for the Classroom: Conduct Disorder." http://www.macmh.org/publications/fact_sheets/Conduct.pdf

Center for Mental Health in Schools at UCLA. *Conduct and Behavior Problems: Intervention and Resources for School Aged Youth*. http://smhp.psych.ucla.edu/pdfdocs/conduct/CONDUCT.pdf

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Cystic Fibrosis

Strategies that make a difference

Cystic fibrosis is a genetic disorder that affects the lungs, pancreas and other organs. The mucous in these organs is thicker than normal and blocks ducts or airways. Common symptoms include breathing problems and digestive issues. The severity of the disease can vary significantly in childhood: some children will be in excellent health while others require frequent hospitalization. Depending on the stage of the disease and the organs affected, cystic fibrosis may be treated with medications, chest-clearing techniques, nutritional supplements and, in severe cases, organ transplants.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to cystic fibrosis. This could include finding out about:
– the students strengths, interests and areas of need
– specific symptoms that may affect the student at school
– successful strategies used at home or in the community that also could be used at school.

☐ In collaboration with parents and health care professionals, develop a written management plan that aligns with school and jurisdictional policies and protocols. This plan should include specific information on:
– the role of school staff in managing cystic fibrosis
– steps for treatment at school, if applicable (e.g., chest-clearing techniques when emergency measures should be taken).

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ If there are two or more students diagnosed with cystic fibrosis at the school, talk with their parents to find out if either of them is confirmed to be infected with b. cepacia. Non-infected individuals with cystic fibrosis should not be in the same room as infected individuals with cystic fibrosis.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on cystic fibrosis with peers. Consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how cystic fibrosis may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

> Your awareness needs to begin with conversations with the student's parents.

- ☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services.
- ☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Implications for Instruction

- ☐ Be aware that students with severe cystic fibrosis may have numerous absences from school due to medical appointments or treatments, or fatigue.
- ☐ Develop a communication strategy between the home and school to stay informed about absences, and to keep the student and family connected to the classroom learning.
- ☐ Assign the student a buddy who can help out with missed work or keep track of assignments, if absences occur.
- ☐ Make sure the student has access to water and drinks regularly. Students with cystic fibrosis are prone to dehydration.
- ☐ Be aware of and use caution around settings and substances that may cause infection or breathing problems (e.g., rotting vegetables, haystacks, marshes, riverbeds, construction sites). These are considerations when planning field trips or bringing materials into the classroom.
- ☐ Ensure the student maintains regular participation in physical education at a level appropriate to his or her stamina. Exercise helps to improve cardiovascular health and clear chest secretions.
- ☐ Emphasize good hygiene habits for all students to avoid passing on germs that may make a student with cystic fibrosis ill. These habits include:
    - – frequent hand washing, especially after using the washroom and before and after handling food
    - – not sharing utensils or cups
    - – cleaning surfaces of exercise equipment before and after use.

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Be aware that some students may feel uncomfortable taking their medications or doing treatments in front of their peers. Discuss this with the student and family and determine how best to support the student in the treatment regime.
- ☐ Be aware that students with cystic fibrosis may experience stomach pain and embarrassing gas. The student should always be allowed to go to the bathroom, as needed.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's medical needs? ☐ Yes ☐ No

2. Do I need targeted professional learning? ☐ Yes ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

5. Is service to the student from an external provider required? ☐ Yes ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Canadian Cystic Fibrosis Foundation. "For Teachers." http://www.cysticfibrosis.ca/en/publications/ForTeachers.php

Cystic Fibrosis Foundation. "Living with CF at School." http://www.cff.org/LivingWithCF/AtSchool/

Chronic Illness Alliance. "Cystic Fibrosis Strategies for Schools/Teachers." http://www.chronicillness.org.au/invisible/cf_c.htm

Please note:
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Depression

Strategies that make a difference

Depression is characterized by symptoms such as persistent feelings of sadness, hopelessness, dejection and guilt; withdrawal from activities and people; poor concentration; lack of energy; inability to sleep; weight loss or gain; anxiety, irritability or agitation; and/or thoughts of death or suicide. Depression may be caused by a loss, by genetic or biochemical factors, or by past or ongoing trauma. Students with disabilities are as vulnerable to depression as the general population. Depression is usually treated with counselling and/or medication.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to depression. This could include finding out about:
 – the student's strengths, interests and areas of need
 – specific symptoms that may affect the student at school
 – any other associated disorders that need to be considered at school
 – successful strategies used at home or in the community that also could be used at school.

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administrating medicine.

☐ Be aware that some students may feel uncomfortable discussing or taking their medications at school. Discuss this with the student and family and determine how best to support the student.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Recognize that depression can affect learning in several ways, including:
 – poor concentration
 – lack of focus and motivation
 – giving up easily due to lack of confidence
 – forgetfulness and indecision
 – diminished ability to think clearly and analyze problems.

☐ Be aware that test scores of students with depression (both achievement and intelligence) may not reflect the student's true ability.

☐ Structure the environment to ensure lots of success through small, attainable goals. Help the student to self-monitor progress.

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☐ Encourage the student to be proactive and take more control over the environment (e.g., initiate contact with other students, ask for help when needed, speak up in class).

Implications for Social and Emotional Well-being

☐ Provide a safe, predictable classroom, with clear rules and routines.

☐ Teach the entire class about identifying and interpreting emotions; how to handle or react to fear, anger or disappointment; and what to do if they are worried about a classmate or friend.

☐ Incorporate music, art and relaxation techniques into classroom routines to help reduce symptoms of depression.

☐ Teach assertiveness as an alternative to passivity or anger.

☐ Teach social skills through modelling and rehearsal.

☐ Teach for and encourage positive self-talk (e.g., "This work is hard but I have learned difficult things before when I tried hard.").

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's medical needs?   ☐ Yes   ☐ No

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?   ☐ Yes   ☐ No
If yes, what issues and questions would we explore?

Links for further information:

Canadian Psychiatric Research Foundation. *When Something's Wrong: Ideas for Teachers: Depression*. http://cprf.ca/publication/pdf/teacher_07_eng.pdf

National Association of School Psychologists. "Depression: Helping Students in the Classroom." http://www.nasponline.org/communications/spawareness/depressclass_ho.pdf

British Columbia Ministry of Education. *Teaching Students with Mental Health Disorders Resources for Teachers: Volume 2 Depression*. http://www.bced.gov.bc.ca/specialed/docs/depression_resource.pdf

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Developmental Coordination Disorder

Strategies that make a difference

Developmental coordination disorder (DCD) **is a motor skills disorder that is fairly prevalent, but can frequently go unrecognized. Research suggests a range of between 5 to 10 percent of school-age children are affected by this condition. This disorder interferes with a student being able to perform common, everyday tasks. Frequently described as "clumsy" or "awkward" by their parents and teachers, students with this disorder often have difficulty mastering simple motor activities, such as tying shoes or going down stairs, and are unable to perform age-appropriate academic and self-care tasks. Students with DCD may avoid tasks that require fine and/or gross motor coordination and this can lead to frustration and/or under achievement.**

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to coordination. This could include finding out about:
- the student's strengths, interests and areas of need
- successful strategies used at home or in the community
- activities that the student enjoys and is successful with.

☐ Learn as much as you can about how developmental coordination may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make informed decisions to better support the student's success at school.

☐ Develop a system for sharing information with relevant staff members about the student's coordination difficulties and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Consider alternate forms of written output and/or demonstration of comprehension. Investigate how technology can be leveraged to increase the student's capacity to produce and share written work.

☐ When teaching a new motor skill, break it down into components. Each component is practised several times until it becomes more automatic and fluid before adding a new component. Make activities in physical education classes as successful and enjoyable as possible. Focus on being active and having fun. Have quick ways for students to find partners and form teams that ensure everyone is included and no one student feels like the "last one picked."

- [ ] Use consistent verbal descriptions and visual demonstrations of the movement patterns as you "talk" the student through new patterns (e.g., "up, down, around"). Perform them slowly and exaggerated so the student can adjust and follow.
- [ ] In the very early stages of learning a new movement task, the student may also need physical guidance to "learn the feel of the movement." Use this strategy as needed and then fade back to the verbal descriptions of the movement.
- [ ] Besides breaking the new motor skill down into components, also break it down according to body parts. Have the student focus on learning movement in only one body part at a time (e.g., this is what you do with your arm).
- [ ] Use visual cues for correct body part placement (e.g., footprint on floor to encourage step forward when throwing ball).
- [ ] Give the student lots of rehearsal time to learn new movement patterns. As well, make sure to allow extra time to complete tasks that are difficult or require more physical effort.
- [ ] Focus on the purpose of the learning activities (e.g., ignore messy writing if the purpose is to create a story, ignore awkward dance movements if the goal is to be active to music).
- [ ] When needed, allow the student extra time for self-care activities (e.g., getting ready for recess, dressing for gym, assembling supplies for project work).
- [ ] Encourage students to develop personalized organizational systems by having scheduled times each week to clean up their locker or desk. Provide an organizational system (e.g., colour-coded binders/folders, checklists).

Implications for Social and Emotional Well-being

- [ ] Engage the student and parents in planning for transitions between grade levels and different schools to ensure strategies and supports that benefit this student continue to be available across grade levels and from school-to-school.
- [ ] Since activities requiring gross motor and fine motor coordination are more difficult for the student, teach the student how to use positive self-talk to reduce frustration and/or to increase motivation to try physical activities he or she finds challenging.
- [ ] Partner the student with supportive peers so he or she does not feel left out during recess, gym or other school activities. Try to find alternative ways to promote involvement; the student will be more successful with motor activities that he or she is familiar with and has had practice doing.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this condition, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

CanChild Centre for Childhood Disability Research: Overview of DCD
http://dcd.canchild.ca/en/AboutDCD/overview.asp

CanChild Centre for Childhood Disability Research: Educational materials
http://dcd.canchild.ca/en/EducationalMaterials/school.asp

Ldao Learning Disabilities Association of Ontario
http://www.ldao.ca/introduction-to-ldsadhd/ldsadhs-in-depth/articles/about-parenting/
developmental-coordination-disorder-dcd/

Please note:
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Diabetes (Type 1)

Strategies that make a difference

Type 1 diabetes, formerly known as juvenile diabetes, is a disease in which the immune system attacks and destroys cells in the pancreas that produce insulin. Type 1 diabetes is not caused by and cannot be managed by lifestyle changes. There is no cure for type 1 diabetes. It is controlled through regular, daily doses of insulin along with other steps to control blood sugar levels. Students with type 1 diabetes will need to do regular blood sugar level checks via a finger prick and a blood glucose metre.

Depending on the blood sugar number, the student and staff may have to respond accordingly.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to type 1 diabetes. This could include finding out about:
  – the student's strengths, interests and areas of need
  – specific symptoms that may affect the student at school
  – successful strategies used at home or in the community that also could be used at school.

☐ In collaboration with parents and health care professionals, develop a written management plan that aligns with school and jurisdictional policies and protocols. This plan should include specific information, such as:
  – the role of the school staff in managing diabetes
  – signs and symptoms of low and high blood sugar
  – procedures for checking blood sugar levels
  – steps for treatment when the student's blood sugar is too low or too high
  – when and/or what emergency measures should be taken.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on type 1 diabetes with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Provide a private, sanitary place to test blood and inject insulin. In consultation with student and parents, develop a sanitary disposal and clean-up routine.

☐ Learn as much as you can about how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

> Your awareness needs to begin with conversations with the student's parents.

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- [ ] Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services with community health care professionals.
- [ ] Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Implications for Instruction

- [ ] Develop a process for the student to get up to speed if he or she has to leave the classroom to check blood sugar levels or take medication. This could include assigning a buddy to the student.
- [ ] Be aware that a change in student behaviour could be a symptom of blood sugar changes. For example, inability to concentrate can be a sign that blood sugar is low, while aggressive behaviour can be a sign it is high. Rule out or respond to a blood sugar problem before attempting any other instructional or behavioural strategies.
- [ ] Be aware that physical education class and other physical activity can lower blood sugar. Recognize the symptoms of low blood sugar and be prepared to manage it. Encourage physical activity if the student's blood sugar is high.

Implications for Social and Emotional Well-being

- [ ] Create a supportive environment for the student to manage diabetes; for example:
  - allow snacks, when necessary
  - provide bathroom and water privileges without drawing attention to the student
  - provide a location and supervision for the student to be active, if needed.
- [ ] Recognize that the student may feel left out of situations that involve sugary snacks, such as class parties. Control the type of shared snacks brought to the class. Do not give candy or sugar treats to the student or classmates as positive reinforcement or incentives.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's health needs?   ☐ Yes   ☐ No

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with external service providers required (e.g., Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

Links for further information:

Children with Diabetes. "Information for Teachers and Child-Care Providers." http://www.childrenwithdiabetes.com/d_0q_200.htm

British Columbia Ministry of Education. *Awareness of Students with Diverse Learning Needs: What Teachers Need to Know: Diabetes*. http://www.bced.gov.bc.ca/specialed/awareness/39.htm

Toronto Hospital for Sick Children. "About Kids Health." http://www.aboutkidshealth.ca/Diabetes/Diabetes-Home.aspx?articleID=6497&categoryID=DB

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Down Syndrome

Strategies that make a difference

Down syndrome is a chromosomal disorder that causes delays in physical and mental development. Students with Down syndrome have a particular set of facial and other physical characteristics. The student's abilities and the severity of associated medical conditions can vary greatly, from mild to severe. Heart problems, thyroid issues and gastrointestinal (bowel) issues are common with Down syndrome. Other physical issues include hearing and visual impairments, low muscle tone, and instability in the ligaments holding the neck vertebrae together.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to Down syndrome. This could include finding out about:
– the student's strengths, interests and areas of need
– specific health concerns that may affect the student at school
– successful strategies used at home or in the community that also could be used at school.

☐ In collaboration with parents and health care professionals develop a written management plan that aligns with school and jurisdictional policies and protocols. This plan should include specific information, such as:
– medical concerns that may affect the student at school
– the role of school staff in managing the medical concerns
– steps for treatment of associated medical concerns
– appropriate physical activities
– when emergency measures should be taken.

☐ If required, work with the parents to carry out a risk assessment before field trips to determine potential hazards, and to plan for the student's safe and successful participation.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on Down syndrome with peers. If they wish to do so, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Develop a system for sharing information with relevant staff members about the student's strengths and needs and strategies to support success.

> Your awareness needs to begin with conversations with the student's parents.

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☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

☐ Work with specialists to arrange for any equipment or classroom modifications needed. Due to short stature, the student may need a special desk and chair in order to sit and work more easily in class.

Implications for Instruction

☐ Determine the implications of the student's delays, including cognitive, behaviour, language, attention, fine motor (e.g., cutting, colouring, printing) and gross motor (e.g., running, jumping), to plan appropriate instruction.

☐ Understand that skills may develop at a slower rate, so the gap between the student and peers may widen with age.

☐ Provide additional supports, such as individual instruction, visuals to aid understanding (e.g., sign language, picture symbols), and extra work time.

☐ If the student has instability in the ligaments holding the neck vertebrae together (Atlanto-Axial Instability), activities such as forward rolls, gymnastics, football and diving must be avoided. Consult with a physical therapist and/or an adaptive physical education specialist regarding appropriate supports and/or adaptions.

☐ Determine the student's ability and needs in terms of speech and language. Delays may be mild or severe (non-verbal). Articulation (speech sounds) can be poor, making the student difficult to understand. Consult with a speech-language pathologist regarding supports.

☐ Stuttering is common. The student may need picture symbols for communication. Consult with a speech-language pathologist regarding language and communication supports.

☐ Ensure the student has support and, possibly, assistance with gross and fine motor activities, as needed. The student may have difficulty with buttons, zippers and snaps, and may be late in toilet training. Consult with the parents and occupational therapist regarding appropriate supports.

☐ Seat the student in the classroom with thought given to any hearing, vision or attention difficulties.

☐ Be aware if the student requires a hearing aid or FM system.

Implications for Social and Emotional Well-being

☐ Engage the student and parents in planning for transitions between grade levels and different schools.

☐ If the student with Down syndrome is sometimes stubborn or socially inappropriate (e.g., overly affectionate), use visual supports and class rules to help reinforce what is acceptable in the classroom.

☐ Teach the student appropriate conversational skills, such as:
– greeting people and starting a conversation
– taking turns during conversations
– asking and answering questions.

☐ Explicitly teach social skills, such as how to read body language and expressions. Use modelling, storytelling and role-plays, along with direct instruction.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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☐ Take steps to ensure the student does not feel left out during recess, intramural or other school activities. If the student has physical limitations, provide the student with:
  – an alternative role, such as equipment manager or coach during intramurals
  – alternative activities during recess, such as a friendship bench to sit on and meet with peers.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? ☐ Yes ☐ No

2. Do I need targeted professional learning? ☐ Yes ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student? ☐ Yes ☐ No
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Canadian Down Syndrome Society. "Teaching Students with Down Syndrome."
http://www.cdss.ca/images/pdf/parent_information/teaching_students_with_down_syndrome.pdf

Down Syndrome Online. "Down Syndrome Issues and Information: Education."
http://www.down-syndrome.org/information/education/

National Down Syndrome Society. "Education, Development and Community Life."
http://www.ndss.org/index.php?option=com_content&view=category&id=37&Itemid=58

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Expressive Language Disorder

Strategies that make a difference

Expressive language refers to the use of spoken language. A student with an expressive language disorder is unable to communicate thoughts, needs or wants at the same level or with the same complexity as his or her same-aged peers. Students with an expressive language disorder may understand most language but are unable to use this language in sentences. Difficulties with the pronunciation of words may or may not be present. Expressive language disorders are a broad category and often overlap with other disabilities or conditions.

Characteristics of an expressive language disorder may include word-finding difficulties, limited vocabulary, overuse of non-specific words like "thing" or "stuff," over reliance on stock phrases, and difficulty "coming to the point" of what they are trying to say.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support the student's needs. This could include finding out about:
  – the student's strengths, interests and areas of need
  – successful communication strategies used at home or in the community that could also be used at school.

☐ Learn as much as you can about how expressive language affects learning and social and emotional well-being. Reading, asking questions and talking to a qualified speech-language pathologist will build your understanding and help you make decisions on how to support the student's success in the classroom.

☐ Review any specialized assessments available, including the most recent speech-language report and the recommendations listed.

☐ Develop a system for sharing information with relevant staff members about the student's language skills and successful communication strategies. Talk with the previous teacher regarding the student's language use and strategies used to support the student in the classroom.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation, supports such as speech therapy, or augmentative communication and assessments.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Repeat back what the student has said, *modelling* the correct pronunciation, word form or sentence structure. It is unnecessary to ask the student to repeat the correct form after you; what is important is that the student *hears* the correct form.

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- [ ] Provide the student with choices of correct grammar, sentence structure or word choice to help them process the correct form or word to use. For example: "Is it a giraffe or an elephant?", "If it's a boy, is it he or she?"
- [ ] Be patient when the student is speaking; not rushing a student who has expressive language difficulties will reduce frustration levels.
- [ ] Use visuals to support expressive language skills. Pictures or written cues can be used to prompt the student to use a longer utterance or initiate a phrase within a specific situation or activity.
- [ ] Help build the student's vocabulary by creating opportunities for focusing on language processing skills, such as sorting and grouping, similarities and differences.
- [ ] Help students connect new words and information to pre-existing knowledge.
- [ ] Use pre-planning strategies for oral and written tasks. Talk out the student's story or ideas first. Then help the student organize thoughts by creating a task outline. Write out the ideas the student wants to discuss in his or her story. Cue the student to look at the "outline," to verbalize what he or she wants to say, and then to write it down.
- [ ] Use visuals, symbols or photos to help students organize and communicate their thoughts.
- [ ] To facilitate students' speech intelligibility and expressive language skills, encourage them to slow down while speaking and face their communication partner.
- [ ] Provide descriptive feedback for students when the message is not understood. For example: "You were talking too fast, I didn't understand where you said you were going after school." This will also improve the students self-monitoring skills.

Implications for Social and Emotional Well-being

- [ ] Engage the student and parents in planning for transitions between grade levels, different schools and out of school.
- [ ] The student may have difficulty with social and conversational skills. Teach the language to use in specific social communication situations, such as:
  – greeting people and starting a conversation
  – asking and answering questions
  – asking for help or clarification.
- [ ] Explicitly teach social communication skills, such as how to read body language and expressions. Use direct instruction along with modelling, storytelling and role-play.
- [ ] Provide support in transitioning from one activity or place to another. Cues, routines and purposeful activity during transitions may be helpful so that the student clearly understands what to do.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Talk Box http://www.parentlinkalberta.ca/publish/920.htm

Resources for improving Language, Literacy and Communication
http://www.speechtx.com

Speech-language Resources http://www.speechlanguage-resources.com

Please note:
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Fetal Alcohol Spectrum Disorder

Strategies that make a difference

Fetal alcohol spectrum disorder (FASD) is a pattern of birth defects, learning and behavioural problems affecting individuals whose mothers consumed alcohol during pregnancy. FASD causes a variety of symptoms, including extreme impulsivity, poor judgement, poor memory, difficulty learning basic skills, organizational difficulties, language and speech delays, and gross and fine motor delays. There are some physical facial characteristics that may indicate FASD, but many individuals who are affected do not have these characteristics. Other physical and psychological disorders are common with FASD, including seizures, hearing or vision problems, attention deficit disorder, anxiety and depression.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to FASD. This could include finding out about:
  – the student's strengths, interests and areas of need
  – the student's specific symptoms
  – any other associated disorders that need to be considered at school
  – successful strategies used at home or in the community that also could be used at school.

☐ Learn as much as you can about how FASD may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation or supports.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Determine the student's particular learning style, strengths and needs. Students with FASD typically:
  – struggle to learn basic facts, such as multiplication facts
  – have difficulties with memory and organizational skills
  – have strengths in visual arts and music
  – enjoy repetitive work and succeed in structured situations
  – enjoy physical activities
  – respond to smaller teaching groups.

☐ Provide concrete, hands-on learning activities.

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- ☐ Keep the student on-task by creating structure, repeating instructions and providing supervision.
- ☐ Keep language and directions simple and specific. Check the student's comprehension of problem solving and abstract concepts before proceeding.
- ☐ Create consistency and routine in the classroom. Use picture schedules to reinforce this routine.
- ☐ Be aware of the student's level of responsiveness to sensory stimuli (e.g., lights, noise, touch) and adjust activities and workspaces accordingly.
- ☐ Highlight key concepts, and use graphic organizers and visual schedules.
- ☐ Clearly identify the change from one activity or room to another (e.g., "Five more minutes to finish your picture before we go to the gym.").
- ☐ Model activities and expected responses. Provide alternate ways to complete assignments and demonstrate learning.
- ☐ Break down tasks into smaller, manageable steps.
- ☐ Teach organizational strategies; for example:
  - – personal daily and weekly/monthly schedule
  - – personal list to track assignments
  - – checklists for materials
  - – designated time and routine for putting materials away after each class
  - – colour coding personal belongings.

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Some students with FASD may have severe emotional problems, including aggression and in some cases sociopathic tendencies (e.g., hurting animals). In collaboration with the school and/or jurisdictional team, develop a positive behaviour support plan, if necessary.
- ☐ Be aware that students with FASD often have better expressive language than receptive language. This can be misleading and may lead to social difficulties.
- ☐ Work with the student to develop social skills, anger management and impulse control. Consider strategies, such as social stories, role-play and social cueing.
- ☐ Be aware of student–peer relationships and provide support and guidance, when necessary. Some students may be unaware or misunderstand incidental information and social nuances.
- ☐ Provide structured opportunities for the student to form relationships with peers, such as:
  - – using a buddy system for recess, lunch time and other unstructured social times
  - – providing organized activities for the student to take part in at recess or lunchtime.
- ☐ Although students with FASD often have difficulty making and keeping relationships with peers and adults, they also can be affectionate, trusting and loyal once relationships are established.
- ☐ Be aware that some students may have difficulty telling the truth because of impulsivity, memory difficulties, misinterpreting questions or the desire to please. Directly teach the concept of true and false, real and imaginary, and be aware of this tendency.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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☐ Some students experience difficulties with taking items belonging to others because they don't understand the concept of ownership, and/or don't understand the consequences of their actions. Write students' names on items in the classroom and teach concepts of personal space and ownership and how to borrow and return items.

☐ Be aware that students with FASD may have very poor judgement and may be easily led by peers. Provide supervision and support to keep the student safe. Consider a buddy system with strong positive role models.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required?   ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Alberta Education. *Teaching Students with Fetal Alcohol Spectrum Disorder*. http://education.alberta.ca/media/377037/fasd.pdf

Alberta Education. *Re: Defining Success: A Team Approach to Supporting Students with FASD*. http://education.alberta.ca/media/932737/redefining_final.pdf

British Columbia Ministry of Education. "Provincial Outreach Program for Fetal Alcohol Spectrum Disorder." http://www.fasdoutreach.ca/

Yukon Education. *Making a Difference: Working with Students Who Have Fetal Alcohol Spectrum Disorders*. http://www.education.gov.yk.ca/pdf/fasd_manual_2007.pdf

Please note:
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Fragile X Syndrome

Strategies that make a difference

Fragile X syndrome, also known as Martin-Bell syndrome, is the most common inherited form of mental disability. Impairments can range from mild to severe cognitive disabilities with a range of symptoms. Those diagnosed with Fragile X syndrome often have attention deficit/hyperactivity disorder, as well, and approximately 5% of these students also have an autism spectrum disorder.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to Fragile X syndrome. This could include finding:
   – the student's stengths, interests and areas of need
   – the student's specific symptoms
   – if the student has any other associated disorders that need to be considered at school
   – successful strategies used at home or in the community that could also be used at school.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information about Fragile X syndrome with peers. If they wish to do this, consultation with health care providers, such as a psychologist or disability specialist, may be helpful.

☐ Learn as much as you can about how Fragile X syndrome may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Determine the student's individual learning style, strengths and needs. Students with Fragile X syndrome typically learn best when they can:
   – use simultaneous processing activities, such as whole-word method, when learning to read and spell
   – make mental comparisons when they read new things
   – compare new concepts with concepts they already know
   – use mental pictures, similes or analogies to understand learning.

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- ☐ Consider using the following learning strategies, such as:
  - – modelling and role-playing
  - – concrete examples of finished activities or assignments
  - – visuals (e.g., pictures, models, diagrams)
  - – visual cues for schedules
  - – hands-on activities (e.g., cooking, role-playing real-life situations)
  - – small group work
  - – gross motor skill learning activities.
- ☐ Provide additional time for the student to understand and respond to instructions.
- ☐ Seat the student toward the back of the room, near the door, to give the student room to move and not distract other students.
- ☐ Provide physical breaks from activities and from the classroom.
- ☐ Reduce the level of noise and visual clutter in the student's workspace.
- ☐ Place the student first or last in a line, rather than in the middle.

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Watch for signs of anxiety and consult with the parents and school/jurisdictional team to develop specific strategies for helping the student manage this anxiety.
- ☐ Support the development of self-advocacy skills, such as asking for what they need.
- ☐ When appropriate, involve the student in monitoring the success of supports and strategies used in the classroom.
- ☐ Maintain a predictable classroom and school routine. Give the student advance notice when there will be a change in the schedule or routine (e.g., school assembly, fire drill).
- ☐ Provide structured social activities that allow the student to get to know others and to begin building appropriate social relationships; for example:
  - – buddy systems
  - – mentoring
  - – role-playing
  - – structured games.
- ☐ Be aware of possible sensory issues the student may have, including:
  - – sensitivity to sound or light
  - – aversion to touch or being touched
  - – avoidance of different tastes or textures
  - – shyness and sensitive personality
  - – concern about how people feel toward him or her, which can lead to anxiety or acting out behaviour.
- ☐ Teach and encourage the student to remove himself or herself from stressful events and situations by walking away or going to a quiet space away from others.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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☐ Identify environments that may be very stressful (e.g., music class, gymnasium, noisy lunchroom) and develop strategies for reducing stress in these environments (e.g., use of earplugs, assigned seating in the lunchroom, etc.).

☐ Watch for signs of anxiety and consult with the parents and school/jurisdictional team to develop specific strategies for helping the student manage this anxiety.

As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? ☐ Yes ☐ No

2. Do I need targeted professional learning? ☐ Yes ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student? ☐ Yes ☐ No
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

National Fragile X Foundation. "Education Resources." http://nfxf.org/html/education.htm

Please note:
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Global Developmental Delay

Strategies that make a difference

Global developmental delay is a term used to describe a generalized intellectual disability that is usually characterized by lower than average intellectual functioning along with significant limitations in at least two other areas of development. Common signs of global developmental delay include delayed acquisition of milestones (e.g., sitting up, crawling, walking), limited reasoning or conceptual abilities, poor social skills and judgement, aggressive behaviour as a coping skill, and communication difficulties.

Global developmental delay has many causes which, as an end result, affect the functioning of the central nervous system. Causes can be genetic (e.g., Fragile X syndrome), or metabolic (e.g., PKU), prenatal (e.g., rubella or birth trauma), perinatal (e.g., prematurity or the result of a childhood injury or infection). Sometimes the cause for the condition is undetermined.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support the student's unique needs. This could include finding out about specific health concerns or sensory difficulties that might affect the student at school, along with successful strategies used at home and in the community.

☐ If needed, collaborate with the parents and health care professionals to develop a written medical management plan that aligns with school and jurisdictional policies and protocols. This plan should include specific information, such as:
 – medical concerns that may affect the student at school
 – the role of school staff in managing medical concerns
 – steps for management of associated medical concerns
 – physical activities that are safe and appropriate for this student
 – when emergency measures should be taken.

☐ If required, work with the parents to carry out a risk assessment prior to field trips to plan for the student's safe and successful participation.

☐ Collaborate with the parents and student to consider if, and how, they would like to share information on the student's specific condition with peers. If they wish to do so, consultation with health providers, such as community health nurses, may be helpful.

☐ Learn as much as you can about what a global developmental delay is, and how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will help you to make informed decisions about how to best support the student's success in the classroom.

Your awareness needs to begin with conversations with the student's parents.

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- ☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports. If required, work with specialists to arrange for any specialized equipment or modifications to the physical environment.
- ☐ Develop a system for sharing information with relevant staff members about the student's strengths, specific needs and strategies that support this student's success.

Implications for Instruction

- ☐ Work with school or jurisdictional teams and/or specialists to identify the learning implications of the student's delays, including cognitive, language, attention, fine (cutting, colouring, printing) and gross (running, jumping) motor delays, and develop solutions or strategies to support the student.
- ☐ Understand that skills may develop at a slower rate, so the gap between the student and peers may widen with age.
- ☐ Develop a set of photos, illustrations and/or symbols that can be used to create visual tools, such as a picture schedule, to build and support student understanding.
- ☐ Provide additional supports, such as small group instruction, extra practice time manipulatives and visuals (e.g., picture symbols) to aid understanding.
- ☐ Ensure the student has support with gross and fine motor tasks, as needed. The student may have difficulty with buttons, zippers and snaps and may be late in toilet training.
- ☐ Provide students with a work buddy to help with simple instructional and non-instructional tasks.

Implications for Social and Emotional Well-being

- ☐ Teach the student basic conversational skills, such as:
  - greeting people and starting a conversation
  - taking turns
  - asking and answering questions.
- ☐ Explicitly teach social communication skills, such as how to read body language and expressions.
- ☐ Use modelling, storytelling and role-plays, along with direct instruction to reinforce what is acceptable social behaviour in the classroom.
- ☐ Pair with positive peers to ensure the student does not feel left out during recess or other school activities. If the student has physical limitations, find alternative ways to promote involvement.
- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

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Hearing Loss

Strategies that make a difference

Students who are deaf or hard-of-hearing have a diagnosis, from an audiologist, which identifies the presence and degree of hearing loss. The Canadian Academy of Audiology defines hearing loss as mild (26–40 decibels), moderate (41–55 decibels), moderate to severe (56–70 decibels), severe (71–90 decibels) or profound (90+ decibels). The degree of hearing loss does not predetermine how students function in auditory, educational and social situations. Students with a moderate hearing loss may function as deaf, but with current technologies, students with severe to profound hearing loss may function as hard-of-hearing.

Implications for Planning and Awareness

☐ Meet with the student and parents prior to the school year to discuss how the school can support this student's needs related to hearing loss. This could include finding out about:
  – the student's strengths, interests, areas of need and method of communication
  – technology/equipment and support, including amplification
  – language development
  – deaf and hard-of-hearing specialist involvement
  – successful communication strategies used at home and in the community that could be used at school
  – monitoring and troubleshooting amplification.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on hearing loss with peers.

☐ Learn as much as you can about how hearing loss can affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals, such as an educational audiologist and a teacher with a specialized degree in the education of deaf and hard-of-hearing students will build your understanding and help you make decisions to support the student's success at school.

☐ Access input from an audiologist to determine the appropriate communication technologies, such as a classroom sound field system or personal FM system.

☐ Review recent assessments to identify possible delays and/or gaps in language development (e.g., extent of vocabulary development, appropriate use of vocabulary reading, writing).

☐ Collaborate with the school, school jurisdictional team and community partners to identify and coordinate supports and services, such as a teacher with a specialized degree in the education of students with hearing loss.

☐ Develop a system for sharing information with relevant staff members about the student's hearing loss and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

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Implications for Instruction

- ☐ Set up the classroom with attention to light source, room configuration and student placement. Consider sight lines (well-lit but free from glare) to the teacher, classmates and board.
- ☐ Set up the classroom with attention to acoustics (e.g., reduce ambient noise from furnace fans, open windows, florescent lighting; reduce hard surfaces, such as floors and walls). As much as possible, place the student away from any remaining ambient noise.
- ☐ Support daily use of the student's prescribed amplification.
- ☐ Establish eye contact before speaking or signing directly to the student. If a sign language interpreter is required, talk with the interpreter about appropriate interaction practice.
- ☐ Provide a variety of visual aids to support learning.
- ☐ Allow extra time for the student to process and respond to information.
- ☐ Use strategies to ensure that questions or discussion from peers is understood, such as repeating what is said, and using appropriate technology and/or planning with the interpreter.
- ☐ Plan and provide consistent, targeted teaching in the chosen language(s) of instruction (e.g., American Sign Language [through an interpreter], and/or English and/or French).
- ☐ Teach students how to recognize communication breakdowns and implement strategies to repair communication.
- ☐ Provide assistive technology support, such as close captioning on DVD or Internet programs.
- ☐ Use strategies to assist the student in accessing information in class, such as providing notes and/or a buddy system. Ask the student to demonstrate/verbalize understanding of concepts and language.
- ☐ Check with the student to determine the need for rest breaks after long periods of speech reading or instruction in sign language.

Implications for Social and Emotional Well-being

- ☐ Be aware of student–peer relationships and provide support and guidance, when necessary. Some students with hearing loss may be unaware or misunderstand incidental information and social nuances.
- ☐ Promote social interaction and reduce isolation for students who use sign language by:
    - – establishing a sign language instruction club for hearing peers, staff and, possibly, community members
    - – providing opportunities and/or information to parents regarding opportunities to interact with other signing students and adult role models via Skype or videoconferencing.
- ☐ Provide communication support during extracurricular activities, field trips and assemblies.
- ☐ Foster students' understanding of their interests, strengths and areas of need, and promote self–advocacy skills so students can ask for what they need.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

3. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

4. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

5. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

6. Is service to the student from an external provider required?   ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

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Learning Disabilities

Strategies that make a difference

Students with learning disabilities have many patterns of strengths and weaknesses in receiving, processing and expressing information. These individuals are of average or above average intelligence but they experience unexpected academic difficulties as a result of processing difficulties. Areas of processing that may be affected include phonological, language, visual (visual spatial, visual-motor), attention, memory, speed of processing and executive functioning. Learning disabilities are more common in some medical populations, including individuals born prematurely and those with epilepsy. These students may experience a higher incidence of ear infections and allergies, and hearing may be affected intermittently. Learning disabilities are lifelong and can affect individuals in nonacademic ways in their daily lives, including their social interactions, self-esteem and employment.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to learning disabilities. This could include finding out about:
  – the student's specific strengths and needs
  – successful strategies used at home or in the community that could be used at school.

☐ Collaborate with the parents and the student to consider if, and how, they would like to share specific information on learning disabilities with peers. If they wish to do this, consultation with external health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how this disability may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

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Implications for Instruction

☐ Provide explicit instruction with clear, detailed explanations and demonstrations outlining concepts, steps and rationales.

☐ Use graphic organizers and visuals to help the student organize and remember information (e.g., semantic map of a topic or concept, pictures of steps for problem solving, a planning board with the sequence of activities for the day).

☐ Provide multisensory presentations, whenever possible. Pair written instructions with oral instructions. Provide visual or hands-on prompts, if needed.

☐ Provide "scaffolded" instruction (e.g., build on what the student knows by providing assistance, modelling, guidance and collaboration to move the student toward working independently.

☐ Explicitly teach strategies on how to approach tasks, how to use knowledge to solve problems and how to plan, perform and evaluate performance, as well as how to use strategies for listening, organization, studying and test-taking. Model and demonstrate each step of a strategy, and provide guided practice and feedback and cues for implementing the strategy.

☐ Actively demonstrate and encourage the use of memory strategies. Present information to maximize storage and retrieval (e.g., graphic organizers). Review and preview concepts to assist the student in making connections between what the student knows or has learned and new learning.

☐ Allow extra time for the student to process and respond to verbal information.

☐ Encourage the student to ask for help when he or she does not understand. Watch for and respond to signs of confusion or inattention.

☐ Break down tasks into steps and provide step-by-step prompts. Provide feedback for each step.

☐ Provide extra time to complete assignments or tests, or reduce the amount of work to complete.

☐ Provide a range of opportunities for the student to demonstrate learning.

☐ Provide more intensive, direct and ongoing instruction in reading and writing, including:
  – phonics and word decoding
  – vocabulary
  – reading comprehension
  – written language, including planning.

☐ Provide explicit strategies, models and exemplars for writing and math.

☐ Provide access to assistive technology, such as speech-to-text and text-to-voice programs.

☐ Support the use of assistive technology (e.g., develop keyboarding skills).

☐ Teach strategies for self-monitoring, such as making daily lists and personal checklists for areas of difficulty.

☐ Help the student to organize belongings and work (e.g., label school supplies, colour code subject notebooks).

Implications for Social and Emotional Well-being

☐ Engage the student and parents in planning for the transition to high school, post-secondary and the world-of-work.

☐ Involve the student in the selection and monitoring of supports and strategies (e.g., Are they working? What changes are needed?).

☐ Create a clear structure and schedule for the classroom and ensure students are familiar with this routine. Establish consistent procedures for turning in assignments and homework.

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- ☐ Foster an atmosphere in which all students feel it is safe to make mistakes.
- ☐ Provide explicit and specific feedback when the student demonstrates positive social skills. Follow the "I FEED" (Immediate, Frequent, Enthusiastic, Eye Contact, Describe) principle.
- ☐ Monitor for signs of anxiety, such as restlessness, distractibility, physical tension and avoidance.
- ☐ Be aware of student–peer relationships and provide support and guidance, when necessary. Some students may be unaware or misunderstand incidental information and social nuances.
- ☐ Help students become aware of their strengths and what helps them learn best so that they can begin to develop self-advocacy skills.
- ☐ Provide support/coaching to develop self-advocacy skills (e.g., knowing and communicating, learning strengths and needs and what helps them be successful learners.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs?   ☐ Yes   ☐ No

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student?   ☐ Yes   ☐ No
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Alberta Education. *Unlocking Potential: Key Components of Programming for Students with Learning Disabilities*. http://education.alberta.ca/media/511999/unlocking.pdf

National Center for Learning Disabilities. "Especially for Teachers." http://www.ncld.org/at-school/especially-for-teachers

Learning Disabilities Association of America. "For Teachers." http://www.ldanatl.org/aboutld/teachers/index.asp

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Marfan Syndrome

Strategies that make a difference

Marfan syndrome is a rare hereditary disorder that affects the connective tissue in many body systems, including the skeleton, eyes (symptoms may include glaucoma or detached retina), heart and blood vessels, nervous system, skin and lungs. Individuals with Marfan syndrome are typically very tall, slender and loose jointed. Marfan syndrome can cause a number of complications that may require medical attention, including breathlessness and chest pain (and in some cases spontaneous collapse of the lungs), dislocation of knees and shoulders, and sudden changes or disturbances in vision, including painful eyes.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to Marfan syndrome. This could include finding out about:
- – the student's strengths, interests and areas of need
- – the student's specific symptoms
- – successful strategies used at home or in the community that could be used at school.

☐ In collaboration with parents and health care professionals, develop a written management plan that aligns with related jurisdictional policies and protocols. This plan should include specific information, such as:
- – symptoms that may affect the student at school and may require monitoring
- – the role of school staff
- – equipment and environmental modifications
- – when emergency measures should be taken.

☐ If the student is taking medications during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Work with the parents to carry out a risk assessment before field trips to check for steep hills, stairs or other potential hazards, and to plan for the student's safe and successful participation.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on Marfan syndrome with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how Marfan syndrome may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

> Your awareness needs to begin with conversations with the student's parents.

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☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services, such as physical or occupational therapy.

☐ Determine and arrange for any equipment or classroom modifications that might be needed. This may include accommodations for mobility equipment (e.g., wheelchairs, standing frames, walkers), supportive seating, supportive toilet seats and/or mechanical lifts.

☐ Determine if any changes to school timetables or schedules will have to be made to accommodate the student's equipment and/or travel time from class-to-class.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Implications for Instruction

☐ Talk and smile within the student's comfortable viewing distance, as recognizing facial expressions can often be difficult.

☐ Make accommodations for vision difficulties, as needed, such as sitting the student at the front of the class and using large print if the student's vision is impaired.

☐ Provide adapted tools and materials (e.g., slant boards, adapted writing paper and pencils, large print books, specialized computer software, low vision aids).

☐ Adjust desk height and seating to make the student comfortable and safe.

☐ Encourage the student to use prescription glasses or contact lenses throughout the school day.

☐ Encourage the student to wear a hat or sunglasses in class if bright light causes discomfort or vision problems.

☐ Provide additional time for transitions between classes, particularly in large schools. A trolley may assist in transporting books, laptop computers or other heavy items from room-to-room.

☐ In collaboration with the student and parents, discuss the appropriate level and types of physical activity for the student. Alternatives to regular physical education may need to be considered.

☐ Be cautious of the student's involvement in contact sports due to the danger of retinal detachment.

Implications for Social and Emotional Well-being

☐ Engage the student and parents in planning for transitions between grade levels and different schools.

☐ Consider having a "key person" or mentor the student can check in with on a weekly (or daily basis) to assist with any planning and/or problem solving that may arise.

☐ Provide clear expectations, consistency, structure and routine for the entire class. Rules should be specific, direct, written down and applied consistently.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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☐ Take steps to ensure the student does not feel left out during recess, intramural or other school activities; for example:
– provide an alternative role, such as referee during physical education or intramural activities
– provide alternative activities during recess, such as a friendship bench to sit on and meet with peers.

As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs?   ☐ Yes   ☐ No

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student?   ☐ Yes   ☐ No
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

The Canadian Marfan Association. www.marfan.ca

National Marfan Foundation. "Children and Teens." http://www.marfan.org/marfan/2493/Children-and-Teens/

Please note:
These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.

Mild Cognitive Disability

Strategies that make a difference

The term cognitive disability often is used interchangeably with intellectual or developmental disability. A cognitive disability may be deemed to be mild, moderate or severe depending on the student's level of intellectual functioning. A mild cognitive disability is intellectual functioning that is significantly below average and that exists concurrently with deficits in adaptive behaviour (how individuals adapt to environmental demands compared to others of the same age). Students with a mild cognitive disability will typically learn at about half to three quarters of the rate of most students, and their overall academic achievement can generally reach the higher elementary grades. Students with a mild cognitive disability also may exhibit increased frustration or anxiety due to a lack of understanding, particularly during transitions and changes in routines.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to the mild cognitive disability. This could include finding out about:
  – the student's strengths, interests and areas of need
  – any other associated disorders that need to be considered at school
  – successful strategies used at home or in the community that also could be used at school.

☐ Learn as much as you can about how mild cognitive disabilities may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Determine the implications of the student's delays, including cognitive, language, attention, fine motor (e.g., cutting, colouring, printing) and gross motor (e.g., running, jumping), to plan appropriate instruction.

☐ Understand that skills may develop at a slower rate, so the gap between the student and peers may widen with age.

☐ Provide additional supports, such as small group instruction, manipulatives, visuals to aid understanding (e.g., picture symbols), and extra exploration and practice time.

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- [ ] Maintain the student's attention and focus with short, clear instructions and reminders.
- [ ] Provide as structured and predictable as possible an environment to reduce the student's anxiety during transitions. Be sure to prepare the student for changes in the schedule.
- [ ] Provide checklists, graphic organizers, visual referents and examples to help the student plan ahead and to stay on-task.
- [ ] Provide the student with a work buddy to help with simple instructional and non-instructional tasks.
- [ ] Teach specific problem-solving strategies, and use visual supports to help the student remember the steps.
- [ ] Reduce distractions. For example, seat the student near your desk or in an area away from distractions, such as doors; provide a study carrel that all students can access; allow the student to listen to music using a headset to screen out noise.
- [ ] Help the student to organize belongings and work (e.g., label school supplies, colour code subject notebooks).
- [ ] Provide extra time for tasks and, when necessary, adapt the level of difficulty and/or abstraction of assignments.

Implications for Social and Emotional Well-being

- [ ] Engage the student and parents in planning for transitions between grade levels and different schools.
- [ ] Support the development of self-advocacy skills by involving students in selecting and monitoring supports and strategies that will work best for them.
- [ ] Provide clear expectations, consistency, structure and routine that allow the students to participate fully.
- [ ] Take steps to ensure the student does not feel left out during recess, intramural or other school activities.
- [ ] Teach the student appropriate conversational skills and social skills, such as:
  – greeting people (e.g., saying hello, no hugging)
  – turn-taking during conversations
  – asking and answering questions.
- [ ] Explicitly teach social skills, such as how to read body language and expressions. Use modelling, storytelling and role-plays, along with direct instruction.
- [ ] Provide support in transitioning from one activity or place to another. Cues, routines and purposeful activity during transitions may be helpful.
- [ ] Use low-key rewards and positive reinforcement rather than punishments.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? ☐ Yes ☐ No

2. Do I need targeted professional learning? ☐ Yes ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student? ☐ Yes ☐ No
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

LearnAlberta.ca
(Keyword: Positive
Behaviour Support)

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Mitochondrial Disorders

Strategies that make a difference

Mitochondrial disorders arise from genetic mutation of the mitochondria (the parts of the cells that produce energy for cell function). Almost any tissue can be affected. The ones most commonly affected are those with the highest energy demands, such as the heart, central nervous system, eye, stomach and skeletal muscles. Particular syndromes may be accompanied by a cluster of clinical symptoms. The most common symptoms are seizures, fatigue, cardiac complications and gastrointestinal symptoms, including frequent vomiting. Mitochondrial disorders range in severity, from very mild to severe.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to Mitochondria. This could include finding out about:
   – the student's strengths, interests and areas of need
   – the student's specific symptoms
   – successful strategies used at home or in the community that could be used at school.

☐ In collaboration with parents and health care professionals, develop a written management plan that aligns with related jurisdictional policies and protocols. This plan should include specific information, such as:
   – symptoms that may affect the student at school and may require monitoring
   – the role of school staff
   – equipment and environmental modifications
   – when and what emergency measures should be taken.

☐ If the student is taking medications during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on Mitochondrial disorders with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

> Your awareness needs to begin with conversations with the student's parents.

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- ☐ Determine and arrange for any equipment or classroom modifications that might be needed. This may include accommodations for mobility equipment (e.g., wheelchairs, standing frames, walkers), supportive seating, supportive toilet seats and/or mechanical lifts.
- ☐ Make arrangements for the student to avoid heat and cold (if this is an issue). This may impact recess, as well as activities where students have to leave the school (e.g., field trips, fire drills).
- ☐ Determine if any changes to school timetables or schedules will have to be made to accommodate the student's equipment and/or travel time from class-to-class.
- ☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Implications for Instruction

- ☐ Provide supports and accommodations, as needed, to manage any cognitive, visual or hearing impairment the student may have. Consult with a teacher of the deaf and hard-of-hearing or a teacher of the visually impaired, if needed.
- ☐ Be aware that students with Mitochondrial disorders may have numerous absences due to medical appointments, or treatments, or fatigue.
- ☐ Develop a communication strategy between the home and school to stay informed about absences, and to keep the student and family connected to classroom learning.
- ☐ Seat the student in the classroom with thought given to any hearing or vision difficulties.
- ☐ Schedule breaks, as needed, throughout the day to help the student cope with fatigue and to allow for frequent small meals.
- ☐ Consult with an adapted physical education specialist or physical therapist, as required.

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Consider having a "key person" the student can check in with on a weekly (or daily basis) to assist with any planning, self-monitoring and/or problem solving that may arise.
- ☐ Take steps to ensure the student does not feel left out during recess, intramural or other school activities; for example:
  - – provide an alternative role, such as referee during physical education or intramural activities
  - – provide alternative activities during recess, such as a friendship bench to sit on and meet with peers.
- ☐ Recognize that the student may have dietary restrictions (e.g., avoiding MSG). Help the student feel included in the classroom by considering this when foods are served for special events or brought into the classroom.
- ☐ Encourage peers to engage the student in activities on the playground that require limited physical demands.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's medical needs?   ☐ Yes   ☐ No

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

5. Is service to the student from an external provider required?   ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Mito Action. "School Advocacy and Education Support." http://www.mitoaction.org/tools-for-special-education

United Mitochondrial Disease Foundation. http://www.umdf.org/

Please note:
These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.

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Moderate Cognitive Disability

Strategies that make a difference

The term cognitive disability often is used interchangeably with intellectual or developmental disabilities. A cognitive disability may be deemed to be mild, moderate or severe depending on the student's IQ. A moderate cognitive disability is intellectual functioning that is considerably below average and that exists concurrently with significant deficits in adaptive behaviour (how individuals adapt to environmental demands compared to others of the same age). Students with a moderate cognitive disability will typically learn basic communication skills in childhood with numerous supports. They will be delayed in all areas of development and will require academic and social/emotional supports.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to the moderate cognitive disability. This could include finding out about:
- the student's strengths, interests and areas of need
- implications that may affect the student at school
- any other associated disorders that need to be considered at school
- successful strategies used at home or in the community that also could be used at school.

☐ Learn as much as you can about how moderate cognitive disabilities may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Determine the implications of the student's delays, including cognitive, language, attention, fine motor (e.g., cutting, colouring, printing) and gross motor (e.g., running, jumping), to plan appropriate instruction.

☐ Understand that skills will develop at a slower rate, so the gap between the student and peers may widen with age.

☐ Use learning resources that:
- are age-appropriate
- are authentic and meaningful
- have a real-world application
- are developmentally appropriate and relate to learning outcomes from the Alberta programs of study.

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- ☐ Break down tasks into steps and provide step-by-step prompts. Provide visual and verbal feedback for each step.
- ☐ Use a multisensory teaching approach, whenever possible, that includes hands-on, visuals to aid understanding (e.g., picture symbols), extra exploration and practice time, and the use of real objects as well as manipulatives.
- ☐ Maintain the student's attention and focus by using short, clear instructions paired with visual supports, such as:
  – presenting common directions with black and white drawings
  – using simple icons to represent locations, common actions, choices, schedules and rules.
- ☐ Explicitly teach social skills, such as how to read body language and expressions. Use modelling, storytelling and role-plays, along with direct instruction.
- ☐ Be aware that some students may have delayed receptive and expressive language skills (e.g., ask simple questions, maintain eye contact, provide a longer wait time, allow for alternative response methods).
- ☐ Work collaboratively with the parents and speech-language therapists to determine the student's ability and needs in terms of speech and language, and augmentative communication tools.
- ☐ Ensure the student has support and, possibly, assistance with gross and fine motor activities, as needed. Younger students may have difficulty with buttons, zippers and snaps, and may be late in toilet training. Look for simple solutions, such as velcro fasteners and slip-on shoes.
- ☐ Provide as structured and predictable as possible an environment to reduce student's confusion and/or anxiety during transitions. Be sure to prepare the student for changes in the schedule.
- ☐ Provide the student with a work buddy to help with simple instructional and non-instructional tasks.
- ☐ Provide opportunities for movement (e.g., allow students to move or stand up; provide the student with a fidget toy such as a necklace or squeeze ball to use quietly, as needed; provide stretch or movement breaks as part of the classroom routine; create opportunities for the student to do errands in the classroom.
- ☐ Ensure the student goes out at recess, takes breaks or participates in physical activities to use up excess energy and manage restlessness).
- ☐ Reduce distractions. For example, seat the student near your desk or in an area away from distractions, such as doors; provide a study carrel that all students can access; allow the student to listen to music using a headset to screen out noise.
- ☐ Help the student organize belongings and work (e.g., label school supplies, colour code subject notebooks).
- ☐ Provide all students with opportunities for making choices throughout the day.

Implications for Social and Emotional Well-being
- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Provide clear expectations, consistency, structure and routine for the entire class. Rules should be specific, direct, written down and applied consistently.
- ☐ Teach the student appropriate conversational skills, such as:
  – greeting people (e.g., saying hello, no hugging)
  – taking turns
  – asking and answering questions.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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☐ Use a variety of cueing techniques to teach and practise new skills and routines, including:
- tactile cueing (e.g., a tap on the shoulder or physically guide the student)
- using simple icons to represent locations, common actions, choices, schedules and rules
- auditory cueing (e.g., verbal prompts or a simple song or sound)
- environmental cueing (e.g., adjusting the lighting)

☐ Take steps to ensure the student does not feel left out during recess, intramural or other school activities.

☐ Monitor and intercede on behalf of the student with moderate cognitive disabilities to stop any teasing, and then teach the student appropriate response strategies.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's needs and strengths? ☐ Yes ☐ No

2. Do I need targeted professional learning? ☐ Yes ☐ No
If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required? ☐ Yes ☐ No
If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? ☐ Yes ☐ No
If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student? ☐ Yes ☐ No
If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes ☐ No
If yes, what outcomes would be anticipated?

Links for further information:

LearnAlberta.ca
(Keyword: Positive
Behaviour Support)

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Obsessive Compulsive Disorder

Strategies that ⌖ **make a difference**

Obsessions are persistent thoughts, impulses or images that cause significant distress. Compulsions are repetitive behaviours (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that a person feels compelled to do to prevent or reduce distress. Obsessive compulsive disorder (OCD) is a psychiatric condition in which obsessions or compulsions are severe enough to be time consuming, cause marked distress or interfere with everyday functioning. Treatment for OCD ranges from therapy to self-help and medication. The onset of OCD usually occurs during adolescence or young adulthood. In young children other disorders, such as attention deficit/hyperactivity disorder, Autism and Tourette syndrome also can look like obsessive compulsive disorder.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to OCD. This could include finding out about:
  – the student's strengths, interests and areas of need
  – the student's specific symptoms
  – successful strategies used at home or in the community that could be used at school.

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Learn as much as you can about how OCD may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services, such as counselling or behaviour therapy.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

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Implications for Instruction

☐ Keep in mind that persistent, repetitive thoughts may interfere with the student's ability to concentrate, which may affect many school activities, from following directions and completing assignments to paying attention in class.

☐ Encourage the student working with others (e.g., classroom teacher, parents, behaviour therapist) to develop strategies for managing OCD symptoms at school. Involving the student will lead to more successful strategies and greater problem-solving abilities.

☐ Provide extra time for transitions and for completing assignments. Starting school work and finishing work in the appropriate time frame may be difficult.

☐ Waive or extend time limits and make a quiet location available for test-taking, if needed.

☐ Do not assume a student's difficulties or frustrations in school are due entirely to OCD. If the student still has academic difficulty or is reluctant to attend school after OCD symptoms are treated, consider an assessment for other learning issues.

Implications for Social and Emotional Well-being

☐ Provide a flexible and supportive classroom environment. This type of environment is essential for a student with OCD to achieve success in school.

☐ Work with parents and other school staff to identify difficult or stressful situations for the student. Collaboratively develop strategies and solutions to reduce the student's stress. Enlisting the student in this task will lead to more successful strategies and will foster the student's ability to solve problems.

☐ Engage the student and parents in planning for transitions between grade levels and different schools.

☐ Watch for signs of social isolation or withdrawal. Work with the student and possibly a mental health professional to deal with these concerns.

☐ Monitor the student's interactions with peers. Be aware that the student's unusual behaviours may be distressing to peers. Misunderstandings may lead to arguments and clashes between peers. Develop a class strategy to help peers respond appropriately to unusual behaviours.

☐ If the student insists on certain OCD rituals at school, work with him or her to identify less intrusive rituals (e.g., tapping one desk rather than tapping every desk).

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Student Health Partnership, Alberta Children's
   Hospital, Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

OCD Education Station. http://www.ocdeducationstation.org/

National Association of School Psychologists. "Obsessive Compulsive Disorder."
http://www.nasponline.org/resources/principals/nassp_obsessive.pdf

Tourette Syndrome « Plus» «Education» http://www.tourettesyndrome.net/education/

Please note:

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Oppositional Defiant Disorder

Strategies that make a difference

Oppositional defiant disorder (ODD) is a condition characterized by a persistent pattern of aggressive and defiant behaviour and a need to annoy or irritate others. Common behaviours include frequent temper tantrums, frequent arguing with both peers and adults, intentionally annoying others, blaming others for own mistakes, and appearing angry and vindictive. Oppositional defiant disorder usually shows up in children by eight years of age and sometimes as early as three years. Oppositional defiant disorder may develop as a way of dealing with depression, inconsistent rules or standards, or a traumatic event or situation, such as divorce, trauma or conflict. Treatment for oppositional defiant disorder may include counselling, behaviour therapy, parent education and medication. The number of symptoms tends to increase with age and, if not recognized early, behaviour patterns can become well-established and more resistant to treatment. Students with ODD also may have other disorders and difficulties, such as attention deficit/hyperactivity disorder, learning disabilities or depression, and are at risk for developing conduct disorder. Some younger students exhibiting characteristics of oppositional defiant disorder may develop a more serious conduct disorder later in life.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to ODD. This could include finding out about:
  – the student's strengths, interests and areas of need
  – the student's specific symptoms
  – if the student has any other associated disorders that need to be considered at school
  – successful strategies used at home or in the community that also could be used at school.

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Learn as much as you can about how ODD may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports, such as behavioural therapists.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

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- ☐ School staff working with the student should be trained in crisis management and non-violent crisis intervention techniques.
- ☐ Know what your own triggers are to avoid being drawn into a negative interaction pattern with the student.
- ☐ The physical placement of the student with ODD should be chosen carefully (e.g., who to sit beside, physical distractions, room to move, proximity to the teacher). It is important to avoid choosing a physical location that isolates the student, since this may make other students less willing and able to interact positively with the student.
- ☐ Create pathways for movement. Pathways should eliminate the need to step over objects or between people.

Implications for Instruction

- ☐ Anticipate difficulty with anger control. Be proactive in recognizing triggers and plan accordingly. Create a behaviour support plan in collaboration with the school/jurisdictional team, parents and, if appropriate, the student.
- ☐ Be aware that students with ODD tend to create power struggles. Avoid these verbal exchanges. Avoid making comments or talking about situations that may be a source of argument.
- ☐ Provide clear, specific expectations for behaviour that the student can follow. For example, "I will follow directions." Use a chart to monitor progress during the day.
- ☐ Be clear on what behaviours are not negotiable and what consequences will follow. Be consistent with consequences.
- ☐ Use "start" requests rather than "stop" requests. "Do" requests are more desirable than "don't" requests.
- ☐ Make one request at a time, using a quiet voice and, when in close proximity, using eye contact.
- ☐ When appropriate, offer a choice (e.g., "Do you want to work at your desk or at the table?").
- ☐ Describe the desired behaviour in clear and specific terms to reduce misunderstanding. Avoid entering into a discussion or argument about the behaviour.
- ☐ Ensure that academic expectations are at the appropriate level (e.g., not too difficult, not too easy).
- ☐ Support academic success using strategies, such as cues, prompting, coaching, providing positive incentives and breaking down tasks.
- ☐ Pace instruction, allowing a preferred activity when a nonpreferred activity has been completed.
- ☐ Allow the student to re-do assignments to improve the final grade or score.
- ☐ Create a sharp separation between class periods but keep the transition time to a minimum. Minimize "down time" and plan transitions carefully.
- ☐ Some students will require a behaviour support plan that outlines strengths, needs, triggers and an intervention plan. When appropriate, involve the student in the development of this plan.

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Implications for Social and Emotional Well-being

- ☐ Maintain predictable classroom routines and rules for all students.
- ☐ Watch for signs of anxiety and consult with the parents and school/jurisdictional team to determine if, and when, further consultation or supports are needed.
- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Support the development of self-advocacy skills by providing explicit feedback and encouraging goal setting. When appropriate, involve the student in monitoring the success of supports and strategies used in the classroom.
- ☐ Structure activities to build positive peer relationships. Provide cooperative learning opportunities. Ensure that the student with ODD is not always left out or the last one picked by peers.
- ☐ Identify a mentor or buddy in the school, with whom the student has a strong, positive relationship and can check in or touch base with throughout the day.
- ☐ Systematically teach social skills and strategies that the student can use to cope with frustration and to calm down when angry.
- ☐ Speak to the student privately about his or her behaviour instead of in front of others, to prevent loss of face and avoid escalation.
- ☐ Teach and encourage the student to remove himself or herself from stressful events and situations by walking away or going to a quiet space away from others.
- ☐ To ensure the safety of other students in the classroom, explain to students the importance of walking away from possible confrontations that may lead to aggression.
- ☐ Encourage students to get help as soon as they feel the situation is getting out-of-hand.
- ☐ Identify the types of activities that are likely to cause frustration and work with the student to actively manage frustration.
- ☐ Use praise, when appropriate, to reward good behaviour and build self-esteem. Be aware that students with ODD may have an unusual response to positive reinforcement.
- ☐ Identify environments that may be very stressful (e.g., music class, gymnasium, noisy lunch room) and develop strategies for reducing stress in these environments (e.g., use of earplugs, assigned seating in the lunchroom, etc.).
- ☐ Give the student advance notice when there will be a change in the schedule or routine (e.g., school assembly, fire drill, a substitute teacher in the classroom).

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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Education

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

3. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

4. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

5. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Student Health Partnership, Alberta Children's
   Hospital, Glenrose Hospital)?
   If yes, what issues and questions would we explore?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Please note:
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Prader Willi Syndrome

Strategies that make a difference

Prader Willi Syndrome **is a genetic disorder. These students may be shorter than other students their age, and they may appear "floppy" due to poor muscle tone. The students may have learning difficulties, problem behaviours and a constant feeling of being hungry that puts them at risk of continual overeating. These students often have a slower metabolism than the general population so they tend to put on weight more quickly and often struggle with obesity.**

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to Prader Willi Syndrome. This could include finding out about:
  – the student's strengths, interests and areas of need
  – successful strategies used at home or in the community
  – any medications the student takes and potential side-effects, including those that may affect learning and behaviour
  – other professionals involved with the student.

☐ Learn as much as you can about how Prader Willi Syndrome may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified health care professionals will build your understanding and help you make informed decisions to support the student's success at school.

☐ In collaboration with parents and health care professionals, develop a written medical management plan that aligns with school and jurisdictional policies and protocols. This plan should include specific information, such as:
  – food and dietary restrictions
  – medical concerns that may affect the student at school
  – any medications the student takes at school, how they are administered and potential side effects that staff should watch for
  – when emergency measures should be taken
  – appropriate physical activities
  – behaviour management strategies.

☐ Develop a system for sharing information with relevant staff members about the student's medical conditions and successful strategies. This might include a variety of people working with the student (e.g., bus drivers, custodians, secretaries, volunteers).

☐ Collaborate with the school and/or jurisdiction team to identify and coordinate any needed consultation and support (e.g., behaviour, dietary, occupational therapy).

☐ If required, work with the parents to carry out a risk assessment prior to field trips to identify potential challenges, and to plan for the student's safe and successful participation.

> Your awareness needs to begin with conversations with the student's parents.

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- Collaborate with the parents and student to consider if, and how, they would like to share specific information on Prader Willi with peers. If they wish to do so, consultation with other professionals, such as the school psychologist, may be helpful.
- Be aware of the pattern of student's energy and fatigue levels throughout the school day and adjust activities accordingly.
- Develop secure systems for storing snacks and lunch so the student with Prader Willi does not have unsupervised access. These students may never feel full from eating and may constantly crave food. Some students will go to great lengths to obtain food.
- Students with Prader Willi tend to have high pain thresholds and may scratch their skin when they feel stressed. Provide long sleeve T-shirts and fidget toys as a distraction to or replacement for scratching.
- Provide quiet areas where students can retreat if they feel temporarily overwhelmed by a busy, noisy environment. Rehearse when to go to area, what to do (e.g., calming activities, such as looking at books or listening to music on a headset) and when to return.

Implications for Instruction

- Give clear, brief directions. Have the student repeat the directions back to you to monitor comprehension.
- Simplify language and directions.
- Remind students to "stop, think and listen" before responding, acting or making a choice.
- Provide support in transitioning from one activity or place to another. Cues, routines and purposeful activity during transitions may be helpful and can reduce confusion and/or anxiety.
- Provide quiet alternative work spaces during noisy classroom activities and/or provide alternative or adapted quiet activities.
- Provide a warning to the student just before loud, predictable noises (e.g., school bell, announcements over a public announcement system, music in assemblies).
- Teach strategies for self-monitoring, such as making and using daily lists and personal checklists.
- Use low-key cues, such as touching the student's desk to signal the student to return to the task at hand.
- Break task and assignments into short, easy-to-manage steps. Provide each step separately and give feedback along the way.
- Design learning activities that require a high response rate and use concrete learning objects. For example, provide students with individual white boards, chalkboards or manipulatives that allow them to actively respond and "show" their answer.
- Design math tasks and materials that consider spatial organization and fine motor difficulties. For example, reduce the amount of information on a page, provide a "window box" template to view one question at a time, provide graph paper to align numbers correctly.
- Limit the amount of copying and/or writing. Consider the use of assistive technology tools, such as a dedicated word processing software.
- Help the student to organize belongings and work (e.g., label school supplies, colour-code subject notebooks).

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Implications for Social and Emotional Well-being

☐ Explicitly teach social skill, such as how to ask a friend to play, taking turns and sharing, etc. Use modelling, social stories and role-play. Students may not know how to make friends in the classroom even though they want to have friends.

☐ Partner the student with positive peers so he or she does not feel left out at recess and other less structured times.

☐ Students may be messy eaters because of low muscle tone in the mouth area. Ensure they have napkins at lunch time and work out a subtle cue (e.g., touching mouth) that positive peers and school staff can use to remind them to wipe their mouths.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs?   ☐ Yes   ☐ No

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning for this student?   ☐ Yes   ☐ No
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required?   ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

British Columbia Prader Willi Syndrome Association http://www.bcpwsa.com

Prader Willi Syndrome Association of Alberta http://www.pwsaa.ca

Prader Willi Syndrome Association USA. "Information for School Staff: Supporting the Student Who Has Prader-Willi Syndrome." http://www.pwsausa.org/Educator/SchoolInfoForStaff.pdf

Special Education Support Service. "Prader Willi Syndrome: Tips for Learning and Teaching." http://www.sess.ie/categories/assessed-syndromes/prader-willi-syndrome/tips-learning-and-teaching

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Reactive Attachment Disorder

Strategies that make a difference

Reactive attachment disorder **is a mental health disorder in which infants and young children (usually before the age of 5) are unable to form healthy social relationships, particularly with a primary caregiver.**

A child with reactive attachment disorder has typically experienced neglect, abuse, or has moved multiple times from one caregiver to another. As a result, the child may have major difficulties establishing loving and caring attachments with others, now and in the future.

There are two major subtypes for this disorder. Students with inhibited behaviour shun relationships and attachments to virtually everyone. Students with disinhibited behaviour seek attention from virtually everyone, including strangers. They may frequently ask for help, have inappropriately childish behaviour or appear anxious.

Implications for Planning and Awareness

☐ Meet with the parents early in the school year to discuss how the school staff can support this student's needs related to reactive attachment disorder. This could include:
  – understanding specific behaviours related to the disorder
  – sharing successful strategies used at home that could be used at school
  – developing a communication plan between home and school.

☐ If needed, collaborate with parents and mental health care professionals to develop a behaviour support plan to guide all school staff supporting this student.

☐ Collaborate with the parents to consider what specific information about their child they would like shared with other school staff.

☐ Learn as much as you can about how reactive attachment disorder may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified mental health care professionals will build your understanding and help you make informed decisions to support the student's success in the classroom.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Teach and model simple problem-solving strategies. Use visual supports to help students remember the steps.

☐ Be sure the parents and school staff agree on and communicate about behaviour expectations; this may reduce miscommunication between home and school and all adults involved with this student.

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- ☐ Make some rewards absolute and not contingent on anything. This effectively counteracts a student's perception that "nothing ever works for me." For example, students participate, barring any safety concerns, in a fun end-of-the-week activity regardless of their behaviour.
- ☐ Use natural opportunities to clearly point out the choices the student is making and use this discussion to help the student begin to recognize the consequences of their choices.
- ☐ Approach students with a matter-of-fact, firm, no nonsense, friendly tone of voice. Phrase directions as directions (e.g., "Do …") versus questions (e.g., "Will you …?").
- ☐ Provide clear, specific expectations for behaviour that the student can follow. Use visuals and charts to monitor progress during the day.

Implications for Social and Emotional Well-being

- ☐ Keep praise very concrete and specific and do not connect it to rewards.
- ☐ Use light-hearted humour to deflect students' attempts to be deliberately provocative or defiant.
- ☐ Children with reactive attachment disorder develop habits of dealing with the world in a way they believe will keep them safe. Help students use reframing to change their perception of situations that may typically cause anxiety.
- ☐ Be mindful of the tendency of these students to be "needy," and establish healthy adult–child boundaries by communicating expectations and providing encouragement.
- ☐ Students with reactive attachment disorder tend to live in the moment; therefore, they need adults to remind them of past successes to help them maintain more positive perspectives on the present.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this mental health condition, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required?   ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

7. Is a wraparound referral required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

Links for further information:

Overview of Reactive Attachment Disorder for Teachers
http://specialchildren.about.com/gi/o.htm?zi=1/XJ&zTi=1&sdn=specialchildren&cdn=parenting&tm=6&f=00&su=p504.1.336.ip_&tt=2&bt=0&bts=0&st=15&zu=http%3A//www.attachmentdisorder.net/Letter_to_Teacher.htm

Please note:
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Receptive Language Disorder

Strategies that make a difference

Receptive language is the comprehension of spoken language. Students with a receptive language disorder have difficulty understanding and processing what is said to them. Receptive language includes understanding figurative language, as well as literal language. Characteristics of a receptive language disorder may include not appearing to listen, difficulty following verbal directions, limited vocabulary, difficulty understanding complex sentences or responding appropriately to questions, parroting words or phrases, and demonstrating lack of interest when storybooks are read to them. Receptive language disorders are a broad category that can range from mild to severe and often overlap with other conditions and/or disabilities.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can best support the student's language needs. This could include finding out about:
  – the student's strengths, interests and areas of need
  – successful communication strategies used at home or in the community that could also be used at school.

☐ Learn as much as you can about how receptive language disorder may affect learning and social and emotional well-being. Reading, asking questions and talking to a speech-language pathologist will build your understanding and help you make decisions to support the student's success at school.

☐ Review available specialized assessments, including the most current speech-language report and the recommendations listed.

☐ Talk with the previous teacher regarding the student's language use and communication strategies that were successful in supporting the student in the classroom.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed assessments, consultation and supports related to speech and communication.

☐ Develop a system for sharing information with relevant staff members about the student's language skills and successful communication strategies.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Reduce auditory and visual distractions in the classroom. Extraneous noises and visual clutter interfere with the student's ability to listen, follow directions and know what information to attend to.

☐ Prepare students so they know when it is time to listen. Cue them (e.g., call their name, give a verbal cue) and encourage them to look at you. You can also give students a nonverbal signal, such as pointing to your ear.

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- ☐ Keep directions short and simple.
- ☐ Include visuals (e.g., photos, illustrations, symbols) when giving instructions. Visuals provide additional information to the student, assist with memory and processing; visuals remain when the auditory information is gone.
- ☐ Use natural gestures to give students added cues about what you want them to do.
- ☐ Speak clearly and slowly. A slower speaking rate with pauses between ideas will help students understand what you want them to do. Emphasize important parts of directions.
- ☐ Break tasks and assignments into short, easy-to-manage steps. Write down these steps on the board or students' desks so they can use them as a reference.
- ☐ Check the students' comprehension of directions and information (e.g., retelling instructions in their own words, indicating understanding with different coloured cups, re-sequencing instructions on the white board, using manipulatives to demonstrate comprehension).

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels, different schools and out of school.
- ☐ The student may have difficulty with social and conversational skills. Teach the language to use in specific social situations, such as:
  – greeting people and starting a conversation
  – asking and answering questions
  – asking for help or clarification.
- ☐ Explicitly teach social skills related to communication, such as how to read body language and expressions. Use direct instruction along with modelling, storytelling, role-play and social scripts.
- ☐ Provide supports and set up the environment for success in social situations, such as:
  – using a buddy system for recess, lunch and other unstructured social times
  – providing organized activities for the student to take part in at recess or lunchtime.
- ☐ Provide support in transitioning from one classroom activity or place to another. Cues, routines and visual reminders may be helpful so that the student understands what needs to be done during specific transitions.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Talk Box http://www.parentlinkalberta.ca/publish/920.htm

Resources for Improving Language, Literacy and Communication
http://www.speechtx.com

Speech-language Resources http://www.speechlanguage-resources.com

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Medical/Disability Information | Receptive Language Disorder

Seizure Disorders

Strategies that make a difference

There are more than 20 seizure disorders, which are brought on by hyperactivity in the brain. Seizures may be as subtle as a stare or a sudden change in awareness, or as physical as a convulsion. These seizures may last from a few seconds to several minutes. When seizures take place, there can be disruptions of any of the other functions controlled by the brain, from thoughts and emotions to functioning of the heart and lungs. Some seizure disorders experienced by children are difficult to control while others are well-regulated by medication. Medications will not cure a seizure disorder, but may help to control it.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to seizure disorders. This could include finding out about:
  – the student's strengths, interests and areas of need
  – the student's specific symptoms
  – common triggers that need to be considered at school
  – any other associated disorders that need to be considered at school
  – successful strategies used at home or in the community that also could be used at school.

☐ In collaboration with parents and health care professionals, develop a written management plan that aligns with related jurisdictional policies and protocols. This should include specific information, such as:
  – the role of school staff
  – when and what emergency measures should be taken.

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information about seizure disorders with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

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Implications for Instruction

☐ Recognize that after a seizure the student may need a little extra time to begin working up to speed again. He or she may be sleepy and have temporary difficulty concentrating or speaking. Adjust the in-class workload and expectations, as needed.

☐ Be aware that students, who have prolonged seizures or an episode of frequent seizures, may experience a deterioration of physical and mental abilities, such as balance, speech and language and eye–hand coordination. Inform parents of any changes you see.

☐ Identify and take steps to reduce common triggers in the school environment. For example, for some students, seizures can be triggered by flashing or flickering lights or patterns, including computer screens.

Implications for Social and Emotional Well-being

☐ Support the development of self-advocacy skills, such as asking the student for what he or she needs. When possible, involve the student in monitoring the success of supports and strategies used in the classroom.

☐ Monitor the student for feelings of anxiety, withdrawal and isolation and, in consultation with the parents and student, determine if specific strategies or supports need to be in place.

☐ Engage the student and parents in planning for transitions between grade levels and different schools.

☐ Consider a buddy system to support a student with seizure disorders. If the student is returning to class after a seizure, the buddy can help out with missed work.

☐ Make adjustments to social activities, as necessary, to allow students with seizure disorders to participate safely.

☐ Provide a comfortable and private area for the student to relax or sleep after a seizure.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents ☐ Yes ☐ No
   to better understand this student's medical needs?

2. Do I need targeted professional learning? ☐ Yes ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required ☐ Yes ☐ No
   (e.g., Student Health Partnership, Alberta Children's
   Hospital, Glenrose Hospital)?
   If yes, what issues and questions would we explore?

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Selective Mutism

Strategies that **make a difference**

Selective mutism **is often linked to an underlying anxiety disorder. Children with selective mutism can speak normally in certain situations, such as at home or when alone with their parents. However, they may be unable to speak in other social situations, such as at school or at places outside their home. Other symptoms associated with selective mutism can include excessive shyness, withdrawal, dependency upon parents and oppositional behaviour. Most incidents of selective mutism are not the result of a single traumatic event, but rather are the manifestation of a chronic pattern of anxiety. Selective mutism may be treated through various approaches, including behavioural, group and family therapy and speech-language therapy.**

Implications for Planning and Awareness

- ☐ Meet with the student and parents before the school year to allow the student to become familiar with the new classroom, before the other students are present. Discuss how the school can support this student's needs by taking steps to reduce the student's anxiety as much as possible.
- ☐ Make sure all adults who work with the student have accurate information about how to approach and support a student with selective mutism.
- ☐ Learn as much as you can about how anxiety may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build an understanding and help to make decisions to support the student's success in the classroom.
- ☐ Collaborate with the school and/or jurisdictional team to identify and co-ordinate any needed consultation and supports. Children with selective mutism require a team approach incorporating social, educational, psychological, and possibly speech and language interventions.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

- ☐ Be empathetic to the student's difficulty to speak in the classroom. It is not intentional or passive–aggressive behaviour.
- ☐ Keep a predictable structure and clearly explain classroom activities. This will help reduce the unknown and anxiety.
- ☐ When planning a change in a schedule or a new activity, give the student a preview of the expected change.
- ☐ Allow the student to first observe other students before participating in the activity.
- ☐ Keep in mind that although a student may not show outward signs of understanding, he or she may often understand what is being said.

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- [ ] Accept nonverbal means of communication, such as nodding, pointing to words or pictures, drawing, gesturing or writing words down. Avoid trying to cajole students into speaking.
- [ ] Pair the student with peers in activities. A connection with one or two peers will often provide enough comfort that the student may start to speak.

Implications for Social and Emotional Well-being

- [ ] Take the time to develop trust with the student and use terms such as "brave" when he or she attempts to speak in classroom situations.
- [ ] Reward successive approximations of social interaction and communication, including eye contact, following directions and nonverbal participation in group activities.
- [ ] Maintain a matter-of-fact approach and do not attempt to discuss feelings around speaking. Students may be too anxious to speak in some situations. Even though these students know they are afraid, they usually can't explain why. It may increase their stress level if you attempt to discuss why they feel this way.
- [ ] Keep the student in the same small groups for classroom work so they are comfortable and do not have to cope with the stress of switching partners.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this condition, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

The Association of Chief Psychologists with Ontario School Boards
http://www.acposb.on.ca/LearnChall/MUTISM.html

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Severe Cognitive Disability

Strategies that make a difference

The term cognitive disability is often used interchangeably with intellectual or developmental disabilities. A cognitive disability may be deemed to be mild, moderate or severe depending on the student's IQ. A severe cognitive disability is intellectual functioning that is much below average and that exists concurrently with significant deficits in adaptive behaviour (how individuals adapt to environmental demands compared to others of the same age). Students with a severe cognitive disability will need supports for most activities in the classroom, but they can learn basic skills.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to the severe cognitive disability. This could include finding out about:
- – the student's strengths, interests and areas of need
- – specific symptoms that may affect the student at school
- – any other associated disorders that need to be considered at school
- – successful strategies used at home or in the community that also could be used at school.

☐ Learn as much as you can about how severe cognitive disabilities may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Develop a system for sharing information with relevant staff members about how this student learns, along with successful strategies.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Determine the implications of the student's delays, including cognitive, behaviour, language, attention, fine motor (e.g., cutting, colouring, printing) and gross motor (e.g., running, jumping), to plan appropriate instruction.

☐ Understand that skills will develop at a slower rate, so the gap between the student and peers will always be significant.

☐ Provide additional supports, such as small group instruction, manipulatives, visuals to aid understanding (e.g., picture symbols), and extra exploration and practice time.

☐ Reduce abstraction level of concepts being taught.

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☐ Determine the student's ability and needs in terms of speech and language. If the student is non-verbal, in collaboration with the parents and a speech-language pathologist, consider exploring augmentative communication systems.

☐ Ensure the student has support and, possibly, assistance with gross and fine motor activities, as needed. Younger students may have difficulty with buttons, zippers and snaps, and may require support with toilet training. Consult with the parents and an occupational therapist regarding supports.

☐ Maintain the student's attention and focus with short, clear instructions and reminders. Repeat instructions as often as is necessary.

☐ Provide as structured and predictable an environment as possible to reduce students' anxiety during transitions. Be sure to prepare the student for changes in the schedule.

☐ Provide the student with a work buddy to help with simple instructional and non-instructional tasks.

☐ Teach specific simple problem-solving strategies, and use visual supports to help the student remember the steps.

☐ Reduce distractions. For example, seat the student near your desk or in an area away from distractions, such as doors; provide a study carrel that all students can access; allow the student to listen to music using a headset to screen out noise.

☐ Help the student to organize belongings and work (e.g., label school supplies, colour code subject notebooks).

☐ Provide all students with opportunities for making choices throughout the day.

Implications for Social and Emotional Well-being

☐ Engage the student and parents in planning for transitions between grade levels and different schools.

☐ Provide clear expectations, consistency, structure and routine for the entire class. Rules should be specific, direct, written down and applied consistently.

☐ Teach the student appropriate conversational skills and social skills, such as:
  – greeting people (e.g., saying hello, no hugging)
  – taking turns
  – asking and answering questions.

☐ Explicitly teach social skills, such as how to read body language and expressions. Use modelling, storytelling and role-plays, along with direct instruction.

☐ Provide support in transitioning from one activity or place to another. Cues, routines and purposeful activity during transitions may be helpful.

☐ Use low-key rewards and positive reinforcement rather than punishments.

☐ Take steps to ensure the student does not feel left out during recess, intramural or other school activities.

☐ Intercede on behalf of the student with cognitive disabilities to stop any teasing, and then teach the student appropriate response strategies.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

LearnAlberta.ca
(Keyword: Positive
Behaviour Support)

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Education

Spina Bifida

Strategies that make a difference

Spina bifida is a birth defect in which the spinal cord and spine are not completely formed. The effects of spina bifida vary greatly depending on the severity and location of the spinal cord damage. The most common and severe form is myelomeningeocele. Typically, the ability to control movement of the legs is affected the most, resulting in difficulties with balance and walking. The student also may have trouble moving the arms and hands, resulting in difficulty with fine motor activities (e.g., printing, colouring, cutting). Sensation and use of the bladder and bowels often are affected. Most people with spina bifida have an average IQ; however, there can be a broad range of cognitive abilities. The more severe the spinal cord damage, the more learning difficulties the student may have. Students with hydrocephalus (fluid build-up in the brain) tend to have lower cognitive ability and more learning challenges. Latex allergies are common and sometimes life-threatening in people with spina bifida.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to spina bifida. This could include finding out about:
- – the student's strengths, interests and areas of need
- – the student's specific symptoms
- – successful strategies used at home or in the community that could be used at school.

☐ In collaboration with parents and health care professionals, develop a written management plan that aligns with related jurisdictional policies and protocols. This should include specific information, such as:
- – symptoms that may affect the student at school and may require monitoring
- – the role of school staff
- – equipment and environmental modifications
- – appropriate physical activities
- – possible complications and responses, including allergic reactions (if present)
- – when and what emergency measures should be taken.

☐ If the student is taking medications during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Work with the parents to carry out a risk assessment before field trips to determine potential hazards, and to plan for the student's safe and successful participation.

> Your awareness needs to begin with conversations with the student's parents.

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- ☐ Learn from parents whether the student has a shunt (a tube that runs from the brain down the spinal cord to help remove excess fluid), as extra caution will need to be taken during physical activities.
- ☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on spina bifida with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.
- ☐ Learn as much as you can about how spina bifida may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.
- ☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services, such as physical or occupational therapy.
- ☐ Work with specialists to arrange for any equipment or classroom modifications that might be needed. This may include accommodations for mobility equipment (e.g., wheelchairs, standing frames, walkers), supportive seating, supportive toilet seats and/or mechanical lifts.
- ☐ Determine if any changes to school timetables or schedules will have to be made to accommodate the student's equipment and/or travel time from class-to-class.
- ☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Implications for Instruction

- ☐ Be aware that students with severe spina bifida may have numerous absences due to medical appointments or treatments, or fatigue.
- ☐ Develop a communication strategy between the home and school to stay informed about absences, and to keep the student and family connected to classroom learning.
- ☐ Determine the student's particular pattern of strengths and needs. Students with spina bifida are typically:
  – stronger in language skills
  – weaker in perceptual skills
  – weaker in motor skills
  – weaker in attention, problem solving, organization, sequencing and memory.
- ☐ Provide the student with copies of notes and assignments. Provide the student with two copies of books, one for school and one for home.
- ☐ Provide adapted tools and materials, such as slant boards, adapted writing paper and pencils and specialized computer software, if weakness in the arms and hands make writing difficult.
- ☐ Provide alternative ways for the student to demonstrate learning.

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- [ ] Provide additional time for transitions between classes, particularly in large schools. A trolley may assist in transporting books, laptop computers or other heavy items from room-to-room, if this is necessary.
- [ ] In collaboration with the student and parents, discuss the appropriate level and types of physical activity for the student. Alternatives to regular physical education may need to be considered.
- [ ] Take necessary precautions and provide close supervision during physical activities, especially if the student has a shunt. Adapt activities as needed (e.g., one-on-one with peer or assistant).

Implications for Social and Emotional Well-being

- [ ] Engage the student and parents in planning for transitions between grade levels and different schools.
- [ ] Consider having a "key person" the student can check in with on a weekly (or daily basis) to assist with any goal setting, planning, self-monitoring and problem solving that may arise.
- [ ] Recognize that the student's physical disability, appearance and lack of bowel or bladder control may affect the student's sense of self and ability to form friendships. Provide emotional and social support in a matter-of-fact way.
- [ ] Take steps to ensure the student does not feel left out during recess, intramural or other school activities; for example:
  - provide an alternative role, such as referee during physical education or intramural activities
  - provide alternative activities during recess, such as a friendship bench to sit on and meet with peers.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's medical needs?

2. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

3. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

4. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

5. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Spina Bifida Association of America. "Learning Among Children with Spina Bifida." http://www.sbaa.org/atf/cf/%7B99DD789C-904D-467E-A2E4-DF1D36E381C0%7D/learning_and_spina_bifida.pdf

Spina Bifida Association of America. "Fact Sheets." http://www.spinabifidaassociation.org/site/c.liKWL7PLLrF/b.2642343/k.8D2D/Fact_Sheets.htm

British Columbia Ministry of Education. *Awareness of Students with Diverse Learning Needs: What the Teacher Needs to Know: Spina Bifida*. http://www.bced.gov.bc.ca/specialed/awareness/63.htm

Please note:
These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.

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Spinal Muscular Atrophy

Strategies that make a difference

Spinal muscular atrophy (SMA) is a neuromuscular disorder in which the nerve cells that control muscles die off. Typically, the weakness is more pronounced toward the core of the body than at the end of the limbs, and the legs are more affected than the arms. Individuals with SMA have normal sensation. Treatment consists mainly of surgery to manage spinal deformity and hip dislocation. There are four basic types of SMA. Only types II and III pertain to school-aged children. Type II is typically diagnosed between three and seven years of age. Students with Type II SMA can sometimes sit independently, but cannot stand or walk independently. Complications include spinal deformity and hip dislocation. Type III is usually diagnosed later in childhood. Students with Type III SMA may be able to walk independently. SMA is progressive and survival rates vary depending on the type and the age at diagnosis.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to SMA. This could include finding out about:
- the student's strengths, interests and areas of need
- the student's specific symptoms
- successful strategies used at home or in the community that could be used at school.

☐ In collaboration with parents and health care professionals, develop a written management plan that aligns with related jurisdictional policies and protocols. This should include specific information, such as:
- symptoms that may affect the student at school and may require monitoring
- the role of school staff
- equipment and environmental modifications
- when and what emergency measures should be taken.

☐ If the student is taking medications during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Work with the parents to carry out a risk assessment before field trips to determine potential hazards, and to plan for the student's safe and successful participation.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on SMA with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

> Your awareness needs to begin with conversations with the student's parents.

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- [ ] Learn as much as you can about how SMA may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.
- [ ] Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services, such as physical or occupational therapy.
- [ ] Determine and arrange for any equipment or classroom modifications that might be needed. This may include accommodations for mobility equipment (e.g., wheelchairs, standing frames, walkers), supportive seating, supportive toilet seats and/or mechanical lifts.
- [ ] Determine if any changes to school timetables or schedules will have to be made to accommodate the student's equipment and/or travel time from class-to-class.
- [ ] Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Implications for Instruction

- [ ] Be aware that students with severe SMA may have numerous absences due to medical appointments or treatments, or fatigue.
- [ ] Develop a communication strategy between the home and school to stay informed about absences, and to keep the student and family connected to classroom learning.
- [ ] Provide the student with copies of notes and assignments. If possible, also provide the student with two copies of books, one for school and one for home.
- [ ] Provide adapted tools and materials, such as slant boards, adapted writing paper and pencils and specialized computer software, if weakness in the arms and hands make writing difficult.
- [ ] Provide alternative ways for the student to demonstrate learning.
- [ ] Provide additional time for transitions between classes, particularly in large schools. A trolley may assist in transporting books, laptop computers or other heavy items from room-to-room, if this is necessary.
- [ ] In collaboration with the student and parents, discuss the appropriate level and types of physical activity for the student. Alternatives to regular physical education may need to be considered.

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Implications for Social and Emotional Well-being

☐ Engage the student and parents in planning for transitions between grade levels and different schools.

☐ Consider having a "key person" or mentor the student can check in with on a weekly or daily basis to assist with any goal setting, planning, self-monitoring and problem solving that may arise.

☐ Take steps to ensure the student does not feel left out during recess, intramural or other school activities; for example:
   – provide an alternative role, such as referee during physical education or intramural activities
   – provide alternative activities during recess, such as a friendship bench to sit on and meet with peers.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's medical needs?   ☐ Yes   ☐ No

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Is service to the student from an external provider required?   ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Muscular Dystrophy Canada. "Educators." http://www.muscle.ca/index.php?id=73&L=0
Muscular Dystrophy Association (MDA). *A Teacher's Guide to Neuromuscular Disease*. http://www.mda.org/publications/tchrdmd/

Please note:
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Stuttering

Strategies that make a difference

Stuttering, also known as stammering or dysfluency, is a disruption in the normal flow of speech. The term "stuttering" covers a wide spectrum of severity: it may include individuals with barely perceptible difficulties, for whom the condition is largely cosmetic, as well as others with extremely severe symptoms, for whom the problem prevents most oral communication. It is characterized by involuntary sound repetition, the prolongation of certain sounds, syllables or words, or the abnormal hesitation or pausing before speech (referred to as blocks). Individuals who stutter may avoid certain words and substitute others. The impact of stuttering on a person's functioning and emotional state can include fears of having to enunciate specific vowels or consonants, fears of being caught stuttering in social situations, self-imposed isolation, anxiety, stress, shame or a feeling of "loss of control" during speech.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to stuttering. This could include finding out about:
  – typical triggers that need to be considered at school
  – successful strategies used at home that also could be used in your classroom.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on stuttering with peers. If they wish to do so, consultation with a specialist, such as a speech-language pathologist, may be helpful.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports (e.g., speech therapy).

☐ Learn as much as you can about how stuttering may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help inform decisions to support the student's success at school.

> Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

☐ Provide a model of slower speech. This works much better than saying, "slow down." A student who is repeatedly told to "slow down" may simply decide to talk less.

☐ Listen with interest (e.g., look the student in the eyes, be attentive and wait patiently). Listen to *what* a student is saying, not *how* he or she is saying it.

☐ Demonstrate respectful listening by *not* interrupting, finishing sentences, filling in words, or giving simplistic advice (e.g., relax, slow down, take a breath).

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- ☐ Pause when talking to give the student an opportunity to talk.
- ☐ Paraphrase what students say so they know that they are understood.
- ☐ Be honest if you have not understood what the student has said (e.g., "I was not listening carefully enough. Please repeat what you told me." or "I did not understand you. Can you tell me again?").
- ☐ Reduce unnecessary hurrying by setting regular routines for the student.
- ☐ Reduce the number of times the student needs to speak or read aloud when he or she is tired, sick or stressed).
- ☐ Make more comments and ask less open-ended questions when the student is having a bad day (e.g., "I like the colours you used in your painting." rather than "What can you tell me about your drawing?").
- ☐ Give the student the same responsibilities that you give to other students and involve them in all classroom activities.
- ☐ Allow students to practise speaking assignments (e.g., oral presentations, reading aloud, answering questions) in easier situations (e.g., in front of you, family or a friend) before moving to more challenging situations (e.g., in front of the class, a school performance).
- ☐ Allow students who are anxious about speaking or reading aloud to talk in unison.
- ☐ Reduce situations that put time pressure on the student as this makes it more difficult to talk smoothly.
- ☐ When it is time for answering questions, discourage call-out answers and model thinking time.
- ☐ During group activities, pair the student who stutters with easy-going, patient partners who allow him or her to contribute equally.

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Observe and report situations that seem to promote fluency and reduce stuttering in the student.
- ☐ Support the development of the student's self-advocacy skills so the student understands his or her "triggers" (e.g., stress, lack of sleep, oral presentations), and understands what strategies or supports are helpful (e.g., reading in unison).
- ☐ Be alert to the possibilities of teasing or bullying toward the student who stutters. Respond in ways that support the student's self-esteem and confidence, such as:
  - – increase understanding and respect for differences
  - – develop an atmosphere of zero tolerance for intolerance
  - – problem solve with the student who stutters and other team members to develop a plan of action when dealing with teasing.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? ☐ Yes ☐ No

2. Do I need targeted professional learning? ☐ Yes ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required ☐ Yes ☐ No
   (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning ☐ Yes ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Friends, The National Association of Young People Who Stutter http://www.friendswhostutter.org

National Stuttering Association http://www.nsastutter.org

ISTAR (Institute for Stuttering Treatment and Research) http://www.istar.ualberta.ca
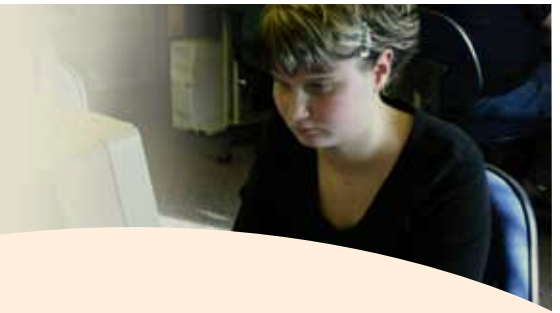
CASLPA (Canadian Association of Speech-Language Pathologists and Audiologists) http://www.caslpa.ca

Please note:
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Tourette Syndrome

Strategies that make a difference

Tourette syndrome is a neurological disorder that causes a wide variety of involuntary motor tics and unusual behaviours. These tics range from eye blinking, facial grimacing and jerky movements to noises, such as snorting, barking, throat clearing and, in rare cases, crude language. They are almost impossible to control. Some individuals can hold back tics for a short time, but this requires a great deal of concentration and energy, and often results in an explosion of tics afterward. Symptoms of Tourette syndrome may come and go and may change over time. Students with Tourette syndrome are likely to have another neurological condition such as attention deficit disorder, obsessive compulsive disorder, learning disabilities, visual and auditory processing problems, sensory integration issues or depression.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to Tourette syndrome. This could include finding out about:
  – the student's strengths, interests and areas of need
  – the student's specific symptoms
  – successful strategies used at home or in the community that could be used at school.

☐ If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Learn as much as you can about how Tourette syndrome may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the parents and student to consider if, and how, they would like to share specific information on Tourette syndrome with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

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Implications for Instruction

- ☐ Understand how the student's particular symptoms, triggers and associated disorders may interfere with success at school, and develop appropriate accommodations.
- ☐ Provide regular opportunities for physical movement to help the student release body tension.
- ☐ Schedule core academics toward the beginning of the day because tics tend to worsen when the student is tired.
- ☐ Provide extra support and accommodations, such as the use of a computer/ word processor, if the student has difficulty with handwriting or reading.
- ☐ Provide alternatives for doing tests and assignments (e.g., orally taped tests in a separate location with time limits waived or extended).
- ☐ Allow extra time to complete work, especially if medications cause drowsiness or slowed thinking.
- ☐ Break down assignments into manageable pieces.
- ☐ Use caution and judgement when distinguishing between disobedience and uncontrollable behaviour.
- ☐ Seat the student where you can help the student stay on-task, but where tics will be less noticeable and embarrassing (e.g., not in the centre and front of the classroom).
- ☐ Provide a neat, quiet place to work in the classroom. Brightly coloured decorations, intriguing toys and other distractions may be too stimulating for a student with Tourette syndrome.
- ☐ Reduce external annoyances, such as the hum of florescent lights, the whistle of air conditioners and glare. These types of stimuli may make it very difficult for a student with Tourette syndrome to concentrate.
- ☐ Allow transition time between activities. If necessary, have the student leave the classroom a few minutes early.

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels and different schools.
- ☐ Be flexible but provide a structured, organized classroom. Set a tone that is accepting and supportive.
- ☐ Be aware that stress (both negative and positive) can cause an increase in tic symptoms. Work with the student to manage stressful or exciting times, such as before tests or special occasions.
- ☐ If tics are socially inappropriate or distracting (e.g., spitting, tapping a pencil on the desk), work with the student to identify a more socially acceptable alternative (e.g., spitting into a tissue, tapping on a sponge).
- ☐ Give frequent breaks out of the classroom to release tics in a less embarrassing environment (e.g., the bathroom, at the drinking fountain, while running an errand).
- ☐ Provide a private area (e.g., nurses' room, resource room) where the student can go to calm down and release tics or obsessions.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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As you consider the implications for this medical condition, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes   ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes   ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes   ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes   ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes   ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes   ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

Canadian Psychiatric Research Foundation. *When Something's Wrong: Ideas for Teachers: Tourette Syndrome*. http://cprf.ca/publication/pdf/teacher_10_eng.pdf

National Tourette Syndrome Association. "Tourette Syndrome Education and Education Strategies." http://www.tsa-usa.org/educ_advoc/educ_ed_strat_main.htm

Tourette Syndrome Foundation of Canada. "Educators Resources." http://www.tourette.ca/resources-educators.php

Tourette Syndrome « Plus » « Education.» http://www.tourettesyndrome.net/education/

Please note:
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Visual Impairment

Strategies that make a difference

The term visual impairment has varying definitions across North America. Partially sighted, low vision, and legally blind are other terms often associated with those with a visual disability. From an educational perspective, students described as having visual impairments or low vision are generally those who are able to use their remaining vision for learning but need to use a combination of compensatory visual strategies, low vision devices, and environmental modifications to access and respond to visual information.

Visual impairment can involve a loss of visual clarity (visual acuity), peripheral vision (visual field), or both. Some visual conditions also may result in reduced or complete loss of colour vision, sensitivity to even normal levels of light (photophobia), or rapid, involuntary eye movements (nystagmus). All of these factors affect the student's degree of visual efficiency or how well the student is able to use vision for learning. It is critical that students receive specific instruction and practice in the effective use of their vision to develop an optimal level of visual efficiency and functioning in various environmental settings.

Visual acuity is measured by comparing one's ability to identify symbols of various sizes viewed at a given distance (6 metres/20 feet). A normal visual acuity is 6/6 or 20/20. Near vision is measured in a similar manner using a test distance of 40 centimetres or 16 inches. Visual field is measured in degrees. Low vision is denoted as having a visual acuity of less than 6/18 (20/70) or less with corrective lenses, or a field of view restricted to 20 degrees or less.

Vision is a dynamic process that integrates sensory and motor information to derive meaning. A student's ability to use vision for learning is dependent upon many factors, such as the severity and age of vision loss, the timeliness and type of intervention, and the presence of additional disabilities. Therefore, student programs and services must be based on the assessed needs of each student.

Implications for Planning and Awareness

☐ Meet with the student, parents and the student's previous classroom teachers to discuss necessary supports for the student. This could include information about:

- the student's learning strengths and routine requiring accommodations
- how to access textbooks and instructional materials in alternate formats (e.g., large print, audio or e-text)
- the technology and special equipment used by the student

> Your awareness needs to begin with conversations with the student's parents.

- instructional strategies that enhance access to information
- the procedure to make peers aware of the visual impairment and its implications.

☐ Learn as much as you can about how a visual impairment may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals, such as a teacher of the visually impaired and/or an orientation and mobility instructor.

☐ Arrange (prior to the first day of school) for a teacher of the visually impaired or an orientation and mobility instructor to orient the student to the classroom, to any areas of the school that will be used by the student, and to locations for catching buses. Teach this method to peers.

☐ Learn the correct way to act as a sighted guide for the student and teach this method to peers.

☐ Consult with a specialist to acquire information regarding any necessary accommodations to ensure the student's safety in the school building (e.g., markings on stairs, additional or reduced lighting).

☐ Review previous functional vision assessments and eye care specialist reports to find out specific information about the student's vision. Speak to the student and/or teachers of the visually impaired about accommodations that enhance the use of residual vision, thereby improving access to instruction.

☐ Review recent assessments to identify current instructional levels and any areas requiring individualized instruction.

☐ Collaborate with school staff, the school jurisdictional team and community partners to identify and coordinate supports and services required to address the nine areas of the Expanded Core Curriculum for students with visual impairment, including:
- compensatory or functional academic skills (e.g., Braille reading, keyboarding, tactile discrimination skills)
- orientation and mobility
- social interaction skills
- independent living and management skills recreation and leisure skills
- career and life management skills
- assistive technology
- visual efficiency skills
- self-determination.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Implications for Instruction

☐ Use cooperative education strategies to actively involve the student in group work.

☐ Review basic concepts prior to the presentation of a lesson. Incidental learning is compromised by low vision. Even if the student is familiar with a concept, pose questions to identify accuracy and completeness of understanding.

☐ Assess the student's ability to interpret the information in various assigned textbooks to gain a sense of the visual abilities and limitations of the student.

☐ Provide appropriate lighting accommodations to enhance the student's access to instructional materials. Reduce glare and enhance contrast to increase the visibility of printed materials.

> Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.

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- ☐ Arrange the classroom to ensure the student can move about safely and independently.
- ☐ Create an efficient system that includes desk space and a storage area for technology, special equipment and materials, such as large print textbooks.
- ☐ Discuss access to learning aids and equipment designed specifically for students with visual impairments. This may include access to visual materials presented in various formats (e.g., bulletin boards, videos, software programs).
- ☐ Implement strategies for getting notes presented during a lesson (e.g., electronic copy of notes, sharing of peer notes).
- ☐ Establish procedures to ensure the student has access to supplementary and teacher-made materials in the preferred format (e.g., large print) at the same time as peers.
- ☐ Plan in advance the materials and resources that you will be using in daily lessons. Ensure that they are available in the students' appropriate alternate format at the same time as their sighted peers.
- ☐ Verbalize what is being written on the board, presented at a distance or being demonstrated to the class.
- ☐ Provide additional time to complete assignments, if necessary. If a concept is mastered, reduce the number of practice questions.
- ☐ Give verbal notice of things, such as a visitor in the classroom, changes in the arrangement of the classroom, and other visual information that arises during the school day.
- ☐ Ensure the student has sufficient training and practice with low vision devices and adaptive technology to use them as effective tools for learning.
- ☐ Alternate activities that require close visual attention (e.g., reading) with those focusing on the use of other senses (e.g., listening). Students who are visually impaired routinely experience visual fatigue because of the close reading distance and the effort required to interpret blurry images.

Implications for Social and Emotional Well-being

- ☐ In collaboration with school team members, including the parents, implement strategies to address the meaningful social inclusion of the student.
- ☐ Ensure the student's classmates are aware of both the social and instructional implications of having a visual impairment (e.g., student may not be able to interpret facial expressions from a distance).
- ☐ Provide both classroom and extracurricular opportunities for the student to interact with peers and to develop friendships.
- ☐ Identify peers by name when responding to raised hands or when calling on specific students to respond to questions. This allows the student with low vision to learn to identify peers by their voices.
- ☐ Provide direct teaching of social skills based on observation and assessment. Consider the implications of incidental learning associated with social interaction and assess the student's mastery of age-appropriate social skills and behaviours.
- ☐ Monitor the student's understanding of his or her strengths, areas of need, and ability to understand and respond to the perceptions of others.
- ☐ Teach self-advocacy skills.
- ☐ Provide only those special accommodations required to ensure the student has access to information and the supports needed to achieve success in an activity. Avoid the creation of "special status" for the student by limiting unwarranted adult attention.

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☐ Respond to the student in a manner appropriate to the relevant age level and performance expectations for the given age group.

☐ Investigate opportunities for the student to meet and interact with both peers and adult role models with visual impairments.

☐ Prepare to address issues associated with "passing" as sighted, a behaviour routinely exhibited by students with low vision in inclusive settings. The parents and specialist teacher can provide suggestions and strategies to help the student deal with the stress of feeling different from peers.

☐ Ensure there are both classroom and extracurricular activities where the student with a visual impairment can perform competently and meaningfully.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? ☐ Yes ☐ No

2. Are further assessments required to assist with planning for this student? ☐ Yes ☐ No
   If yes, what questions do I need answered?

3. Do I need targeted professional learning? ☐ Yes ☐ No
   If yes, what specific topics and strategies would I explore?

4. Is consultation with jurisdictional staff required? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

5. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

6. Is service to the student from an external provider required? ☐ Yes ☐ No
   If yes, what outcomes would be anticipated?

Links for further information:

"The Expanded Core Curriculum for Students with Visual Impairments." http://vision.alberta.ca/resources/curriculum.aspx

Texas School for the Blind and Visually Impaired. http://www.tsbvi.edu/

Vision Education Alberta. http://www.vision.alberta.ca/

Alberta Education. *Essential Components of Educational Programming for Students Who Are Blind or Visually Impaired*. http://education.alberta.ca/admin/special/programming/components.aspx

"Strategies for Teaching Students with Vision Impairments." http://www.as.wvu.edu/~scidis/vision.html#sect1

Saskatchewan Education. *Teaching Students with Visual Impairments*. http://www.education.gov.sk.ca/StudentSupportServicesPublications

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Williams Syndrome

Strategies that **make a difference**

Williams syndrome is a rare genetic disorder characterized by mild to moderate intellectual delays, distinctive "pixie like" facial features, short stature, slight build, limited mobility in the joints, curvature of the spine, cardiovascular disease, and a unique personality that combines overfriendliness and high levels of empathy with anxiety. Children with Williams syndrome are often delayed in their development and may have strengths in verbal short-term memory and spoken language, combined with weaknesses in comprehension, gross and fine motor skills and visual–spatial skills.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to Williams syndrome. This could include finding out about:
  – the student's strengths, interests and areas of need
  – the student's specific symptoms
  – successful strategies used at home or in the community that could be used at school.

☐ If the student is taking medications during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.

☐ Collaborate with the parents and the student to consider if, and how, they would like to share specific information on Williams syndrome with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.

☐ Learn as much as you can about how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

> Your awareness needs to begin with conversations with the student's parents.

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Implications for Instruction

☐ Be aware of characteristics and behaviours, that could impact the classroom, including:
  – trying to talk non-stop, persistent questioning and use of language as a distraction when a task is too hard
  – smiling a lot, being gregarious and overly empathetic
  – being overactive, with a pervasive lack of attention
  – having narrowed interests with very high levels of focus
  – repetitive motor patterns
  – poor motor coordination
  – extreme sensitivity to certain sounds
  – hearing impairments.

☐ Give clear, brief directions. Have the student repeat the directions back to you to monitor comprehension.

☐ Simplify language and directions. This may reduce the student's habit of echoing or repetition that may be due to poor comprehension of complex language and directions.

☐ Remind students to "stop, think and listen" before responding, acting or making a choice.

☐ When the student repeatedly asks questions that have been answered, rather than providing the answer again, ask the student to repeat the answer already given.

☐ Use the student's strong verbal skills to learn new skills by using self-talk through a task or activity (e.g., "First I have to ___, then I have to___.").

☐ Provide support in transitioning from one activity or place to another. Cues, routines and purposeful activity during transitions may be helpful and can reduce anxiety.

☐ Provide quiet alternative workspaces during noisy classroom activities and/or provide alternative or adapted quiet activities.

☐ Provide a warning to the student just before loud predictable noises (e.g., school bell, announcements over a public announcement (P. A.) system, music in assemblies).

☐ Arrange the classroom to accommodate poor motor coordination (e.g., wide spaces between rows of desks).

☐ Reduce distractions. For example, seat the student near your desk or in an area away from distractions, such as doors; provide a study carrel that all students can access; allow the student to listen to music using a headset to screen out noise.

☐ Teach strategies for self-monitoring, such as making and using daily lists and personal checklists.

☐ Use low-key cues, such as touching the student's desk to signal the student to return to the task at hand.

☐ Break tasks and assignments into short, easy-to-manage steps. Provide each step separately and give feedback along the way.

☐ Design learning activities that require a high response rate and use concrete learning objects. For example, provide students with individual white boards, chalkboards or manipulatives that allow them to actively respond and "show" their answer.

☐ Design math tasks and materials that consider spatial organization and fine motor difficulties. For example, reduce the amount of information on a page; provide a "window box" template to view one question at a time; provide graph paper to align numbers correctly.

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- ☐ Limit the amount of copying and/or writing. Consider the use of assistive technology tools, such as a dedicated word processor or word production software.
- ☐ Help the student to organize belongings and work (e.g., label school supplies, colour code subject notebooks).

Implications for Social and Emotional Well-being

- ☐ Engage the student and parents in planning for transitions between grade levels and different schools. Ensure that planning focuses on academics, social and emotional well-being and beyond the student's school life.
- ☐ Provide clear expectations, consistency, structure and routine for the entire class. Rules should be specific, direct, written down and applied consistently.
- ☐ Establish clear rules and boundaries around acceptable/unacceptable physical contact (e.g., stand at least one-arm's length from another person, do not stare at people, do not touch others, etc.).
- ☐ Explicitly teach how to greet people in appropriate ways (e.g., high-fives are acceptable at school, hugs are not acceptable at school).
- ☐ Use direct teaching to discourage the student from approaching and being overly friendly with strangers. Model appropriate behaviours (e.g., have the student imitate during role-play and practice sessions and praise students for appropriate behaviour).
- ☐ Monitor demands placed upon students, as they may find it difficult to cope in environments that they find excessively demanding. Strong verbal skills can lead adults to overestimate abilities and set unrealistic expectations.
- ☐ To reduce excessive worry and anxiety, put a limit on the amount of time for comforting the student. Acknowledge his or her anxiety, provide comfort and reassurance in a matter-of-fact way, and then shift the focus elsewhere. Trying to comfort the student can exacerbate anxiety.
- ☐ If the student becomes overstimulated when exiting for a break or to another activity, delay his or her exit for a minute or two until the other students have left.
- ☐ Determine if the student has intense fascinations and/or preoccupations with certain objects, topics or people. Be proactive in diverting attention elsewhere or establishing boundaries on the time spent looking at or talking about these topics.
- ☐ Provide opportunities for movement (e.g., allow students to move or stand up while working; provide stretch or movement breaks as part of the classroom routine; create opportunities for students to do errands in the classroom).
- ☐ Ensure the student goes out at recess, takes breaks or participates in physical activities to use up excess energy and manage restlessness.

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As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents   ☐ Yes ☐ No
   to better understand this student's strengths and needs?

2. Do I need targeted professional learning?   ☐ Yes ☐ No
   If yes, what specific topics and strategies would I explore?

3. Is consultation with jurisdictional staff required?   ☐ Yes ☐ No
   If yes, what issues and questions would we explore?

4. Is consultation with external service providers required   ☐ Yes ☐ No
   (e.g., Regional Educational Consulting Services,
   Student Health Partnership, Alberta Children's Hospital,
   Glenrose Hospital)?
   If yes, what issues and questions would we explore?

5. Are further assessments required to assist with planning   ☐ Yes ☐ No
   for this student?
   If yes, what questions do I need answered?

6. Is service to the student from an external provider required? ☐ Yes ☐ No
   If yes, what outcomes would be anticipated?

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