

### Chapter 3

## Diverse Students In The Classroom

### *How Students Are Different And The Same*

#### Chapter Goal

Understand multiple dimensions of diversity and explore how using inclusive teaching instructional strategies can help meet very different needs.

#### CHAPTER OBJECTIVES

1. Understand key needs of various groups of students with special needs and how these relate to exemplary inclusive teaching practices.
2. Understand the definitions and descriptions of various labels attributed to students.
3. Know how to consider strengths and needs of students in teaching that are related to multiple sources of diversity.

#### **A Middle School Language Arts Class: *The Key is – Teach Individuals, Not Groups***

*When we enter Aiyana Kitchi's grade 7 Language Arts class, students are writing at desks, writing on the floor, or sitting at the back table working on editing with their peers. Kendrick has a moderate intellectual disability, Aiyana explains; he reads at a second-grade level, and the physical act of writing is difficult for him. However, he is writing many words. Although they are hard to read (many misspellings and letters run together), he is very busy. "What are you writing about?" Aiyana asks. Kendrick reads what he has written, and she quickly jots his thoughts down on the facing pages of the journal. "Kendrick, that's an interesting story. You have written a lot!"*

*Aiyana then walks over Patrick, an extremely bright child who qualified for the gifted and talented program but wanted to stay with his friends. He is working on writing gripping beginnings and picturesque details. His language is amazingly sophisticated, with images and story lines that could have been created by a college student. As Patrick works, he periodically encourages Kendrick and spells words for him. Aiyana explains that they are good friends*

*Shortly, Doria, a fifth-grade student who has autism, stands in the doorway as if she is paralyzed. The students say hello as she enters the room, but her face is frozen in a blank panicked stare, her hands twitching in response to the class noise. Aiyana watches as another student comes over and looks directly at Doria, not touching, and asks if she wants to sit down. She goes to her special place in the corner and sits on the cushions. She reads a book for the first*

*ten minutes of class. After a few minutes, some other kids come over and ask her to join them in working on a project. She does.*

*Aiyana explains that her classroom is filled with diversity of many forms – abilities, cultural and language diversity, socio-economic status, the nature of families.*

*As you've seen already, students range in general abilities from pre first grade to college in my class. I have students from a range of countries and cultures. These include three students from the Middle East (Iran and Afghanistan), one from Eastern Europe, two from Mexico, and one from Japan. The first language of six of my students is not English. We're working lots on helping them learn the language as well as the content of the class!! In addition, some of our students are well off economically but 60% are from low income families. My students come from all sorts of families as well. Four live with single parents while another four live in household with extended families. Two live with their grandmothers. It's a great class!*

*At break we ask Aiyana, "How do you manage with such diverse abilities, cultures, and characteristics?" She responds, "The key is learning how to teach to individuals, not groups," she replies. "I learn the strengths of each student and where they need to be pushed. The teaching activities I use allow students to work at different levels. I constantly ask myself, 'What is the best next step for this student?' instead of the traditional 'What should a seventh grader be able to do?' For example, look at Kendrick's writing," she says, pulling out his writing workshop folder. "He is writing simple ideas, spelling basic words, adding periods, and spacing letters. But these are huge steps for him."*

*She then shares how her students have learned to complement each other's strengths and needs. "They spell words for each other, listen for content, and edit each other's papers. When Amanda gets frustrated, her friend Christine listens and gets her past a tough spot. When Kendrick is staring at a blank page, Patrick asks what he is writing and gets him started. Patrick enjoys helping Kendrick. Sometimes Patrick even asks Kendrick for ideas to write about. These kids learn each other's goals, and they work to make sure that their friends are learning. I could not manage without them."*

*"Aren't there days you would rather teach children all on the same level?" we ask. She shakes her head "no", laughing. "Life would be too boring!" As we leave, we think about the concerns some people have that students with "special needs" and differences will hinder other students' learning. That doesn't happen in Aiyana's class. In fact, the different abilities in her classroom community seem to propel each student forward.*

*How are students different? What strategies can we use to teach students with a wide range of differences? We'll explore these questions in this chapter seeking to understand*

the needs of students with different types of characteristics. We encourage you to think how you might use this information to design instruction in ways that meets the needs of all students in the ways that we discussed in Chapter 2. Let's start by considering the notion of being both the same and different.

### **Special Needs and Good Teaching** *Good Teaching Addresses Many Specific Needs*

Often special needs of students are considered category by category. We might for example ask: "How can I best teach students of African descent?" Or: "How can I best teach students who have a cognitive disability or students who are learning the primary language of my country?" Several tensions exist in these questions. First, the questions assume that students in a given category are enough alike that the question makes sense. However, this assumption and approach has the potential of stereotyping students and separating them from others in the school. For example, if teaching strategies for students of African descent are substantially different from other students, some might argue that separate classes for these students are needed. That same argument has been used often for students with various disabilities.

On the one hand, it makes sense to consider needs driven by characteristics such as disability, race, sexual orientation, and more. On the other hand, we have to understand that individual students may vary dramatically. Similarly, there is much overlap of recommended practices designed to meet needs of various groups with special needs. Said another way, if we use effective teaching techniques, we will go a long way towards meeting individual needs of students from various groups.

We'll explore these tensions in this chapter. We will introduce you to key needs of various categories of students and then provide strategies that have been found effective. In chapter two, we introduced you to strategies organized by the Eight Principles of Whole Schooling. You'll see those same strategies here. For example, promoting democracy and building community in a classroom are primary strategies in dealing with students from various cultural, ethnic, and lifestyle groups as well as students with social-emotional challenges. Similarly, multi-level differentiated instructional strategies are important for students who are second language learners and students whose academic abilities are significantly above or below the average. We encourage you to seek to understand the needs of groups, think about needs of individual students, and recognize connections to exemplary teaching strategies.

## **Label Jars, Not People**

### *Seeing Children as People First*

In exploring issues related to student differences, we will encounter many labels given to children. Too often we forget that labels are attached to *people*. We hear students called “retards,” “POHIs,” LD students, or “the gifted.” The starting point for labeling children is often the question, “What is wrong with this student?”--a *deficit-driven* approach--or its cousin, “Is this student smarter than others?”--a potentially *elitist* perspective. Both questions reflect the same underlying philosophy, the idea that inherent differences in children set them apart. This philosophy can lead to harmful attitudes. Students with presumed deficits may feel stupid and not worthy. Those with advanced skills can become isolated, compensating through attitudes of superiority. Students then *become* their labels. However a student with a cognitive disability is mostly a child--happy, moody, fond of singing songs. A gifted high school senior is mostly an adolescent with dreams and fears like other teenagers. Using *people-first language*--speaking of a student *with* a cognitive disability, for example--helps us keep these truths in mind. We must be careful to see students with labels as children and students first.

With these cautions, let’s now explore how students may differ and some ideas regarding how to address the needs of students.

### **Students From Diverse Cultural, Racial, and Ethnic Groups**

Increasingly throughout the world, nations are becoming more racially and culturally diverse. How we respond to this diversity is very important. In the United States, a major focus of the Civil Rights movement in the 1960’s was the elimination of enforced racial segregation. However, racial segregation has been again on the rise in the last 20 years. Despite this fact, schools and communities are increasingly diverse on many dimensions. As a key tool of socialization, schools provide a place where children can learn to accept, value, and interact with those who are different from them.

In our daily conversation we often speak of individuals being from different racial or ethnic groups having common cultures. However, a closer look reveals that these commonsense ideas are much more complex than it seems at first. *Race* largely has to do with genetics and certain physical characteristics that individuals hold in common. However, there has long been much interconnection between various racial groups so that, according to the American Association of Physical Anthropologists, “pure races, in the sense of genetically homogenous populations, do not exist in the human species

today, nor is there any evidence that they have ever existed in the past (AAPA, 1996). An *ethnic group* is a broader term referring to people who perceive a common bond based on a variety of factors including ancestry, genealogy, common beliefs, language, religion, and culture. The famous sociologist Max Weber once said, however, that “the whole conception of ethnic groups is so complex and so vague that it might be good to abandon it altogether” (Weber, 1978).

*Cultural differences* are closely connected with race and ethnicity as cultural variations are often associated with these two concepts. On the other hand, culture can vary dramatically within specific ethnic groups and a common culture may unite people across racial and ethnic differences. Culture involves many elements. One definition indicates that culture refers “the beliefs, customs, practices, and social behavior of a particular nation or people” (Microsoft, 2008). (Pang, 2005) indicates that culture has three layers: (1) language, symbols, and artifacts; (2) customs, practices, and interaction patterns; and (3) shared values, norms, beliefs, and expectations. She further discusses the relationship between a particular cultural group and the dominant culture. Those considered *traditional* “follow the ways, beliefs, and patterns of the cultural group much of the time and continue to speak the native language” (Pang, 2005, p. 43). *Bicultural* members retain many of their cultural values but also have adopted practices and beliefs of the dominant culture, moving in and out of both cultures. Those who have *assimilated*, however, have largely rejected their original culture and adopted the beliefs and practices of the dominant culture. The concept of a *minority group* relates to individuals from various racial, ethnic or cultural groups that operate in ways that are different from the predominant culture. Immigrants, for example, often bring the cultural values and practices from their home country that may be different or even in conflict with the culture of their new country.

Increasingly our classes will be filled with students who have a very wide range of racial and ethnic identities, backgrounds, and cultural perspectives. Most critical in working with students from differing racial, ethnic, and cultural groups is the building of a supportive and caring community within the classroom where students are taught explicitly how to value and support one another and to value and benefit from the differences that students bring.

Following are key strategies for responding to cultural, racial, and ethnic diversity in our classes (Burnette, 1999; Gross, 2008; NCTE, 2005). Note that these strategies, with minor modification, may be applied with all students in our class. In implementing these strategies, we will work with specialists and knowledgeable professionals who understand the culture of our students.

***Promote respect of students' culture, race, and ethnic identity***

- Recognize any biases or stereotypes you have.
- Positively acknowledge and validate individual, cultural and lifestyle differences.
- Convey equal respect and confidence in all our students.
- Develop an understanding of diverse cultural practices and rituals.
- Choose texts and other learning materials that reflect cultural and ethnic diversity.
- Invite diverse parents into the classroom to share their expertise or tell about their family life and cultural traditions.
- Invite students to bring in materials that relate to various cultures and ethnic groups.
- Directly challenge racism.
- Be a role model to students for how to treat diverse individuals.

***Promote respect and understanding of each student as an individual***

- Don't make assumptions based on stereotypes.
- Build relationships with your students and learn about their lives outside the school.
- Get a sense of how students feel about your classroom.
- Consider students' needs when assigning evening or weekend work.
- Avoid singling out students as spokespersons for his or her race, culture, or ethnic group.
- Observe and learn how students best learn. Seek to understand how their culture, race, language or lifestyle affects learning.
- Use a variety of instructional strategies and learning activities.

***Learn how to critique and challenge social injustice.***

- Develop sustained contact in the local community.
- Develop projects on different cultural practices.
- Encourage students to develop critical perspectives through community-based research and action projects.
- Use classroom approaches that empower students socially and academically.

***Assure that students are accepted and valued, have a sense of belonging, and develop friendships.***

- Suggest that students form study teams that meet outside of class.
- Assign group work and collaborative learning activities.
- Advise students to explore perspectives outside their own experiences.
- Provide opportunities for all students to get to know each other.
- Be a teacher in whom students can confide and in whom they can trust.

## Students from Extreme Poverty

Perhaps one of the biggest challenges in building inclusive schools is teaching students who are extremely poor. By and large, parents and students who are very poor are judged and punished for their poverty and difficulties. The stereotype is that poor people are lazy, make bad choices, and are not motivated or intelligent. Yet studies find very different realities (Beegle, 2000; Danziger & Haveman, 2001). The fact also is, however, that most children who are raised in very poor families will themselves remain very poor. Many factors come together to make it very difficult, though possible, for children who are poor to improve their lot in life. What's also clear, however, is that teachers have the potential to help break this cycle. The key is what we do and how we treat children who are poor.

### *Back Pack* Urban and Cultural Diversity

The **National Center for Culturally Responsive Educational Systems (NCCREST)** works with schools to develop culturally responsive educational practices. Great information and resources. [www.nccrest.org/](http://www.nccrest.org/)

The **National Institute for Urban Inclusive Education** works with urban schools to encourage and facilitate inclusive schooling. Many excellent materials on this site. [urbanschools.org/index.html](http://urbanschools.org/index.html)

We need to understand the life of people who are very poor. First, parents who are very poor are constantly in survival mode. On a daily, hour by hour basis, they are seeking food for the day, shelter, and other basic necessities. What is it like to be poor? People who are poor are humiliated, feeling that other people blame them for their poverty. They feel judged because of their appearance. One young woman stated that “no one wanted us around” because “our hair was dirty and stringy, and most people made us feel like we didn’t belong.” (Beegle, 2003, October) Their experience provides little understanding of professional jobs and ways to move towards higher incomes. Finding a place to live is always a problem due to poor housing conditions. Another person stated that “I could never bring anyone home to our dump” (Beegle, 2003, p. 14). Children may live in very messy conditions with many people in a small space, some even living in a car. Having enough food is often a problem and is often of poor quality. Many a poor child will come to school hungry. Families and children typically feel that

there is literally nothing they can do to make their situation better. All is beyond their control.

As teachers we may feel these parents do not care about their children because they never come to school. However, they care very much but they have only so much energy. (Beegle, 2003, October) stated that “my mother . . . never went to a school conference. She’d say, ‘I ain’t going in there and make a fool of myself,’ yet I have the most caring mother you could ever want.” We also have to understand that education is not seen as important for many poor families. They are literally in a daily struggle for survival and often feel their children should be helping rather than doing school work. For poor people, jobs most often pay minimum wage, not enough to live on. So the notion that children should study so that they can get a job doesn’t make sense to them. They often have little understanding that education can help their children lead a more secure life.

Children who are poor often feel that teachers do not care about them and don’t know how to respond to them. They and their parents often even feel that teachers are part of the ‘enemy,’ another group of people in power who humiliate and disrespect them. Too often teachers don’t take the time to understand the lives of these children. Consequently, they often feel that they do not belong in school.

How does all this effect children and their behavior in school? First, because of low self-confidence and shame, students will often be silent and very quiet. This does not mean, however, that they understand the lesson. Also, children living with daily insecurity where basic needs are not met feel anger, have negative attitudes and a tendency to be a “smart aleck.” Students may come to school with dirty bodies and clothes. They will often have great difficulty doing school work at home and have difficulty keeping track of materials sent home.

What can we do to help children and youth who are very poor? Beegle (2003) has recommended the following:

- Show and tell students that they are special.
- Make extra efforts to ensure understanding of the material being covered.
- Ensure that the school and the classroom are safe, both emotionally and physically. Protect students from ridicule.
- Address social class as part of the curriculum and fight classism. Create learning opportunities for exploring structural causes of poverty.
- Examine our own attitudes related to people from generational poverty. Seek to understand and learn. Visit the children where they live, whether the back of a truck or in a homeless shelter. Talk to the parents about their concerns.



- Work with others to insure a school environment in which peers, teachers, and administrators try to understand and appreciate parents and children who are poor.
- Explore whether problematic behavior is related to conditions of poverty and find ways to respond to meet student needs.
- Connect students with mentors.
- Build a network of support with others who are working to address poverty issues and link students and families to them.
- Create incentives and motivators that are effective for all children who are poor. Ask students, "If you get knocked down, what are five things you would get back up for?" This will help us understand what really motivates a student.
- Work to eliminate homework or create homework that could be reasonably done by children who have unstable home situations. Clearly understand the purpose for which we want to assign homework. Find ways to achieve this during the school day or in after-school tutoring programs.
- Bring in speakers, take field trips, and talk about career possibilities. Make sure there is time for the students to hear personal stories of how professionals came to be educated or obtained their jobs.
- Suspend judgment of parent/ guardian behavior. Express appreciation of parenting efforts, even if the efforts are not what you might expect from a middle class parent.

### **Students Who Are Gay**

Students may also vary in their sexual orientation, heterosexual or homosexual. This will be particularly important in high school. However, actions towards students who are homosexual are highly influenced by attitudes and information provided by teachers and other adults. (Wood, 1997) indicates that 10-30% of students are either gay or lesbian, or has an immediate family member who is. As with other differences, it is very important that we provide emotional support and acceptance of these students. Wood (1997) indicates that "silence on these issues communicates values just as loudly as responding would. The values that should be taught are ones that encompass respect for one another and caring about one another's feelings, regardless of differences" (p. 2)

Students who are gay need particular understanding and support from us as teachers. These students need to know that ridicule and cruelty will not be tolerated in the class and that we will be working actively to create a caring classroom community. Most critically, they need to be able to trust and talk to openly us and know we will help them be accepted in the class. (Wood, 1997) suggested the following strategies:

- Make no assumption about sexual preference. Use neutral language such as, "Are you seeing anyone?" instead of "Do you have a boyfriend?" Additionally, do not assume that a female student who confides a crush on another girl is a lesbian.
- Have something gay-related visible in your office that will identify you as a safe person to talk to.
- Support, normalize and validate students' feelings about their sexuality. Let them know that we are there for them.
- Work on our own biases by reading, learning and talking to people.
- Do not advise youth to "come out." This is their decision to deal with in their own time. Many gay youth are forced to leave their home after they tell their parents. Help them figure out what makes sense for them.
- Guarantee confidentiality with students.
- Challenge homophobia immediately.
- Connect students with role models. Gay and straight students benefit from having openly gay teachers, coaches and administration.

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### Schools to Visit

#### *Peer Tutoring at an Inclusive High School*

Santana High School  
9915 Magnolia Avenue  
Santee, CA 92071

Santana High School is located in Santee, in Southern California. Students considered having moderate and severe disabilities are enrolled in general education classes. They attend classes according to their grade level, not according to their disability, and have done so since the early 1990s.

This high school provides a variety of supports to students with disabilities. The most essential is peer tutoring. Students from grades 9 through 12 may enroll in a peer tutoring course which counts as an elective toward graduation credit. They are with with moderate to severe disabilities and attend the general education classes with the student to provide academic and social support.

Special education teachers train them and provide support through five formal trainings throughout the eighteen-week term. These trainings focus on information pertaining to inclusion, curriculum modification, support strategies, the use of people-first language (e.g., "a person with a disability," not "a disabled person"), and forms of communication. Major emphases of training are on respecting empowering the student with a disability. Students learn to strive for social justice for people with disabilities and to celebrate human diversity.

Although the objective of the peer tutoring course is to provide support to students with disabilities who are included in general education courses, many other benefits also have evolved. Students and teachers have increased opportunities to interact with people with a variety of ability levels. Students discover the commonalities they share with people with disabilities. Peer tutors also increase their own knowledge of

the subject matter of classes as they provide tutoring. Friendships are developed; academics are effectively taught; and, most importantly, individual needs are being met in a supportive, inclusive environment.

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## **Students with Differing Academic Abilities**

All teachers know that their students vary dramatically in the level of skills and abilities in the classroom. Inclusive teachers intentionally plan for having students with a wide range of abilities ranging from students considered gifted and talented to those with significant cognitive disabilities. Here we will consider students who vary in their academic and cognitive abilities.

### **Gifted and Talented**

In the Jacob K. Javits Gifted and Talented Students Education Act . . .

The term “gifted and talented” . . . means students . . . who give evidence of high performance capability in areas such as intellectual, creative, artistic, or leadership capacity, or in specific academic fields, and who require services or activities not normally provided by the school in order to fully develop such capabilities. (PL 103-398, Title XIV p. 388)

Two points are noteworthy about this definition. First, a student can be “gifted” and also possess another label—such as “learning disabled” or “second language learner.” Second, this definition describes regular classrooms as being unable to challenge these students adequately. This description, however, is more an assumption and is based on traditional, one-level teaching practice.

How can highly gifted students and students with severe mental retardation or learning disabilities learn successfully together? The answer is that we can use techniques from gifted education to benefit all students. Strategies that use multiple intelligences and differentiated instruction can create classes aimed at the highest levels, in which the brightest students bring others along, yet structured so that students can begin where they are, however low or high their abilities. In addition, we must be concerned about the emotional well-being of highly gifted students. Do they feel set apart? When we build a strong community while providing opportunities for students to engage in learning at their own level, highly gifted students can be supported emotionally as well as academically.

A few examples may be helpful. We would expect able students to play leadership roles in class discussions, sharing their learning and extending issues to higher levels of complexity. As this happens, these students raise the level of understanding of all students. Teaching strategies that support gifted and talented students are expansions of multilevel teaching, introduced in Chapter 6. Useful strategies include the following (Cline, 1999; Kronberg, 1999; Tomlinson, 1999):

- *Curriculum compacting*: Pre-assess students to avoid teaching what they already know, and allow advanced students to pursue enrichment activities or explore units in additional breadth or depth.
- *Tiered lessons*: Structure lessons that allow students to move ahead as they are able and interested. Provide a range of activities students may select from at various levels of difficulty. Allow and teach students to choose their own activities at their own level.
- *Open-ended assignments*: Give assignments in which students can explore complexity, assignments that have open-ended rather than finite responses. Instead of saying, "Read this and answer the multiple-choice questions," we would say, "Read and write about how Columbus came to America."

Students who are gifted need scaffolds (see Chapter 6)—technology, resources, and human help—to push and support them as they move to the next level.

Mixed ability groups can be structured as microcosms of the total class, mixing students of different ability levels, genders, and social, cultural, and ethnic backgrounds. We should aim to have at least two students with higher abilities in such groups. Some useful group learning approaches include:

- *Social action research projects* in which students investigate an area of concern in their community and take action (Cline, 1999; Sapon-Shevin, 1994a, 1999; Willis, 1995).
- *Literacy circles* structured as cross-ability groups. A student with mental retardation listens to the book on tape while a gifted student reads the book and other resource information to enrich the discussion. The gifted student may help the student with mental retardation draw from his or her own perspective to interpret the story, a process that can increase interpersonal and leadership skills (Daniels, 1994).
- *Multiage grouping*: Multiage classes offer reciprocal benefits, as when an experienced ten-year-old with learning disabilities stimulates a bright eight-year-old. Also, mixing classes across age groups can be valuable, as in projects involving elementary and high school students or reading buddy programs mixing upper and lower elementary students (Banks, 1995; Hindley, 1996; Schiller, 1998).
- *Flexible grouping*: If we group kids flexibly and have students move in and out of

groups, some short-term ability grouping can work in ways that do not undermine classroom community. However, we must be careful. Such groups should not last more than one day; also, different students should be in such groups around different subjects so that we don't have certain students clustered consistently in either high or low groups (Clark, 1997; Cline, 1999; Kennedy, 1995; Peterson, Tamor, Feen, & Silagy, 2002).

- *Collaborative pairing*: Students work together in pairs. We teach students to work together collaboratively, helping them understand how their differences can be interesting and powerful sources of learning (Cohen, A., 1994; Putnam, 1993; Tarrant, 1999a,b).

Some fear that teachers will be tempted to say to gifted students, "Jennifer, tutor John" – and go off to grade their papers. Instead, we can, with the very same activity, say to our gifted student, "Jennifer, you know that John has difficulties learning to read. This is a very big issue in helping people to learn and grow. I think John could benefit from your help. However, you may want to learn more about the controversies surrounding reading strategies as you work with him. Would you be interested?" Jennifer may spend extra time with John, reading to him, helping him develop webs, and working on collaborative projects that use language, all the time learning through other investigations about what researchers say about learning to read. Of course, collaborative cross-ability learning does not necessarily focus on the nature of difference. Almost any topic allows for expanding a knowledge base to help others.

### **Dominant Language Learners**

A growing number of students are attending our schools whose primary language is different from the predominant language and who are limited in their abilities to use oral or written in that language. Many schools have scores of languages represented (Peterson, Tamor, Feen, & Silagy, 2002). (Faltis, 2000) *Second-language learners* are students who do not speak the language of the majority culture. In addition, some students may speak the language but use a dialect at home. Black English, or ebonics, has been much discussed, but numerous other nonstandard dialects exist--such as those spoken by whites in the Appalachian region or other ethnic groups (Polish, Italian, German, etc.). We should not tell students that their home language is "incorrect." Rather, explain that we use language for different purposes in different places and that standard English is used in school, business, and many other settings. This helps us respect students' cultures while helping them learn the "language of power." (Delpit, 1995).

People disagree regarding whether students should be taught in pull-out bilingual classes or should learn in the general education class with a specialist providing collaborative support. Once again, we will see that good practices for second-language

learners are based on good practices for all students, and that second-language learners enrich our class (Faltis, 2000; Miller-Lachmann & Taylor, 1995; Moore, 1999).

Faltis (2000) described four strategies for language learning:

1. **Recounts:** Students retell information known to both teacher and student: “What happened today when we visited the zoo, Juanita?”
2. **Accounts:** Student shares new information--a special event, weekend activities.
3. **Eventcasts:** Students talk about an event in process; for example, they might explain how to do an activity while it is being demonstrated.
4. **Stories:** Students read and write fictional accounts.

We must be aware of potential cultural mismatches of language use in the school and the home. In some families, for example, children are expected to listen and are not allowed to talk with adults. When such children are asked to talk with adults in school, they may have difficulty. Similarly, some cultures emphasize cooperation and group work over individual achievement. In classes in which children have frequent daily opportunities to use language, cultural mismatches become less problematic than in situations in which teachers do most of the talking (Faltis, 2000; Moore, 1999).

Faltis (2000) suggested the following strategies for second language learners:

- High incidence of two-way communicative exchanges between teacher and students and among students;
- Social integration of second-language students with other students in all learning activities;
- Thoughtful integration of second-language acquisition principles with content instruction so that as students learn new subject matter knowledge, they develop language as well;
- Involvement and participation of second-language students’ home community in classroom and school activities;
- The promotion of critical consciousness to oppose social stratification and promote equity.
- We will also work collaboratively with second language learner specialists and paraprofessionals who can provide support and assistance within our class.

## **Learning Disabilities**

Many students are intelligent yet have trouble with reading, writing, math, or related subjects – students with learning disabilities. The Individuals with Disabilities Education Act defines a learning disability as . . .

... a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems which are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage. (Individuals with Disabilities Education Improvement Act [IDEA], 2004, p. 118).

When describing the characteristics of students with learning disabilities, professionals list many learning problems. These include hyperactivity or hypoactivity, distractibility, perceptual processing deficits, difficulty with social skills, confusing letters, comprehension difficulty, keeping work neat, writing their own thoughts, remembering math facts, and more. Often these statements are so general it is difficult to know what they mean. In addition, such characterizations treat student differences as deficits, often ignoring significant student strengths. Some researchers suggest that it is more effective to describe students in terms of their abilities to engage in learning tasks--such as their ability to frame questions while reading, trouble converting written print to words and sentences, difficulty understanding words that are “read,” or difficulty in understanding mathematical calculations (Englert, et al., 1995, 1998); Tarrant, 1999a; and Spear-Swerling and Sternberg, 1998).

From a multiple intelligences perspective, every individual possesses a profile of varied abilities. However, we focus only on selected areas as worthy of serious attention. For example, if a child is tone deaf and has difficulty succeeding in music, this is often noted but not treated as an issue of great concern. We certainly don’t refer such a student for special education for learning disabilities in music. However, we could. If we think about it this way, almost everyone has some sort of “learning disability” (Armstrong, 1994; Gardner, 1993).

Until 2004, IDEA required students to have a severe discrepancy between achievement and intellectual abilities in at least one area: basic reading skill; reading comprehension; listening comprehension; oral expression; written expression; mathematics calculation; or mathematics reasoning. This was a “wait to fail” model requiring students to get more behind before they could be declared eligible for services. In 2004 the law *allowed* school districts to eliminate this requirement and Congress recommended that schools use a “response to intervention” model in which student responses to high quality, research-based instruction are considered when diagnosing students with learning disabilities.

The response to the intervention model provides an approach to early intervening services. Response to intervention strategies involve tiers of assistance that begin with identifying student needs and then use a range of instructional strategies that may provide assistance to students. These strategies are consistent with those outlined in this book. Following are some key strategies that may be helpful for students with learning disabilities.

- Key is having positive expectations while affirming that students have different learning styles and rates of learning.
- Use authentic, activity-based learning that draws on multiple intelligences. (We'll find that students with learning disabilities often have strong abilities in art, physical movement, etc. These can be used as strengths and routes to typical academic abilities).
- Seek to reduce stress and discouragement providing experiences in which the student can be successful. We can do this by providing reading materials at their level of ability.
- Use assistive technology such as text to speech software, materials on tape or CD, software that provides writing assistance, speech to text software (see Chapter 8). When students with learning disabilities use these tools to gain meaning from text we help them have success, enjoy involvement in literacy, and function. It may be as important to help them learn to use these tools as to read in a conventional way!!
- Provide scaffolding to help the student participate with support. Scaffolding support can come from the teacher (read alouds, writing dictated stories), from other students (buddy reading, group reading), and from classroom volunteers.
- Help students learn to organize materials using calendars, organizers, story maps, methods of filing and organizing materials.
- Provide student assignments ahead of time (perhaps on Friday) and send them home to parents so they and the student can prepare for the coming week.
- Give students social and emotional support. Value their contributions and help them deal with frustrations.

### **Cognitive Disabilities (*previously mental retardation*)**

Students with cognitive disabilities have limitations in their intellectual and cognitive abilities as well as their abilities to engage in social and practical adaptive abilities of daily living. Most clearly students with intellectual disabilities will learn much slower than other students. There will be some skills they will never learn. For example, many students with cognitive disabilities may never develop reading skills higher than first or second grade level. Until recently, the term used for cognitive disabilities or intellectual disabilities was "mental retardation." However, that term has, over the years, gained



very negative connotations as occurred with previous technical terms – moron, idiot, and feeble-minded. In 2006, the American Association for Intellectual and Developmental Disabilities (AAIDD) changed their terminology from mental retardation to intellectual disability which they define as a “disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18” (American Association of Intellectual and Developmental Disabilities (AAIDD), 2007).

IDEA uses similar language:

“Mental retardation” means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child’s educational performance. (Individuals with Disabilities Education Improvement Act [IDEA], 2004, section 300.7)

Intellectual abilities are measured by an individual intelligence test such as the Wechsler Intelligence Scales for Children (WAIS). Adaptive behavior is typically measured by a rating of functional and adaptive skills. Historically, IQ scores falling within certain ranges have defined the following levels of mental retardation: borderline (IQs of 70-85), mild or *educable* (55-70), moderate or *trainable* (40-55), *severe* (25-40), and *profound* (below 25).

Students with intellectual disabilities are among the most segregated and isolated of children. Despite the inclusive schooling movement, children with mental retardation often attend segregated schools or classes. Adults with intellectual disabilities are often segregated throughout their lifetimes, living either with their parents or, as explained in Chapter 1, in group homes (Braddock, Hemp, Bachelder, & Fujiura, 1995; Hill & Lakin, 1984). They often work in sheltered workshops (Murphy & Rogan, 1995; Weiner-Zivolich, 1995).

In recent years parents and people with mental retardation have rejected these limited options, demanding that children be included in general education and that adults be given support so they can live in their own homes, work in real jobs, marry, and participate in the community (Jupp, 1994; O’Brien, O’Brien, & Jacob, 1998; Schaefer, 1997; Schleien, Ray, & Green, 1997).

When we use good teaching strategies, students with intellectual disabilities learn much more than anyone thought possible (Beloin, 1997; Freeman & Alkin, 2000; Hunt, Staub, Alwell, & Goetz, 1994; Logan, Bakeman, & Keefe, 1997; McDonnell, Hardman, Hightower, & Kiefer-O’Donnell, 1997; Ryndak, Morrison, & Sommerstein, 1999). The

strategies useful with students with learning disabilities are directly applicable to students with cognitive disabilities. Other useful strategies include the following:

- Facilitate supports for students to include circles of friends and peer buddies and helpers.
- Paraprofessionals may be helpful with students with cognitive disabilities. However, we often find they are not needed if we are using multilevel instruction (see Chapters 11-13). We want to assure that a paraprofessional does not hover over students with cognitive disabilities and separate them from other students at the side of the class.
- Assure that students are involved in age-appropriate activities. While we work with these students from their level of ability, we don't treat a 13 year old, for example, as a six year old even though the student may be functioning on the first grade level.
- Use authentic, multilevel and tiered instruction to involve students in the same topics and learning activities as other students but at their level of ability. Connect learning to real skills needed in life. We can use catalogs of life skills to connect these to academic instruction for all students such as "life-centered career education" (Brolin, 1993) and the "activities catalogue" (Wilcox & Bellamy, 1987).
- Provide students the opportunities to make choices and learn the skills of self-determination. Students with cognitive disabilities too often are given little opportunity to learn how to advocate for themselves. We can incorporate this into any class.
- Provide books at multiple levels of difficulty with good graphics and illustrations.
- Break complex activities into smaller, simpler parts (task analysis). However, take care not to overdo this.
- Promote connections of skills across home and school. For example, use similar labeling schemes for certain objects both at home and in school, or have books read at home that reinforce information at school.

### **Traumatic Brain Injury (TBI)**

In many ways, learning challenges faced by individuals who have a traumatic brain injury are similar to those faced by individuals with learning disabilities and cognitive disabilities. A major difference is that these challenges are brought on suddenly. Thus, emotional reactions are of great concern. In terms of official definitions, IDEA states that

"Traumatic brain injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational

performance. Traumatic brain injury applies to open or closed head injuries resulting in mild, moderate, or severe impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not include brain injuries that are congenital or degenerative, or brain injuries induced by brain trauma. (Individuals with Disabilities Education Improvement Act, 2004, 300.7)

Traumatic brain injuries are caused by injuries to the head. These include: traffic injuries, sports accidents, and gunshot wounds. Auto accidents are frequently associated with alcohol consumption; gunshots with aggression, robberies, and gang wars; and blows to the head with child abuse (North et al., 1995). Students may have had serious problems in their lives prior to their injury that affect how they adjust.

Because the brain controls so many functions, the impacts of traumatic brain injury can vary greatly. These may include: (1) physical impairments such as speech loss, hearing loss, seizure disorders; (2) cognitive impacts such as reading and writing skills, concentration, memory, judgement, and communication; and (3) emotional responses that may include fatigue, depression, anger, mood swings, and low self-esteem. Some students will be able, with effort, to regain significant abilities. Others will not.

Students with traumatic brain injury need support. They will likely be receiving ongoing medical attention, sometimes necessitating their missing school (Begali, 1992; Bell, 1994; North et al., 1995). At first, students' stamina may be limited and they may attend school a shorter day. We can help by having a place where the student can rest. Because impacts can be so variable, we pay close attention to academic performance and emotional responses. Given the devastation of loss, students need to capitalize on their strengths; similarly, we need to use these strengths as avenues to reach areas of weakness (Cohen, 1991; Gerring & Carney, 1992).

### **Strategies for Students with Differing Academic Abilities**

Following are key strategies for students with different academic abilities. While it's helpful to think of strategies associated with each specific group it's even more helpful to think about strategies to design instruction to accommodate students with various academic abilities. We will explore these in greater detail in later chapters.

- Have positive, high, but reasonable expectations coupled with emotional support.
- Expect all students, especially those with higher abilities, to play leadership roles in class discussions, sharing their learning and extending issues to higher levels of complexity.
- Have reading and instructional materials available that are high interest but are at wide ranging levels of ability, picture books to highly technical materials on a particular subject, for example.
- Use multi-level, differentiated instruction to allow students to function at varying levels of ability in lessons. Expect performance that fits the ability level of each student. (See Chapters 11-13).
- Use authentic and activity-based learning linking various subjects around key themes that are important and interesting to students
- Identify and draw on the strengths of students (rather than emphasizing deficits). Use multiple intelligences to find areas of strength.
- Reduce stress and pressure concerning areas of student deficit by using authentic, multilevel teaching and celebrating their successes and growth.
- Provide scaffolds and supports to help students be able to participate in more complex activities than they could do alone and to challenge and support all students in learning at their own level.
- Help all students organize their materials and monitor their scheduling and completion of learning activities.
- Mix groups heterogeneously giving all students opportunities to support other students in their learning, rather than just asking high ability students to do this. Remember that teaching someone else deepens understanding.
- Help students connect with one another and develop relationships. Avoid stable ability grouping.
- Work collaboratively with other teachers and specialists, such as special education teachers, gifted specialists, speech therapists, psychologists, social workers, and others to design lessons that meet the needs of all students and to provide in-class support to students in learning.
- Resist the temptation to send students out to special education resources rooms, gifted classes, or other separate programs when it is difficult to figure out how to use multilevel, differentiated instruction.

### **Students with Behavioral and Emotional Challenges**

Working with students with emotional and behavioral issues will often challenge our commitment to being an inclusive teacher. When students cause disruptions, we may feel insecure in our own abilities. We may also be concerned for the safety of other students. It's also clear that schools don't do a very good job of dealing with the needs of students who exhibit challenging behaviors. The typical response is punishment,

isolation, responses that make the problems worse, not better. The figure below identifies common emotional and behavioral difficulties, which are briefly described below.

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## Emotional and Behavioral Disorders

### Externalizing Disorders

- Attention deficit/hyperactivity disorder (ADHD)
- Oppositional defiance disorder (ODD)
- Conduct disorder
- Pervasive developmental disorders (PDD)

### Internalizing Disorders

- Substance abuse
  - Feeding and eating disorders
  - Anxiety and social withdrawal
  - Depression
  - Schizophrenia and psychosis
- 

## Attention Deficit/Hyperactivity Disorder

In recent decades a literal explosion has occurred in the number of students who are labeled as having **attention deficit/hyperactivity disorder (ADHD)** (Breggin, 2000; Diller, 1998). The term used in the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the **DSM IV-TR** (American Psychiatric Association, 2000), is ADHD (attention deficit/hyperactivity disorder). Several subtypes are identified: (1) *inattentive* (previously thought of as “ADD” without hyperactivity; (2) *impulsive and hyperactive*; and (3) *combined type*--exhibiting all three behaviors of concern.

The diagnostic criteria for ADHD are listed in the figure below. For a child to be diagnosed as ADHD, he or she must exhibit at least six of the nine symptoms before age seven in at least two situations (such as school or home). Behaviors must also cause significant problems in functioning and be cannot be better explained by another diagnosis. Breggin & Ross-Breggin (1994) and Diller (1998) indicate that there is much over-diagnosis of students as ADHD with physicians often simply checking off criteria based on an interview with parents without delving adequately into the child’s life. Stress, family dynamics, lack of time with teachers and parents, or simply boring instruction are seldom adequately considered. There is no evidence that ADHD has a biological cause (Coles, 1987, 1998).

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## DSM IV-TR Criteria for ADHD

### Inattention

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Often has difficulty sustaining attention in tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- Often has difficulty organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
- Is often easily distracted by extraneous stimuli.
- Is often forgetful in daily activities.

### Hyperactivity

- Often fidgets with hands or feet or squirms in seat.
- Often leaves seat in classroom or in other situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- Often runs about or climbs excessively in situations in which it is inappropriate.
- Often has difficulty playing or engaging in leisure activities quietly.
- Is often “on the go” or often acts as if “driven by a motor.”
- Often talks excessively.

### Impulsivity

- Often blurts out answers before questions have been completed.
- Often has difficulty waiting turn.
- Often interrupts or intrudes on others (e.g., butts into conversations).

Adapted from American Psychiatric Association (APA), p. 92-93

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**Inattention.** In ADHD, students shift between inattention and distractibility and bursts of “hyperfocusing.” (Nelson (1996, 1998) *Type 1: Hypofocus:* Some students struggle to sustain concentration. They are kinesthetic learners who need movement and intense experiences. *Type 2: Hyperfocus:* These students focus intensely blocking out other sources of input. Their minds race with ideas, and they are often physically overactive. They may need help to focus *less* so that they can switch to other activities. Such students may amaze teachers with their creativity. *Type 3: Mixed Focus:* These children are inattentive one hour, over-attentive the next, often mixing inattention with physical under-activity. The student may seem “spacey,” prone to too much thinking and too little action.

**Impulsivity.** Students may jump from one idea to another and say what comes to mind. Such a student may hear something and run to the window (Bender, 1997). Yet impulsivity can be very valuable. Rather than hesitating, these students “act on instant decisions” with the “willingness to explore new and untested areas” (Hartmann, 1996, p. 24). They may be highly creative and stimulate lively discussion but need help in channeling this energy.

**Hyperactivity.** Some students are full of energy and movement. According to the National Institute of Mental Health, “people who are hyperactive always seem to be in motion. . . They may roam around the room, squirm in their seats, wiggle their feet, touch everything, or noisily tap a pencil. .” (2001, p. 1)

**Ritalin and Related Drugs.** Use of drugs to control ADHD behavior has grown dramatically. Drugs with three different names all use the same chemical, methylphenidate: Ritalin, Ritalin SR, and Concerta. Psychiatrists report that many parents come specifically to obtain prescriptions, and “Ritalin mills” have sprung up. A growing number of researchers and practitioners, however, are questioning drug use, analyzing both impact and side effects, and suggesting alternatives for both parents and teachers (Armstrong, 1997; Breeding, 1996; Breggin, 2001; Diller, 1998; Stein, 1999).

Ritalin does help students focus for a short time and helps to moderate impulsivity. Ritalin has similar effects on those who are and are not considered to have ADHD, (Diller, 1998). However, Ritalin has several potential side effects that can include: increased blood pressure, convulsions, psychosis, depression, dizziness, headache, insomnia, nervousness, loss of appetite, nausea, vomiting, stomach pain, dry mouth, weight loss, growth suppression, blurred vision, and more. It tends to sap children of their spirit, creating a “zombie” demeanor. In addition, the *rebound effect*, typical withdrawal responses that can last up to ten days after ingestion, may make a child’s behavior worse than before. When this occurs, people often think that increased dosages are needed. Dependence on the drug shields children and adults from having work through conflicts. Children on Ritalin tend to see their success as based on a drug rather than their own effort (Breggin, 2001).

Although ADHD is not a special education category, students with ADHD can qualify under the category of “other health impaired” if they need special education services (Office of Special Education and Rehabilitative Services, 1991). Many students labeled ADHD also are considered learning disabled. Even if they do not receive special education services, they are covered under Section 504 and schools must provide reasonable accommodations.

There is evidence that a combination of social supports, effective instruction, and reasonable drug use can be effective (Breggin, 2001; Monastra, 2004; Pierangelo & Giuliani, 2007; Rief, 2005). With good teaching practice we should expect substantial reductions in the use of Ritalin and related drugs.

## **Labels of Serious Emotional Disturbance**

The Individuals with Disabilities Education Act (IDEA) defines “serious emotional disturbance” as

a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

(Individuals with Disabilities Education Improvement Act [IDEA], 2004)

This definition has caused much concern among professionals. The language is extremely vague. The number of students who are labeled as emotionally disturbed varies dramatically across districts and states. Some use the requirement that a student’s difficulties “adversely affects a child’s educational performance” to not qualify students who have emotional problems but who are making good grades (Kauffman, 2008). The term “socially maladjusted” is even more problematic. In the law it was not defined. Much effort has gone into efforts to distinguish between social maladjustment and emotional disturbance. Most often socially maladjusted students are considered not truly disabled. Rather, they “engage in deliberate acts of self-interest to gain attention or to intimidate others, while experiencing no distress. . . about their behavior”(RESA, 2004). (Montgomery, 2008) stated that conduct disorder, by definition, is social maladjustment. However, many professionals consider these ideas “incomprehensible. A youngster cannot be socially maladjusted . . . without exhibiting one or more of the five characteristics (especially B or C) to marked degree and over a long period of time. Neither logic nor research supports the discrimination



between social maladjustment and emotional disturbance” (Kauffman, 2008, p.30). If students truly have no conscience and engage willfully in bullying and hurting others, this should be considered a significant emotional disability. Clearly, schools using a punitive model have used this distinction to deny services and protection of the law to these difficult but troubled students (Kauffman, 2008; (Merrell & Walker, 2004).

Five labels are used to describe students who “externalize” their difficulties via disruptive behaviors. ADHD and social maladjustment were discussed above. Students with oppositional defiance disorder (ODD) exhibit negative, hostile behavior lasting at least six months in which they frequently do four of the following: lose temper; argue with adults; defy or refuse to comply with adults’ requests; deliberately annoy people; blame others; and/or act touchy, angry, resentful, and spiteful. **Conduct disorder** involves persistent rule breaking and aggressive behavior such as defiance, fighting, and bullying. These students frequently are also diagnosed with other conditions such as ADHD, learning disabilities, anxiety disorders, and depression (AACAP, 2008). In practice it is difficult to differentiate among these conditions (American Psychiatric Association, 2000; Cohen, M. K., 1994; Nelson, 1992; Skiba & Grizzle, 1992).

“Internalizing” disorders are those in which the impact of emotions is directed inward. These include the following:

- Substance abuse
- Feeding and eating disorders - Students with anorexia nervosa, bulimia, and related conditions
- Anxiety and social withdrawal
- Depression: Signs typically include sad, lonely, or apathetic behavior; avoidance of social contacts; chronic problems with sleeping, eating, or elimination; fear of being with others in public places; and talk of suicide.
- Schizophrenia and psychosis: Schizophrenia is diagnosed when two or more of the following symptoms are present: delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, and problems in the ability to think logically or make decisions (American Psychiatric Association, 2000).

Unfortunately, we are failing to support these children whose lives are often very difficult. Research (Cullinan, Epstein, & Sabornie, 1992; Office of Special Education Programs, 1999; Wagner, 1995) indicates that students labeled emotionally disturbed are disproportionately likely to be:

- Male
- African American
- Economically disadvantaged
- In secondary school

- Living with one parent, in foster care, or in another alternative living arrangement

Boys are more likely to be aggressive and disruptive the classroom (Boggiano & Barrett, 1992; Gresham, MacMillan, & Bocian, 1996). Young women are more likely to exhibit internalizing behaviors (Zahn-Waxler, 1993). Also, some teachers expect black students to be problematic (Horowitz, Bility, Plichta, Leaf, & Haynes, 1998; Metz, 1994). No biological causes have been established for emotional disturbance. All of the following are significantly associated with emotional disturbance: poverty, malnutrition, homelessness, family conflict, divorce, inconsistent child-rearing practices, and child and sexual abuse (Eber, Nelson, & Miles, 1997; Kauffman, 1997). 55 percent of students labeled emotionally disturbed drop out of school (Wagner, 1995). Black males from poor families are the most likely to be segregated and the least likely to receive counseling and graduate from high school (Osher & Osher, 1996). On leaving school, 73 percent of dropouts and 58 percent of graduates are arrested within five years (Wagner, 1995; Wagner, Blackorby, Cameto, Hebbeler, & Newman, 1993).

Treatment of students with emotional disturbances sometimes seems designed to exacerbate their problems. These students need “more security, more trust, more love” (Breggin & Ross-Breggin, 1994, p. 192). However, these students are most often (1) separated and isolated from other students, (2) punished, and (3) medicated (Lewis, Chard, & Scott, 1994). Schools often focus on controlling students instead of building on student strengths, and they frequently shift students from place to place (Kortering & Blackorby, 1992; Mayer, 1995; Osher & Hanley, 1996). Punishment may strengthen aggression “when it causes pain, when there are no positive alternatives to the punished response... or when punishment provides a model of aggressive behavior” (p. 341). These dynamics play out in many schools where children, mostly low-income males, are not given support and modeling for new behaviors but are punished for aggression. Sometimes boys literally learn from family and teachers how to be aggressive and violent (Kauffman, 2008).

Clearly new directions are needed to help support students with emotional disturbance, including particularly those who are considered socially maladjusted. Students need opportunities to learn positive social behaviors from adults who care about them. For students considered the most difficult, it is particularly important that we help them develop pro-social behaviors. We must reach out to get through to these students helping them to know we care for them. One key element is central in every study that has documented strategies for moving students from violence to positive behaviors: a relationship with just *one* adult. We can be that one adult.

## Autism (Autism Spectrum Disorder)

IDEA defines **autism** as . . .

a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance. (Individuals with Disabilities Education Improvement Act [IDEA], 2004, section 300.8)

Autism is a neurological disorder that interferes with the development of reasoning, social interaction, and communication. Five behaviors are common in many persons with autism, all related to these individuals' difficulty understanding and relating to social interactions (Koegel & Koegel, 1995; Wagner, 1999):

- *Deficits in language development:* At one point 50 percent of people with autism did not develop language; today, however, most learn to communicate via language or other tools such as communication boards. This process has led to a reduction in behavioral problems.
- *Self-stimulation:* Repetitive behaviors such as hand flapping, twirling of objects, body rocking, or staring at lights can be subtle or obvious.
- *Self-injurious or aggressive behaviors.*
- *Preoccupation with certain objects or a routine:* Individuals may become very upset if a routine is changed.
- *Poor social/communicative gestures and utterances:* Individuals with autism may be unable to make eye contact, acknowledge smiles, or return handshakes. They often use language only to obtain things, not for social interaction.

The incidence of autism has risen dramatically in recent years (Bertrand, Mars, Boyle, Bove, Yeargin-Allsopp, & Decoufle, 2001; Koegel & Koegel, 1995; Varin, 1998). Young children who have symptoms similar to those of autism are often classified as having pervasive developmental disorders (PDD).

Two programs have been predominantly used with people with autism, each built on a very different philosophy. Lovaas (1987) developed an intense program involving intensive behavior modification techniques known as applied behavior analysis (ABA). This controversial, expensive treatment takes place over three years and continues some forty hours per week, 365 days per year. Some researchers have questioned the validity of claimed results; they have further expressed the concern that the program virtually

demands a segregated setting (Gresham & MacMillan, 1997).

Other approaches rely on strategies for teaching positive behaviors using a range of tools in typical settings. TEACCH (Treatment and Education of Autistic and Related Communication-Handicapped Children) develops an individual program based on a child's skills, interests, and needs. Teachers organize the physical environment, create schedules, use visual materials, and make expectations very clear. This program seeks to foster independence by encouraging the development of skills to the point where the child can use them without adult prompting. This approach has been successful and is conducive to inclusive teaching (Varin, 1998).

Often people with autism do not understand their own feelings, as if their inner self is trapped behind fear and they are able to respond only by mimicking learned behaviors, such as motions or phrases they have been taught or seen on TV. Breaking out of this cage by communicating what they feel is a traumatic, intense experience. Basic things that are automatic processes for many people, such as knowing what food we like, holding someone's hand, or talking to new people, are extremely difficult for people with autism (Williams, 1996).

Inclusive schooling is critical in helping students with autism develop social skills and become part of their communities. By sheer repetition of appropriate modeling, direction, and practice, children's social responses become more comfortable and their ability to think through a problem becomes more easily accessed (Wagner, 1999). Children with autism have strong visual skills, excellent ability to recognize details, and an amazing memory. These can become the basis for a successful life and can add to a classroom community.

### **Strategies for Students with Behavioral and Emotional Challenges**

Following are key strategies for students who present behavioral, social, and emotional challenges. We will explore these in greater detail in later chapters.

- Most importantly we must commit ourselves to engaging, supporting, guiding, teaching students with emotional and behavioral challenges and in working to develop relationships where we communicate that we care for them.
- Teach with creative and engaging activities helps provide a positive, meaningful school experience.
- Provide options and choices that respond to individual needs and learning styles. These include varied places to work (table, desk, floor, in the hall), places to be alone and comfortable (cushions, headphone, underneath the teachers desk), varied lighting, etc.

- Provide positive outlets for student energy--opportunities for movement and creative expression.
- Help all students organize their materials and monitor their scheduling and completion of learning activities.
- Develop class structures for emotional support through circles of support, peer partnerships, class meetings.
- Develop predictable class routines and help students understand changes that may occur.
- Form a personal relationship with students.
- Build community and provide emotional support letting students know we are available to help.
- Help develop a place for supervised support where students can go to cool-off, obtain academic assistance, or problem-solve with an adult.
- Integrate social skills learning into all academic lessons on a moment-by-moment basis. Use a range of strategies to help students learn needed social skills including social stories that help a student rehearse behavior in a difficult situation and picture schedules.
- Use positive behavior supports strategies that affirm students needs, explore the reasons for behaviors, and work to help students have their needs met in new ways and develop effective social skills.
- Help students understand their own needs and proactive ways to have those needs met .
- For students with seriously challenging behaviors work with an interdisciplinary team to develop an intensive behavioral support plan]
- Use professional supports and services such as individual and group counseling, consultation with a psychologist or social worker, and support groups for students and families.
- Facilitate support for ourselves via informal and formal consultation with other teachers, behavior specialists, and other professionals.

### **Students with Differing Communication, Physical, and Sensory Abilities**

Students also come to us with a wide range of disabilities that are based in physical functioning. These include communication, hearing, seeing, physical movement, and health and well-being. Here we'll introduce you to common disabilities we will see in the classroom.

## Severe and Multiple Disabilities

Some children have severe disabilities that impact many areas--academic and physical abilities, adaptive skills, cognitive functioning (Meyer, Peck, & Brown, 1991, p. 19). The bodies--arms, legs, face, trunk--of many of these students are shaped very differently from those of other children, resulting in an appearance that seems disfigured to many people.

Traditionally these students were placed in separate schools or classes along with students with other severe disabilities. At first this makes sense, in light of their intense and specialized needs. However, observing such classes, even with the very best teachers and equipment, leads to other conclusions. Typically, a teacher might have 6-9 children in a class with two paraprofessionals. That's a one to three ratio. However, because these students need one to one attention, they sit waiting 2/3 of the time. However, when they are in a general education class, using learning activities based on the general curriculum but adapted to their ability level, there is much ongoing interaction with other students that enhances communication, a key need of these students. Inclusive classrooms offer these students the equivalent of twenty-four teachers. Many studies have demonstrated the positive impact of inclusion for these students (Berrigan, 1994; Cole & Meyer, 1991; Hunt, Farron-Davis, Beckstead, Curtis, & Goetz, 1994; Janney & Snell, 1997; Meyer, Peck, & Brown, 1991; Smith, 1998).

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### *Bumps In The Road Rejecting Students With Differences*

Sometimes teachers and other educators in your school will outright reject students with differences. While this has largely become unacceptable behavior related to students from various racial and cultural backgrounds such rejection of students with disabilities and students who are homosexual is typically tolerated, sometimes overtly encouraged. Of course, racial discrimination often exists in more subtle ways.

One high school we visited was, for the first time, planning to fully include a student with severe, multiple disabilities. The student, Shawn, was in a motorized wheelchair. He did not have the strength or dexterity to propel himself and was unable to communicate verbally but did have a reliable sign with his hands for "yes" and "no". He also had medical complications including a condition which made his bones very brittle. Shawn had been fully included in elementary school and middle school and many students knew him, some of whom had been in his circle of friends.

Shawn's parents had been anxious about his coming to the high school because the educational program there was rather rigid, rather than the flexible and student-centered experiences they had in elementary and middle school. The 9<sup>th</sup> grade team that had agreed to work with Shawn had been very positive, however, so they felt more comfortable at the beginning of the year. However, as classes started, two of the general education teachers suddenly became very resistant and angry. They approached the union representative complaining that teaching a student like Shawn was not in their contract. Jennifer, the special education co-teacher, tried to talk with them but they became very angry. She actually thought they might hit her! Phillip, one of these teachers, made the comment that really hurt: "Why is he in here? He can't do anything? He's just a vegetable!" It took some very hard work to get through this. Eventually Shawn was moved from this team to another 9<sup>th</sup> grade team and his year progressed well after that.

This is but one example of many that we might encounter. While this example related to a student with a severe disability, we've been aware of angry, hurtful comments about students who are homosexual, who have mild

learning disabilities, who are poor. Oftentimes we'll find that when educators reject children who belong to one category they do the same for other types of differences.

What do we do when we encounter such attitudes? As always, we don't have magic answers. Intolerance, discrimination, and hurtful comments are an unfortunate part of the human condition. However, here are a few suggestions:

- First, as you can't let your students harm others, neither can this be tolerated in a staff member. If we don't challenge such actions, we are actually encouraging this behavior. It's helpful to bring it back to questions, like: "What do we want for our students? Do we want our students rejected? Do we want to commit to teaching all or just some students?"
- Second, don't draw away from a relationship with the person. Be there to talk feelings through. It may well be that if such people can both be confronted while at the same time given opportunities to explore their feelings and emotions that they may change their perspective.
- On the other hand, it's clear that some people are so committed to intolerance that we may not be able, at this point at least, to help them. It's important that we not spend all our energy on these individuals. Rather, we seek to contain the harm they cause people and work around them, connecting with those who are more positive and with whom we can work. Over time, as we are successful and others sign on to the effort, those with negative attitudes will see they are in the minority and, at minimum, check their hurtful responses.

You might think about experiences you have had where educators rejected children. Why do you believe they did this? When you encounter such behavior again, what might you do?

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## Communication Disorders

IDEA defines a communication disorder as "stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance" (Individuals with Disabilities Education Improvement Act [IDEA], 2004, Section 300.7). Children can become very frustrated and humiliated when they have difficulty understanding others and expressing themselves. Some 7 to 10 percent of school-age children receive speech services. The vast majority of students with communication disorders also have another disability that is considered more significant (McCormick, Loeb, and Schiefelbusch, 1997).

*Language disorders* involve difficulty or delays in using oral and written symbols such as using words inappropriately and having difficulty learning grammatical patterns, distinguishing speech sounds, and comprehending. *Articulation disorders* occur when a student has trouble articulating sounds, maintaining fluent speech rhythms, and controlling their voice (McCormick, Loeb, & Schiefelbusch, 1997).

*Speech therapists* (also called "speech pathologists") work with students to improve their communication abilities. Augmentative and alternative communication (AAC) specialists are typically trained as speech therapists (McCormick, Loeb, & Schiefelbusch, 1997). In the field of speech therapy, there is a growing movement toward "naturalistic" services (McCormick, Loeb, & Schiefelbusch, 1997; Office of Special Education Programs, 2001) in observing language and providing services in natural environments,

such as their classroom or homes. In inclusive schools speech therapists often come into the classroom to engage students in individual or group learning activities designed to improve both articulation and language development.

## Deafness and Hearing Impairment

IDEA defines these two conditions in the following way.

“Deafness” means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and that adversely affects a child’s educational performance. “Hearing impairment” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this section. (Individuals with Disabilities Education Improvement Act [IDEA], 2004, section 300.7)

Students who are *deaf* cannot use their hearing to understand speech, even with amplification. Students who are *hearing impaired* have a loss of hearing but they can often understand speech. Hearing loss can be slight (27-40 decibels) that causes difficulty in hearing faint or distant speech to profound (loss of 91 or more decibels that results in ability to hear only occasional very loud sounds. Loss of the ability to hear speech profoundly influences social interactions (Gething, 1992; Hardman, Drew, & Egan, 1996; Smith, D., 1998; Vaughn, Bos, & Schumm, 1997).

We may come into contact with several types of professionals who specialize in dealing with individuals who are deaf or have a hearing impairment:

- *Audiologists* assess hearing loss and prescribe tools to improve hearing, such as hearing aids.
- *Sign language interpreters* translate spoken words into sign language. As the deaf person signs back, the interpreter speaks the signed words to other parties.
- *Augmentative hearing specialists* develop and prescribe devices such as hearing aids and speech augmentation tools.
- *Special education teachers* are certified to teach students who are deaf or hard of hearing.

Students who are deaf or hard of hearing will need assistance in being part of the class and in overcoming the isolation that can occur because of problems in receiving information. In addition, students who are deaf often struggle to develop academic language skills--both oral and written. Students who are deaf or hearing impaired have challenges both in *expressing* themselves and in *receiving* information. When communicating with students who are deaf or hearing impaired, the key is to be



natural. What we *don't* want to do is yell or talk very loudly. This typically distorts our voice. Nor do we want to exaggerate our facial gestures. We will find many of the strategies for students with different academic abilities useful with students who are hearing impaired. Tools that are specific to hearing loss include the following:

- *Use alternative modes of communication.* Sign language involves signals using the hands and fingers. Signs are produced for each word using standard English syntax in *signed English*, a cumbersome process. *American Sign Language (ASL)* uses its own syntax. Signs may abbreviate or contain multiple words to allow more efficient communication. Many deaf adults prefer ASL. *Finger spelling* occurs when words are spelled using finger signs for each letter (Beukelman & Mirenda, 1992). When sign language is used in the classroom, an interpreter is often available. *Speechreading* occurs in which a deaf person learns to understand by watching another person speak. Speechreading is an extremely difficult skill used by a small percentage of people who are deaf.
- *Use technology to enhance communication.* *Hearing aids* can help students with mild hearing losses. However, the hearing aid amplifies all sounds, not just speech, making sounds louder but not necessarily clearer. An *FM unit* is a device which the teacher wears a wireless microphone and the student wears a wireless receiver. The unit amplifies the teacher's voice 12 to 15 decibels over the rest of the classroom noise. *Sound field amplification* The teacher wears a wireless microphone and the sound comes out of speakers placed around the room. A *cochlear implant* is surgically implanted inside the ear and picks up sounds from a microphone electrically stimulating the auditory nerve (Gething, 1992; Hardman, Drew, & Egan, 1996).
- *Use visual materials in instruction.* Use a range of tools and materials that do not rely on hearing for effectiveness. These can include: written and pictorial directions; written materials that use pictures and graphics along with the written word at various levels of ability. Also, using cooperative learning, experiments, learning projects and other authentic learning strategies is very helpful. *Provide copies of notes* taken by another student (Banks, 1994; Vaughn, Bos, & Schumm, 1997).

## **Blindness and Visual Impairment**

The definition of visual impairment in IDEA is pretty simple and straightforward:

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. (Individuals with Disabilities Education Improvement Act [IDEA], 2004, section 300.7)

Visual problems are related to either (1) visual acuity or (2) field of vision. *Visual acuity*, or sharpness of vision, is measured based on the distance from which an object can be recognized. Perfect acuity is described as 20/20 vision. This means that an individual can see an object clearly at 20 feet. However, if an individual is able to read at 20 feet only what a person with 20/20 vision could read at 200 feet, we would describe that person's visual acuity as 20/200. *Visual field* refers to the angles from which the eye receives sensory input. Some individuals have narrow visual fields or *tunnel vision*, as low as 10 degrees. Others have limited vision in the center of the visual field but have *peripheral vision* (Gething, 1992).

The word **blindness** means to most people the inability to see at all in any functional way. However, many people considered blind still perceive some light or shapes. People who have **low vision** or who are **partially sighted** are considered *legally blind* when their visual acuity is better than 20/200 but not better than 20/70 in the best eye after correction or when their visual field is less than 20 degrees (Vaughn, Bos, & Schumm, 1997). For clarification, simply ask the student how well she can see--in terms of light, shapes, acuity, and visual field.

Several professionals provide assistance to people who are blind or visually impaired some of who, may assist us when blind or visually impaired students come to our class.

- Ophthalmologists are physicians who specialize in diseases, treatment, and functioning of the eye.
- Optometrists prescribe corrective lenses for visual difficulties.
- Low-vision specialists help individuals use tools to use their existing vision.
- Rehabilitation teachers help persons with blindness learn adaptive methods to function including Braille, taped books, and how to organize materials.
- Assistive technology specialists.
- Orientation and mobility specialists teach people how to use canes, sighted guides, and guide dogs. They orient a person to a new area--school grounds, a work site.
- Special education teachers.

Following are specific strategies for assisting students who are blind or visually impaired:

- Students who are blind or visually impaired need learning activities that rely on senses other than sight including groups' working together, hands-on projects, and learning by doing. We give students with visual disabilities opportunities for obtaining input via touch, sound, even smell in ways that deepen and strengthen their learning (Smith, D., 1998).

- Learn how to be a good *sighted guide*. We should *not* take the student's hand and lead her around. Instead, have the student put a hand on the back of our elbow or arm. As we go through a narrow space, we walk first, putting our arm behind us so that the person can hang on. If there are overhanging obstacles, such as a low-hanging tree limb, warn the student. When we come to stairs, we stop and say, "Stairs," then proceed up or down at a smooth pace.
- Orient the child to the classroom by walking with them around the room explaining what is there giving students opportunities to feel with their hands--to touch the table, the globe, and so forth. For example, "Your pencil is right in front of you, about one foot." Or: "The globe is at 45 degrees left." We might also use the numbering system on a clock face, as in "Your mashed potatoes are at twelve o'clock on your plate, and your steak is at nine." Also, if we change the layout of the room during the year, tell the student of these changes.
- An orientation and mobility specialist will provide assistance in helping students learn to use these tools for getting around safely: (1) using a *cane* swinging it in front of them from side to side to feel obstacles or drop-offs. Barriers above waist level, however, cannot be detected. If we see a student about to walk into an overhanging barrier, warn them. (2) *Guide dogs* and the student and learn to work as a team. However, the student is in charge and guides the general direction of the dog. The dog should not be petted when it is working.
- *Use touch tools to access written materials*. Several options are available that use two general avenues--touch and sound. Touch-based strategies include: *Braille*. Braille uses six raised dots that represent different letters. Reading braille is much slower than visual reading and is difficult to learn. We can get books brailled through the Library of Congress and through local groups. In addition, brailers (braille typewriters), and braille printers for computers are available. We work with specialists to consider how a student will learn braille. This may occur on a pull-out basis or be incorporated into our class. Many students attend programs outside of school where they learn braille. *Optacon*. An optacon or similar tool scans text and converts the letters into vibrating tactile replicas.
- *Use auditory tools to access written materials*. These include: (1) software that speaks written words on a computer; (2) a *Kurzweil scanner* that scans text and converts it to synthesized speech; (3) *tape-record words such as directions for activities*; (4) *obtain recorded books and other materials*. Many blind people use variable-speed tape recorders that allow them to listen to text at different paces to increase their "reading speed"; (4) *sighted readers can include other students in the class or people who are paid to assist the student*. Additionally, reading services could be provided by a teacher or a paraprofessional.
- *Use large print for partially sighted students that include: large-print books; low-vision aids*: Magnifiers include hand-held magnifiers, desktop units, and devices designed to be used with computers; *computer software and enlarged printouts*:

software is available that will increase the size of text and graphics on the monitor screen and will print enlarged text; *closed-circuit television (CCTV)*: a camera is pointed at printed text and magnifies it on a television screen.

- Use alternative methods to support students in writing using these tools: recording student work on a tape recorder or computer; type work on a typewriter or word processor; a sighted person takes dictation, then transcribes the material; and software which allows an individual to dictate responses, which are recorded in a word processor and printed.
- *Help students organize and access materials* using brailled tabs or other tactile tabs on materials so they can be identified via touch and organizing of materials where they are kept in routine locations.
- *Help Students Participate in All Class Activities.* We want to watch for visual information that other students are receiving. Sometimes we can give tactile (touch) alternatives. Often we will need to explain in words what is going on.
- *Measurement devices:* Many measuring devices are available that have either tactile markers or synthesized speech.

## Orthopedic Impairment

Many states have grouped students with orthopedic and other health impairments under a category they label “physical and other health impairments (POHI)” in their special education services. This section will discuss common orthopedic disabilities. IDEA defines orthopedic handicaps as follows:

“Orthopedic impairment” means a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures). (Individuals with Disabilities Education Improvement Act [IDEA], 2004, section 300.7)

One condition we will likely see is **cerebral palsy**, a neurological condition that affects the portions of the brain that control motor movements. Students with cerebral palsy often have other disabilities that may include intellectual disability, seizure disorder, and visual and/or hearing impairment (Gething, 1992). However, many people with cerebral palsy have normal intelligence and have distinguished themselves in their social contributions. An interdisciplinary team of specialists is often involved that may include physical therapists, occupational therapists, and assistive technology specialists (Bigge, 1991; Gething, 1992; Hardman, Drew, & Egan, 1996; Orellove & Sobsey, 1987; Stolov & Clowers, 1981).

*Spinal cord injuries* occur when the spinal cord is damaged or severed. Essentially, the higher on the spinal cord the injury, the more disabling the effects. In addition, spinal cord injuries often occur together with damage to other body parts. Three general terms are used for individuals with different types and levels of injury:

- *Paraplegic*: The person's legs are immobilized but there is full use of the upper body and arms.
- *Quadriplegic*: Both legs and arms, as well as the upper body, are affected.
- *Hemiplegic*: The arm and leg on one side of the person's body are paralyzed.

Spinal cord injuries are traumatic events. Typically, young, active, athletic people must learn a new life. In the hospital physicians work to stabilize the spine, often with patients held in a special device that rotates them periodically. In the rehabilitation process individuals must learn new ways of managing their lives, using adaptive equipment and wheelchairs and moving from the wheelchair to a bed or couch.

In *spina bifida* an abnormal opening in the spinal column occurs at birth. Severe spina bifida often results in weakness or paralysis in the legs and lower body and an inability to control the bladder or bowel. The most serious form often involves other orthopedic difficulties, such as club feet or dislocated hips. About 90 percent of children with severe spina bifida also develop hydrocephalus, an excessive accumulation of cerebral fluid in the brain. Untreated, hydrocephalus will result in an intellectual disability. However, physicians perform surgery to install a shunt, in which a tube is inserted between the ventricles of the brain and distributes fluids to an absorption site in the child's abdomen. Although students with spina bifida have little if any control over bowel or bladder, medical professionals assist them in learning to use a catheter to manage this process (Bigge, 1991). Spina bifida does not affect intellectual abilities, and most students have traditionally been in general education classes.

The muscles of students with *muscular dystrophy* gradually degenerate, and they slowly lose their ability to walk and or to use their arms and hands effectively. With this condition fatty tissue actually replaces muscle tissue over time. By age twenty individuals with muscular dystrophy use a wheelchair for mobility; they often die in their twenties or thirties though some will live to older ages (60's and beyond). Medicine has no cure, so the primary treatment consists of aiding the individual in maintaining functioning as long as possible, then providing supportive devices such as walkers, braces, and surgical corsets.

## **Other Health Impairments**

Children have many health-related disabilities that IDEA calls "*other health impairments*." These involve limitations in strength, vitality or alertness, including a heightened

alertness to environmental stimuli, that results in limited alertness with respect to the educational environment; that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle-cell anemia; and adversely affects a child's educational performance. (Individuals with Disabilities Education Improvement Act [IDEA], 2004, section 300.7)

Not too many years ago, children died of serious diseases that physicians today can treat if not cure. If they lived would stay at home visited weekly by a special teacher for the "homebound" and later go to a separate school. However, many students with other health impairments are now returning to their school community. Common chronic health impairments include: asthma, cystic fibrosis, diabetes, pediatric cancer, lead poisoning, and sickle cell anemia.

*Epilepsy* and *seizure disorder* include a range of disorders in which abnormal neuro-chemical activity in the brain produces seizures. Although seizure disorders may occur alone, they also are frequently associated with other disabilities. About half of individuals with seizure disorders experience an "aura," a physical sensation that a seizure may soon occur--numbness, dizziness, or slight abdominal discomfort.

*Tonic-clonic seizures* (once known as *grand mal* seizures) cause a loss of conscious awareness, as the body goes rigid and convulsively jerks. If the person is standing, he or she will likely fall. Seizures typically do not last more than a few seconds. Once a seizure is over, the student will be tired and sometimes confused. *Absence seizures* (previously known as *petit mal* seizures) occur almost exclusively in young children and students often outgrow them. In these seizures students briefly lose consciousness where they appear to stare with slow rhythmic blinking of the eyes. Such seizures are difficult to notice at first. However, if students are "blinking out" many times an hour, they will have difficulty attending to the flow of learning. If we see these patterns occurring, talk with the school nurse and parents to facilitate a medical examination. *Psychomotor seizures* are so called because a part of the brain that controls physical activity is activated. However, psychomotor seizures are rare in children (Stolov & Clowers, 1981).

When a seizure occurs, or if the person has an aura, do the following (Gething, 1992; Hardman, Drew, & Egan, 1996; Stolov & Clowers, 1981):

- Ease the student to the floor, preventing the student from falling and clearing an area to prevent banging against harmful objects. Put a pillow or jacket under the student's head and loosen tight-fitting clothes at the neck.
- Turn the student on the stomach with the head to the side to drain excess saliva.

- When the seizure has stopped, cover the student and let her rest.
- If the seizure lasts more than ten minutes, contact a health professional. However, this is very rare.

We *should not* place anything in the student's mouth. This can result in the student's choking, cracking teeth, or even injuring us, as their biting movements are very powerful during the seizure. (Despite popular myths, it is not possible for people to swallow their tongue!) We will teach students in the class what to do as well so they can assist as needed. The pattern for seizures varies.

We will want to talk openly with the student and parents and get information about what happens and how best to respond.

- How often do your seizures typically occur?
- How long do they last?
- Are there stimuli that help set off the seizures? (Heat, stress, and light patterns can all have this effect.)
- How do you act when you have a seizure? What is best for us to do?
- Do you need or want to rest after seizures? For how long?
- What else should we know?

We engage our class in planning ahead for seizures and promote discussion in a calm manner. However, we want classmates to be able to share their feelings about the seizures in supportive ways. Sharing helps students with seizures feel accepted and helps other students obtain complete information.

Seizures are controlled through drug use in some 80 percent of people (Cornelius, 1980). However, medication can have some side effects--drowsiness, skin problems, or interactions with other drugs. Sometimes drugs are able only partially to control seizures.

### **Acquired Immune Deficiency Syndrome (AIDS)**

In recent decades perhaps no health condition has caused so much concern as acquired immune deficiency syndrome (AIDS). HIV / AIDS involves several stages over a number of years. For many years there may be no sign of the disease at all. At some point, however, the immune system will begin to break down and the person will be susceptible to infections and illnesses. Eventually the immune system collapses and the person dies of infections or tumors.

Most schools have established policies for inclusion of students with HIV. Information about a student's HIV status does not have to be disclosed. It is important that we

maintain confidentiality regarding a student. Depending on their status and the stage of the disease, students with HIV / AIDS may be absent because of illness and medical problems. Their energy level may be low, and we may need to make adaptations by reducing their workload or finding other ways to reduce stress. These students may have difficulty with feelings of depression and be concerned about death. Our efforts to support them will be important.

### **Strategies for Students with Orthopedic and Other Health Impairments**

Key considerations and strategies for students with orthopedic and other health impairments include:

- Organize the classroom so that there is room for the student to traverse the room and arrange materials so that students can reach them easily.
- Use assistive technology to assist students. For example, use augmentative communication devices, adaptive equipment for computers such as keyboard guards, hardware and software that will allow text to be scanned and read aloud via a computer and that will allow students to speak words into a microphone where they are translated into written text.
- For students in wheelchairs we will want to have tables at a slightly raised height so that the wheelchair can fit under the table.
- Some students will have difficulty grasping pencils or reaching for books, as well. Use low-tech strategies are helpful such as non-slip pads to help stabilize materials.
- Arrange assistance for going to the rest room or in eating utilizing both the services of a paraprofessional as well as encouraging other students to assist if they are interested and willing. These could be same-age or older students. The paraprofessional or special education teacher may need to provide training for students. You may also want to inform and get approval of these students' parents.
- Ensure that these students are included in our class and the school, including field trips and extracurricular activities.
- Some students with serious conditions may die. We can help students who face death and the rest of our class process and deal with their fears and concerns through journal writing, having the student talk to the group, if he wants, having students learn about the condition of the student with special needs.



## Designing for Classroom Diversity Tool

### *Some students in a 5<sup>th</sup> grade classroom*

Name	Diversity Category							
	Culture	Language	Cognitive Ability	Emotional Needs	Sensory	Physical	Sexual Orientation	Strategies
<b>Jawan</b>	African American	English	2.5 grade level Learning disability	Gives up easily	Wears glasses – far sighted	Mild seizures		Daily encourage. Hourly report to mom
<b>Paul</b>	Multi-racial	English	7 <sup>th</sup> grade level Gifted	Often acts bored				Independent study. Lead math lessons in small
<b>Sari</b>	Middle Eastern	English/ Arabic	4 <sup>th</sup> grade level	Very strong social skills	Hearing loss in right ear			Invite to share about religion and language. Use Arabic greeting at morning meeting.
<b>Shauna</b>	African-American	English	1.5 level grade level Cognitive disability	Easily upset with friends. Hard time reading feelings	Visually Impaired			Braille lite, 3-D maps, talking calculator. Paired with partner to re-explain activities. Partner read with Jawan.
<b>William</b>	African-American	English	5 <sup>th</sup> grade level	Loner, social outcast		Poor dexterity	Teased for being gay. Has gay family member.	Circle of support. Counseling with social worker.
<b>Beth</b>	Caucasian	English	4 <sup>th</sup> grade level	Cries easily. Overreacts. Retained in previous				Pair with Colleen and Dane. Suggest lunch club to hang out and work with them.

## Dealing With Real Diversity In The Classroom

In this chapter, we've viewed our classrooms from the eyes of students who have dramatic differences. We've thought about the needs and challenges of these students.

We hope that you continue to see how the overall perspective of building a classroom designed for diversity applies to these students. Inclusive teaching is very different from teaching separately for each student, an impossible task even with a small number of students. Rather, we design classroom structures to incorporate ways of dealing with diverse abilities. Above is a chart that may be a useful tool where you can make notes regarding special needs of each of your students and indicate possible helpful strategies. When you complete this, look down the right column of strategies for the many common points that will occur. Here you will see connections of the needs of many of your students and how you can meet the needs of several students all at once!

A suggestion: If you find yourself feeling a bit overwhelmed, stop a minute. Take a deep breath. Try to capture for yourself a picture of a classroom that can incorporate diverse students. Don't feel that you need to have all the details worked out. If you have a philosophy, understand patterns, and have some beginning specifics, you can use this book and references to make it work. And it will!

### **Traveling Notes**

As we seek to be inclusive teachers we will also become a real student watcher, learning daily about their individual strengths, needs, and unique characteristics. We'll continue to learn how best to teach them each as an individual and how to build a true learning community. Here are a few notes about our discussion in this chapter. Do well!

1. An inclusive class will, over time, have students with many different types of challenges. We should seek to understand the needs and characteristics of each individual student and connect these with best practices for inclusive teaching.
2. We should see students as individuals and people first, rather than a member of a group or having a particular label.
3. We will work with a range of specialists who can provide assistance in supporting diverse students in our class, rather than pulling them out of class to provide support and services.
4. We should seek to build a caring community in our classroom where diverse students are respected and supported – including students from various racial, cultural, and ethnic groups; poor students; students who are gay; students with a range of academic abilities, social and behavioral needs, and sensory and physical disabilities.
5. We will seek to teach using differentiated, multilevel instruction that allows students to learn together but at their own level of ability. We'll have learning materials on a subject at very different levels of ability and strategies for designing multilevel instruction.
6. When students have behavioral challenges, we will commit to having them in our

class, learn how to respond to their needs, and teach them to understand themselves and learn to meet their needs in pro-social ways.

7. For students with sensory and physical disabilities, we will work to ensure that the school and classroom environment and materials are accessible to them. We will help them use assistive technology and other tools that can help them function in the class and learn. We will ensure that they are full members of the class.

### **Stepping Stones to Whole Schooling**

Following are some activities that will help extend your understanding and actions you may take in understanding special needs of students you may teach.

1. Gather information about separation of students by race, language, and socio-economics in your area. What efforts have occurred to create more inclusive communities and schools? Journal the impact you think this has on learning and life success of students? How does your thinking fit with research?
2. Interview a student who attended separate, special program and another individual who was integrated in a general education class. Ask them to describe their school experiences. What happened? How did they feel about the value of their learning and their experiences?
3. Investigate what happens with people with students with significant disabilities in your community. Where do they go to school, work, live? What type of support is available to help them take part in community life?
4. Visit an inclusive school. Observe students with the differences discussed in this chapter in class. What type of instructional approaches are used, and how do these compare with best practices? What happens with these students? Talk with teachers. What do they do differently with these students, and how do they feel about having such students in their classes?
5. Interview parents of students with any of the labels in this chapter. What opinions do the parents have about what occurs in school? What is working and what is not for their child, and why?