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| **Exceptionality Name** | **Definition &**  **AB Educ. Code** | **Characteristics &/or Observable Behaviors** | **Teaching Strategies & Resources** | **Links &/or Sources** |
| **ESL/ELL** | **Alberta Education Code**:  The code is 301 for foreign-born students, 303 for Canadian-born students, and 302 for International Students.  -English Language Learners (ELL): describes students whose primary or heritage is not English  -English as a Second Language (ESL) Classrooms: where these students learn English.  English language learner -----(ELL) is a broad term used in North America to refer to students who are learning English as a second or additional language. They may be immigrants from a country where English is not the national language or born in an English-speaking country but raised in a non-English speaking home or community. In either case, they are learning English in addition to their native or home language. Because of these circumstances, they are considered ELLs. | - “Ear learners”  -Use the wrong verbs or pronouns because they sound familiar (e.g. confident vs confidence)  -Called “ear learners” because they learn English by listening to music, watching TV, or hearing their friends talk  -Can help these students improve their English by figuring out how they first learned to speak English and go from there  -Students’ should maintain their proficiency in their first language, and then transfer their knowledge to the second language  -If they don’t, they may become “semi lingual” (being non-proficient in both languages)  -Important that students learn subjects such as math and science in their native language, then transfer it to English, so that they are not struggling to understand it in a language they may not be familiar with  -Using all their energy to understand a different language at the same time as learning something new - can be both frustrating and exhausting  -ELL learners may show discrepancies between English oral and literacy depending upon their educational and cultural background  -Normally context-specific social language develops more quickly than academic language. For most ELL/ESL learners, academic proficiency may take about 5-7 years, as opposed to 2-3 years for basic interpersonal communication skills  -Many ELL learners use familiar and highly used vocabulary and long simple sentences to demonstrate social language competency. | -Provide differentiated assessment — varying the type and complexity of the product that the students create to demonstrate their learning. Journals & logs can be an example of a great opportunity to differentiate assessment. ELL students in this case can be allowed to record their ideas in their first language, short English words or sentences, or illustrations. It also gives them the opportunity to access their background knowledge, make connections to old and new learning, as well as reflect on what they have learned.  -Use ongoing assessments with frequent feedbacks to guide instruction — Ongoing, informal assessment is vitally important to matching instruction to students' changing needs. With ELL students, teacher can have ongoing formative assessment throughout the semester to record and keep track of their learning progression, identify their strength and weaknesses, as well as any learning needs. With the collected data, the teacher is able to come up with more effective strategies to help them improve and maximize their learning. Throughout these formative assessments, make sure to provide timely, relevant, and corrective feedbacks to the students because it can be an important way to help ELL students move to the next stage of language development.  -Use flexible grouping — Small group instruction is a very effective way of making sure that all students can access important content, and keeping groups flexible allows teachers to match students with different peers for different types of activities. For example, when grouping students, organizing group containing both ELL students, and native English speakers to increase the opportunity for peer tutoring. The teacher can also consider grouping ELL students who have the same first language as one group when it is necessary to clarify content and discuss concepts at a deeper level.  -Make content comprehensible for all students —matching learning contents to students' learning profiles and language proficiency ensures that every student has an opportunity to demonstrate what he/she knows. For example, providing resources at varying reading levels. Providing ELL students with content-specific material at a level they are able to read successfully allows them to gain information and key vocabulary that may provide scaffolding necessary for them to read more challenging texts. These resources can include a variety of text types, such as news articles, picture books, journal entries and web pages. If possible, provide books in the first language of the ELL students to further support learning and making connections to the English content.  -Build a respectful and helpful classroom atmosphere — creating a classroom atmosphere where all students have respect for and responsiveness to cultural and personal diversity. It is important to teach all students about culture diversity, and to respect all kinds of cultural diversity. Teachers can incorporate students’ experiences into writing and language arts activities, as well as linking content to students’ lives and experiences to enhance understanding. The teacher can also set up useful resources around the classroom such as bilingual dictionaries, posting word banks around the classroom with frequently used or subject-specific vocabulary to provide ELL students with an easy-to-access reference. | **Alberta Education. (2009). 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Retrieved from Learn Alberta:** [**http://www.learnalberta.ca/content/eslapb/documents/language\_proficiency\_assessment.pdf**](http://www.learnalberta.ca/content/eslapb/documents/language_proficiency_assessment.pdf)  **Alfred, I. (1994, March). ESL in the Mainstream: Challenges and Possibilities. Retrieved from** [**http://files.eric.ed.gov/fulltext/ED385120.pdf**](http://files.eric.ed.gov/fulltext/ED385120.pdf)  **Fraser, C., Adelson, V., & Geva, E. (2014). Recognizing english language learners with reading disabilities: Minimizing bias, accurate identification, and timely intervention. Perspectives on Language and Literacy, 40(4), 11-17. Retrieved from** [**http://search.proquest.com/docview/1657548167?accountid=12063**](http://search.proquest.com/docview/1657548167?accountid=12063)  **Woolfolk, A., Winne, P., & Perry, N. (2013). Educational Psychology (Sixth Canadian Edition ed.). Don Mills, Ontario: Pearson Canada Inc.** |
| **Gifted and Talented** | **Alberta Education Code**: 80  - Giftedness has often been defined as having an IQ over 130 (Delisle 38). However, in different jurisdictions, this definition has broadened in recent years to include such gifts as high aptitude in musical, kinesthetic and artistic fields (NAGC-Definitions of Giftedness). As there are a multitude of definitions, we have chosen to highlight the one below, which was in use by Alberta Learning until a few years ago, and which portrays a broad concept of giftedness.  -Giftedness is *exceptional* potential and/or performance across a wide range of abilities in one or more of the following areas: general intelligence, specific academic, creative thinking, social, musical, artistic, and kinesthetic. (Former Alberta Learning Definition of Giftedness. GATE-Assessment)  (There is no universally agreed-upon definition) | *-Intellectually* gifted students:  Advanced intellectual achievement, high motivation and interest, verbal proficiency, problem solving ability, logical thinking, and/or creativity.  - These abilities are present in many children of all ability levels, but are more commonly pronounced in gifted children. Gifted children will not necessarily possess all of the abilities.  (Alberta Education- Students who are Gifted):  -Impatience with peers, parents, and teachers  - Considered stubborn or uncooperative, because they are goal-oriented and focused.  - Sensitivity to the expectations and feelings of others; they may be extra-sensitive to peer criticism and teasing.  - May use humor as a weapon against other students, teachers, and peers.  (Winne 124)  - The GATE program offers two categories of giftedness:  **Intellectual**: motivation, interest, problem-solving ability  **Emotional**: heightened sensitivity, heightened intensity of experience, perfectionism,  introversion, superior humour, moral sensitivity  - It is highly unlikely for a child who is gifted to have all of the characteristics on both lists.  (GATE- Characteristics)  -Emotional aspects of giftedness, such as heightened sensitivity can add significant challenge to the life of a gifted child. (Di Cintio). One of the hallmarks of giftedness is asynchronous development. Their minds and emotions may mature at different rates, and this asynchrony corresponds to the level of intelligence of the child. As they grow up, most will eventually balance out, as they mature socially and emotionally (Goerss).  - Groups of children who are gifted often have differences among themselves which are as great as differences from other students.  - A 1996 University of Calgary study of gifted students revealed that some 21% of gifted kids were underachievers in a school environment. This number may be too low, and the actual percentage of underachieving gifted students might be closer to 40-50% (Winne 122)  **Barriers to Identification**  Girls: May learn to cover up or deny abilities to become popular, fit in, or feel “normal”.  Boys: More likely to rebel than girls. They have a different and usually slower rate of maturation, particularly with reading and verbal areas. Hyperactive, distractible, and disorderly are more common labels for boys that may negate a teacher’s decision to investigate with the child is gifted.  (Delisle 36-38)  -ELL or minority students may be overlooked, due to language barriers  (Delisle 36-38) | **Examples of Differentiation Strategies**  - ***Enrichment***- Giving the students additional or alternate work that is more sophisticated or thought provoking (Winne 125), depending on their mastery of the current subject.  - ***Acceleration***- Allowing students to complete grades at their own (accelerated) pace (Winne 125)  - ***Telescoping***- Covering the same amount of materials or activities in less time, which allows for more time for enrichment activities and projects. (NAGC- Glossary of Terms)  - ***Mixed-abilities groups***- Assigning the student to a group with slower learners, where they can serve as an example and help their groupmates learn. Note: this is frequently ineffective, and probably shouldn’t be employed as a differentiation strategy! (Winne 126)  - ***Similar-ability groups/Congregated School Settings*** - Gifted students are often more engaged when paired with other highly intellectual peers, or attend schools set up to accommodate gifted students.  **Specific Strategies**  **-** ***Provide alternate subject-appropriate study materials* -** Allow the gifted student to study a novel that is at their own reading level if the class novel study is at a lower level. The novel should cover the same basic themes, but be a more challenging read or more challenging to pull the themes from.  - ***Compacting*** - Assessing prior knowledge excuses student from mastered material. Then, plans for learning what is not known, and further enrichment can be discussed with parents and students. Allow for student choice of enrichment. (Differentiated Learning and Teaching Accommodations for Students Who are Gifted, 130)  - ***Independent Projects*** - Student and teacher identify problems or areas of interest for student to investigate and then synthesize findings. Negotiate and document criteria, goals, and timelines. (Differentiated Learning and Teaching Accommodations for Students Who are Gifted, 130)  - ***Mentorships/Apprenticeships*** - Student works with a resource teacher, parent, community member, or specialist to develop a project. This can also work for building skills in an area of career interest/awareness. (Differentiated Learning and Teaching Accommodations for Students Who are Gifted, 131)  - ***Flexible Skills Grouping*** - Place students into groupings according to readiness and needs. Movement between groups happens with ability and growth in a given skill. Ensure that task is suitably complex, to provide more depth with fewer topics. (Differentiated Learning and Teaching Accommodations for Students Who are Gifted, 130) | **Alberta Children and Students with Special Needs. (n.d.). Retrieved January 20, 2016, from https://education.alberta.ca/diverse-learners/special-education-statistics/**  **Alberta Education Standards for Special Education. (n.d.). Retrieved January 20, 2016, from https://education.alberta.ca/diverse-learners/special-education-standards/ .**  **Alberta Education- Students Who Are Gifted. (n.d.). Retrieved January 20, 2016, from https://education.alberta.ca/diverse-learners/students-who-are-gifted/**  **Delisle, J., & Lewis, B. (2003). The Survival Guide for Teachers of Gifted Kids: How To Plan, Manage, and Evaluate Programs for Gifted Youth K-12., 2002-Sep. Retrieved January 18, 2016.**  **Di Cintio, M. (2015, January 30). For gifted children, being intelligent can have dark implications. Calgary Herald. 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[VitalSource Bookshelf Online]. Retrieved January 15, 2016** |
| **Depression** | **Alberta Education Code**: 42  Depression is considered to be a total body illness which affects an individual’s feelings, thoughts, behaviors, physical health, and appearance. Can be independent disorder (hormonal or generic) or coupled with other mental or physical disabilities.  Types of Depression:  1.Clinical Depression/Major Depressive Disorder (MDD)  1) Must have either:  i) Intense and persistent low mood  ii) Lack interest or pleasure in things that they use to enjoy (every day for 2 weeks)  2)Along with 5 other symptoms:   1. Sleeping much more or much less than usual 2. Extreme restlessness or lack of movement noticed by others 3. Feeling really tired or lacking energy 4. Feeling worthless or inappropriately guilty (i.e., when you haven’t done anything wrong) 5. Extreme difficulty concentrating or making decisions-   3)With individuals who have frequent thoughts of suicide and/or suicide plan  4)Also has been found that depending on medication the individual is taking it can alter an individual's personality  2. Dysthymic Disorder  1)Research describes as being less severe than Clinical depression/ MDD  2)Some individuals who are faced with this kind of depression can get through day-to-day activities with some struggles  Symptoms:  1)Depressed mood most of the day, more days than not  2)Along with other symptoms that are classified for clinical depression/MDD    3. Seasonal Depression (SAD)  Occurs at certain times of the year, research indicating more prominent in the fall and winter  Symptoms:  1) Same as above but individuals experience periods without any symptoms at characteristic times of year  2) Needs to occur for more than one year in order for an individual to be diagnosed | Depression can look/sound like many, many different things depending on the specific student as well as the causes attributing to the depression.  It is not generally easy to recognize specifically because students (especially during puberty) are prone to mood swings and a more extreme emotional spectrum.  It is important to note these signs over an extended period, not the student just having a bad day.   General Signs of Depression:  1. Negative self‐concept  2.Loss of interest in activities that once enjoyed  3. Tired, low energy  4. Avoiding people  5. Inability to make decisions  6. Overwhelmed by small things  7. Unexplained anger and irritability  8. Frequent complaining  9.Physiological symptoms such as headaches and stomachaches that cannot be explained medically  Typical Acting‐Out Behaviors:  1.Truancy; change in pattern of school attendance  2. Major change in school performance  3. Fighting  4. Rejection of past friends  Implications for Instruction:  1. Poor Concentration  2. Lack of focus and motivation  3. Giving up easily due to poor confidence  4. Forgetfulness and indecision  5.Diminished ability to thinking clearly and analyze problems | **Differentiation Strategies**  1. Be direct with the student when asking about depression, or suicide - follow specific mental health aid guidelines  2. Direct them to the right resources and people. Follow professional help (Doctors).   1. The individual is involved with professional help but the teachers as well are involved with professional help 2. Potential communication with the family depending on factors causing depression and the individual student.  Them trusting you and your relationship comes first, communication with parents comes second this may validate and explain certain behaviors you are noticing.  However, consulting the school counsellor/administration is necessary if you believe the child to be in danger.   3. Allowing alternate times and flexibility for their learning needs   1. Flexible deadlines - If you allow the student to hand-in an assignment late, do not reduce marks due to it being late 2. Checking in with the student - Making sure student understands expectations and is on-task, offer additional assistance if needed   4. Analyzing your own approach to sensitive topics   1. be sensitive about language/ word choices 2. Example: victim of suicide versus committed suicide   5. Enrich their school experience   1. Build support network within community through involvement in both class, school, and extracurricular 2. If they need the time to relax, providing them with that opportunity i.e. a safe space within the classroom or going for a walk   **Specific strategies**  -Validate student’s experiences and feelings→ Listen to them if they want someone to talk to (encourage communication), letting them know that depression does exist and that there is help (professional help is important)  -Teach the student how to identify their mood patterns (when they know they need a break you provide a safe space) and different ways to communicate those emotions  Example: Emotion wheel where they can spin the wheel to indicate the ways in which the individuals are feeling  -Encourage positive talk→ Framing situation in a constructive and positive way rather than blaming  Self-confidence boosters  -Include physical activity within the classroom and promote healthy living outside the classroom  Providing endorphins and outlets for stress/emotions  -Include structured goal setting and ways of tracking/self-reflecting on progress in a visual manner  -FRIENDS for Life program - promoted by the World Health Organization  Consists of multiple councilor sessions throughout a school year as well as whole-class instruction | **Alberta Government. Mental health matters.  https://archive.education.alberta.ca/media/6847618/jrchoose1.pdf**  **Alberta Learning. Bumps along the way: coping with underachievement, perfectionism, heightened sensitivity, depression, frustration and introversion. ​The Journey.  ​ pp. 56‐57 https://archive.education.alberta.ca/media/448810/journey7.pdf**    **(Jan. 18). Everything you need to know about depression. Mental Illness. Retrieved from:  https://www.jack.org/resources/everything‐you‐need‐know‐about‐depression**  **Higgins, E., & O’Sullivan, S. (2015). “What Works”: systematic review of the “FRIENDS for Life” programme as a universal school‐based intervention programme for the prevention of child and youth anxiety. ​Educational Psychology In Practice ​ , ​31 ​ (4), 424‐438**  **Humensky, J., Kuwabara, S. A., Fogel, J., Wells, C., Goodwin, B., & Van Voorhees, B. W. (2010).  Adolescents with depressive symptoms and their challenges with learning in school. ​The Journal of School Nursing ​ , ​26 ​ (5), 377‐392**  **Kösters, M. P., Chinapaw, M. M., Zwaanswijk, M., van der Wal, M. F., & Koot, H. M. (2015).  Indicated prevention of childhood anxiety and depression: results from a practice‐based study up to 12 months after intervention. ​American Journal Of Public Health ​ , ​105 ​ (10), 2005‐2013.**  **Understanding medical and disability information. ​Government of Alberta Education ​ . Retrieved from:  http://www.learnalberta.ca/content/inmdict/html/medicaldisabilityinformation.pdf** |
| **Autism** | **Alberta Education Code**: 44  Autism or autism spectrum disorders (ASD) are neurological disorders that affect brain function. It is a lifelong condition, with recent estimates suggesting a prevalence rate of 1 in 500 births (using a broad definition of ASD), affecting more males than females at a ratio of 4:1 (Alberta Learning, 2003). It is not exactly known what causes autism, nor has a cure been discovered. There exists no medical test in existence which can tell you whether or not someone has ASD. This make diagnosing difficult and treatment case specific. Individuals with autism have developmental disabilities that impact how they sense and understand the world around them. This can lead to difficulties with communication, behaviour, and relationships (Medical/Disability Information for Classroom Teachers, n. d.).  Autistic disorder falls under an umbrella which is better known as pervasive development disorders (PDD). These disorders are characterized by impairments in reciprocal social interaction skills and communication skills, and the presence of stereotypical behaviours, interests and activities. | The Diagnostic and Statistical Manual of Mental Disorders, DSM-IV (American Psychiatric Association, 1994) defines autism spectrum disorders as pervasive developmental disorders characterized by:   1. qualitative impairment in social interaction 2. qualitative impairment in communication 3. restricted, repetitive and stereotypic patterns of behaviour, interests and activities.   The communication impairment is perhaps the most recognisable characteristic of those who have some degree of ASD. Some estimates say that around 50 percent do not develop functional speech. For those who do develop a functional speech, their speech may include unusual qualities and a limited function of speech.  Challenges with Social Interactions:  -Challenges interpreting nonverbal language  -Difficulty with pretend play  -Rigid adherence to rules  -Poor eye gaze of avoidance of eye contact  -Few facial expression and trouble understanding the facial expression of others  -Poor judge of personal space – may stand too close to other students  -Trouble controlling emotions and anxieties  -Difficulty understanding another person’s perspective or how their own behavior affect others.  Communication Challenges:  -Often delayed in expressive and receptive language; may not speak at all  -Very literal understanding of speech; difficulty in picking up on nuances  -Echolalia – may repeat last words heard without regarding for meaning  -Lack of pretend play  Behavior Differences:  -Unusually intense or restricted interests in things  -Unusual repetitive behavior, verbal as well as nonverbal  -Unusual sensitivity to sensations – may be more or less than typical students  -Difficulty with transitions. Need for sameness  -Possible aggressive, disruptive, or self-injurious behavior, unaware of possible dangers. | **Differentiation Strategies**   1. *Visual Communication/Supports*   Visual supports are used to aid the exceptionality students by helping them process information visually then express it verbally.  Examples:  Labelled Objects in Environment  Choice Boards  Cue Cards  Picture Symbols   1. *Structured Learning Environment/ Consistent Expectations*   A structured learning environment allows the student to have clear expectations of what is required of him.  Examples:  Schedule of all daily tasks  Established classroom expectations   1. *Socialization Strategies*   It is important to designate time to teach socialization skills to improve the students’ self-esteem as well create opportunity for them to interact with classmates.  Examples:  Social Short stories  Conferences   1. *Sensory Considerations*   It is important to consider sensory stimulation in your classroom that may interfere in your students’ ability to perform in the class.  Examples:  Headphones for noise  Sensory Activities  Fidgets   1. *Assistive Technology*   Technology gives the SEN students access to a variety of opportunities to help increase their abilities.  Examples:  Smart Boards  IPad  Leappads  **Specific Strategies**  1. Provide separate space for physical breaks outside the classroom. If SEN student has separate space other students can not interfere or be harmed by SEN student. Their work space should also be close and easily accessible to this separate space so outbursts or reactive needs can be quickly facilitated.  2. If available, give student hands on activities rather than paper and pencil. Using a hands on activity gathers more attention and uses more senses for the SEN student to express themselves.    3. Use pictures and illustrations to communicate important classroom information like rules, timetables, behavior expectations, and locations of materials. The student can also use these illustrations to communicate the same information back to the teacher.    4. Provide a schedule of daily and monthly activities specifically for the SEN student to help with communication and to reduce anxiety.  Keeping the same schedule as much as possible.  5. Reach out to parents to get insights on how to support their social and emotional well-being. Through collaborating with the parents you can build consistent strategies to implement at home as well as at school. | **Alberta Education (2014). Special Education Coding Criteria. Alberta Education Learner Servise Branch. Retrieved from** [**https://open.alberta.ca/dataset/ee2ccea8-97fe-41a1-aa11-ed9f21421364/resource/99dcf34f-9800-43c3-9138-a0dcb23f5e51/download/3656041-2014-Special-Education-Coding-Criteria-2014-2015.pdf**](https://open.alberta.ca/dataset/ee2ccea8-97fe-41a1-aa11-ed9f21421364/resource/99dcf34f-9800-43c3-9138-a0dcb23f5e51/download/3656041-2014-Special-Education-Coding-Criteria-2014-2015.pdf)    **A government document giving clear outlines for how coding is applied to students, and what conditions must be met.**  **Alberta Education. (2016). Making a Difference: Meeting diverse learning needs with differentiated instruction. Alberta, Canada. Retrieved from** [**https://archive.education.alberta.ca/teachers/resources/cross/making-a-difference.aspx**](https://archive.education.alberta.ca/teachers/resources/cross/making-a-difference.aspx)  **This resource is informative when talking about meeting the needs of all of your students. This document informs teachers how to differentiate instruction in order to encourage all students to learn at their own level and way through purposeful planning by the teacher.**  **Alberta Learning (2003). Teaching students with autism spectrum disorder. Alberta Learning. Retrieved from** [**https://archive.education.alberta.ca/media/511995/autism.pdf**](https://archive.education.alberta.ca/media/511995/autism.pdf)**.**  **A book series that gives insight, techniques, strategies, and knowledge to teaching students with Autism. Starting with basic broad knowledge and gaining depth as the book series goes forward.**  **Alberta Learning (2004). Essential components of educational programming for students with autism spectrum disorder. Alberta Learning. 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| **Anxiety Disorder** | **Alberta Education Code:**  **42**  -Anxiety is a normal part of everyone’s life.  -The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) defines anxiety disorders as “a group of disorders that comprise of fear of a real or perceived imminent threat.”  -Anxiety Disorders are diagnosed when anxiety becomes unmanageable and interferes with daily life.  -can lead to depression  -More common in women than men  -Symptoms include: sweating, dizziness, numbness or pins and needles (in the fingers, hands, or whole body parts if extreme), rapid heartbeat, difficulty breathing, stomach upset or nausea, diarrhea, inability to concentrate, confusion, irritability, shaking or trembling, restlessness, avoidance behaviour, tense muscles and/or muscle twitches  -There are 11 types of anxiety disorders as identified by the DSM-5: Separation Anxiety Disorder, Selective Mutism, Specific Phobia, Social Phobia, Panic Disorder, Agoraphobia, Generalized Anxiety Disorder, Substance/Medication Induced Anxiety Disorder, Anxiety Disorder due to another Medical Condition, Other Specified Anxiety Disorder and Unspecified Anxiety Disorder | Separation Anxiety Disorder:   * Unwilling to go to school * Cries and/or throw tantrums when dropped off at school * Abnormal feelings of homesickness on school trips * Clinging to the teacher   General Anxiety Disorder (GAD):   * Continual feelings of fear or concern * Needs constant reassurance * Headaches, stomach aches * Aversion or avoidance of stress (e.g. tests) * Over attachment in younger children   Social Anxiety Disorder:   * Reluctance or refusal to participate in group activities or presentations * Blushing, shaky voice, nervousness, sweating, before or during social activities * Concern that others will notice their anxiety   Panic Disorder   * Experiences panic attacks * Unwilling to go to school * Shortness of breath, heart palpitations, dizziness, sweating * Feelings of horror during attack   Obsessive Compulsive Disorder (OCD):   * Overt perfectionism (e.g. written schoolwork erased and rewritten to the point of making holes in the paper) * Continual questioning * Completing a project exceptionally slow to feel it is done correctly * Has unwanted thoughts, fears, or obsessions | **Specific Strategies**  -Answering questions in class can raise many concerns for a child with anxiety. Determine the child's comfort with different types of questions (ex. opened ended questions, yes/no questions) and start with whichever is easiest. Use a signal to let the child know that his turn is coming such as standing in front of their desk. Provide opportunities for the child to share knowledge on topics in which he or she is most confident.  -Concerns about getting the directions wrong are common. Signaling the class before giving directions (flashing lights, clapping hands) and having the instructions written on the board or somewhere else may help assure children with anxiety that they have understood the directions.  -Allowing children with anxiety to leave the classroom to get a drink of water or wash their face may allow them to calm down and return to class feeling less anxious. Since children with anxiety may be hesitant to ask for this and risk being the center of attention, use a red card which the child places on their desk, or the teacher's desk, which signals they are out on break.  -Provide a routine and a predictable learning environment. Give the student advanced notice when there will be a change in the schedule or routine.  -Having one safe person at school who understands the child's worries and anxieties can be a huge help making the child less anxious at school. A guidance counselor, principal, nurse, or teacher can be identified as a point person for the child to check in with briefly (5-10 minutes) to help dispel worry, take deep breaths and return to class.  **Examples of Differentiation Strategies**  -chunk work into smaller sections: this makes assignments seem more attainable and less overwhelming  -change working environments: give students the option to work in a quiet space or take breaks when needed  -allow extra time for exams and assignments: during timed tests or exams, only have the time running when the student is calm enough to focus and write, pause the time when the student needs a break to prevent anxiety attacks  -the teacher can set a reasonable amount of time for homework and then reduce the homework load to fit into that time frame: this is particularly useful for students who struggle with perfectionism as it prevents copious amounts of time perfecting assignments.  -for presentations, allow the child with anxiety to present to the teacher alone or record their presentation on videotape at home: this helps those students with social anxiety | **Beidel, Deborah C & Alfano, Candace. 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| **Medically Fragile and/or Technologically Dependant** | **Alberta Education Code**: 44  Medically Fragile and/or Technologically Dependant (mf/td) is a label given to students who require complex medical care (Ryan, 2006, p.1). Complex medical care includes any condition that can rapidly deteriorate resulting in permanent injury or death (The Medically Fragile Student, 2010). At times, the student’s needs can become so complex that they require technological health intervention to support life functioning (Ryan, 2006 p.1). | Characteristics of mf/td are varying from case to case. The Office of Integrated Services for Children, 1999 have broken the characteristics into groupings:  Group 1 – Children dependent at least part of each day on mechanical ventilation  Group 2 – Children requiring prolonged intravenous administration of: nutritional substances, drugs  Group 3 – Children with daily dependence on other device-based support for: Tracheotomy tube care, Suctioning, Oxygen support, Tube feeding  Group 4 – Children with prolonged dependence on other devices which compensate for vital body functions who require daily or near daily nursing care, including: Apnea (cardio respiratory) monitors, Renal dialysis due to kidney failure, Urinary catheters or colostomy bags plus substantial nursing care  Group 5 – Children with chronic conditions who are not technologically dependent but who require as great a level of care as Group 4, including: Children who are completely dependent on others for activities of daily living; Children who require constant supervision or monitoring resulting from the complexity of their condition and/or the quantity of oral drugs and therapy they receive. | The best strategy for teachers working with the mf/td student(s) is for admin, staff, and the teacher working directly with the students to be proactive in planning. There are many considerations that need to be made to accommodate the students physically, emotionally, and educationally.  **Specific strategies follow below;**    Video Conferencing: Often student who are labelled mf/td experience long periods of absences, or are absent for a span of 2–4 days’ weekly. A great strategy for teachers working with the mf/td student is to use video conferencing tools and have the student attend school from a satellite location.  Tracking Progress: For MF/TD students, tracking progress is an important strategy when evaluating their learning. Alberta education describes Tracking, as the act of keeping evidence of where the student is in relation to the learner outcomes needed to successfully achieve the credit from that specific grade (2014, p.5). Various ways of tracking progress can be found by visiting the Alberta Education website. It is important when tracking progress that teachers and admin have a good understanding of the process to analyze district, school, classroom and individual student attendance  Normalization: The teacher needs to maximize opportunities for normalization of the student in the classroom. This includes taking into consideration any possible complications the student may face and planning around it before it presents a problem. Complications include, but are not limited to,  -Accessibility: Ramps, walkways, handrails, water fountains, doorway expansion etc…  -Furniture: Desk heights, arrangement, expansion, etc…  -Climate: Lighting, Heating, etc…  -Medical Access: Privacy rooms, sinks  Classroom Discussion: It is important for the teacher to use this as a tool to help the normalize the assimilation process of an MF/TD student. The teacher should either have discussion with the entirety of the class at a time the student is away, or at a point where the student feels comfortable with the teacher and peers. The open discussion will hopefully remove any judgmental activity caused by curiosity from other students, and is also an opportunity to acknowledge that everybody is different and that is okay. As a class we have to respect the differences of each other.  Support Aid: Izen and Brown explain that there is a sense of insecurity in educator when asked about their confidence level working with students who are MF/TD (Izen, Brown, 1991, p.102). The Alberta teacher’s association has stated that teachers should be provided with help, and that it is in both the best interest of the student and the teacher to have the assistance when needed (Statement of Policy, 17, b).  In the event that a teacher is presented with an MF/TD student, they may not have the skills required to safely help the student medically (which should not happen either way) or assist the student in the event that their technology fails and the student’s life becomes threatened. To avoid these issues health trained assistants should be present whenever the student is. | **HELP! IS THIS AN INTENSIVE CARE UNIT OR A CLASSROOM? Journal by Donna E. Wadswoth**  **PARENTS OF TECHNOLOGICALLY DEPENDENT CHILDREN NEWSLETTER (August 2003)**  **THE TECHNOLOGICALLY DEPENDANT MEDICALLY FRAGILE AT RISK STUDENT. International Journal of special education (2006)** |
| **AD/HD** | **Alberta Education Code**: 42  AD/HD is a neurobiological condition  Three groups of symptoms  -Inattention  -Hyperactivity  -Impulsivity  AD/HD can affect a student's behaviour thoughts, and emotions  There is no apparent single cause found - probably a variety of mechanisms  Most likely caused by abnormalities in certain neurotransmitters in the brain, making the brain inefficient or sluggish in the areas that control impulses, screen sensory input and focus attention  AD/HD is primarily biological and genetic in its origins  -80% inherited  -Genetically influenced, but not genetically determined  Environmental factors can minimize or intensify the difficulties experienced by an individual with AD/HD  4-12% of school-aged children are affected by AD/HD  Boys are 4 to 9 times more likely to be diagnosed  Girls are more prone to inattentive type marked by disorganized and unfocused behaviour  Girls with AD/HD tend to have higher rates of overall distress, anxiety and depression compared to boys with AD/HD  Poor diet and poor health can influence attention and functioning  Subtle but important brain differences have been found in individuals with AD/HD, but the course of brain development in children with and without AD/HD was similar, suggesting that whatever caused the alterations occurred early in development  -Brains of boys and girls with AD/HD were 3% to 4% smaller than those of children without AD/HD  -The more severe the symptoms of AD/HD, the smaller the children’s frontal lobes, temporal gray matter, caudate nucleus and cerebellum - brain regions involved in the ability to concentrate and regulating impulse control, motor activity and inhibition  Other possible causes of AD/HD have been suggested including:  -Trauma to the developing fetus caused by disease or injury  -Exposure to alcohol, cigarettes/nicotine and environmental toxins  Babies born prematurely or with low birth weight are more likely to become children with AD/HD  In Canada and the US, a clinical diagnosis of AD/HD can be made by several types of professionals, including a clinical psychologist, psychiatrist, paediatrician, neurologist, or family physician  -A multidisciplinary team approach is preferred because of the complex nature of the disorder  For a comprehensive assessment, a complete physical, a detailed psychoeducational assessment and a thorough assessment for AD/HD by a physician should occur  Process includes evaluating symptoms; defining their inclusion into the typical AD/HD symptom list while excluding any other physical or mental health reason for these symptoms  For a diagnosis to be made, symptoms need to be apparent in more than one setting and present before the age of twelve at a level of impairment  -Child’s behavioural difficulties must be excessive, long-term and pervasive  To make diagnosis, information about the child’s difficulties is gathered from:  -Early developmental history  -interviews with parents and child about current and past Symptoms  -Behaviour rating scales and/or diagnostic interview completed by parents, child and teachers  -Review of school performance, achievement and language skills  Neuropsychological performance assessments are often used to augment information collected from interviews, behavioural checklists and observations  Children must have at least six symptoms of inattention and/or hyperactivity and impulsivity as outlined in DSM 5. Adolescents over age 17 years must present with at least five symptoms | 30 - 50% of student with AD/HD also have a learning disabilities  Characteristics of AD/HD in the classroom include difficulties in:   |  |  | | --- | --- | | -Keeping track of belongings  -Getting started on tasks  -Sitting still  -Focusing on tasks at hand  -Regulating attention  -Dealing with change/transitions | * Time management * Planning and completing written assignments * Working independently * Maintaining consistency * Participating in discussions * Organizing and following through on instructions, assignments and classroom duties |   Students with AD/HD may struggle in certain subject areas such as:  1.Reading:  -Students with AD/HD can have strong decoding and word recognition skills  -Struggle with recollection and comprehension of reading material  2.Writing:  -Students may struggle with  -Spelling  -editing  -self-monitoring  -generating  -planning and organizing ideas  -Students with AD/HD usually have underdeveloped fine motor skills, therefore having difficulty writing legibly with speed and precision  3.Mathematics:  -Students with AD/HD have difficulty recalling math facts and procedures  -inconsistent performance due to careless errors  Since students with AD/HD can present in a wide variety of ways, it is impossible to use one or even several profiles for these children  AD/HD often presents with other learning disabilities and other comorbid conditions such as anxiety and depression or other neurological disorders  -Nearly 50% of all children with AD/HD - mostly boys - are also diagnosed with oppositional defiant disorder  Inattention, hyperactivity and impulsivity can also contribute to social-emotional difficulties such as:  -Limited confidence in self as learner  -Limited success as a team player  -Misinterpreting social cues  -Emotionally overreacting  -Difficulty with anger management  One of the biggest challenges for teachers and parents of students with AD/HD is learning not to personalize the behaviours of these students  Educators can begin to see the child with AD/HD as   |  |  | | --- | --- | | -Annoying  -Unwilling  -Lazy, unmotivated  -Trying to get attention  -Inappropriate  -Doesn’t try | * + Doesn’t care   + Refuses to sit still   + Resisting   + Trying to annoy me   + Showing off | | For students with AD/HD, it is important to be proactive in establishing routines and expectations early in the year that maintain consistency between home and school. This can be accomplished in the following ways:  Meet with parents early in the school year to find out:  -Interests and areas of need  -Specific symptoms  -Successful strategies used at home  Develop a system of open communication to establish a solid home-school partnership early on  -This requires a method of communication that is convenient for both parents and teacher  Clearly establish rules, behavior expectations and routines that maintain consistency both at home and at school. In the classroom, plan for the use of monitoring strategies to minimize opportunities for off-task or disruptive behaviour  -This requires willingness from both parents and teacher to adapt previously established routines  Structure transition times (i.e. establish auditory clues for transitions; establish how, with whom and where the student will walk for example)  Create opportunities for students to engage in regular physical activity, exercise and movement within lessons  -This may require additional supervision and access to other environments or time set aside in lessons for exercise  Teach strategies of what to do when waiting for help or further direction  Engage the student with his/her interests  -need to find out what the student’s interests are and them how to incorporate them into their coursework  Research has shown that the following in-classroom strategies are effective for student learning for students with AD/HD:  Give clear, brief instructions with visuals or written directions  Provide direct instruction for skills such as listening, note-taking, responding to oral prompts  Break tasks into short, manageable steps  -Give feedback to each segment of the task  Help students make a plan for the task and organize their work  -Encourage self-talk  -Provide checklists or visual referents (i.e. graphic organizers)  -Encourage students to make their own checklists for areas they need to work on  “Self-monitoring”  Provide extra time or reduce the amount of work required  -Provide opportunities for repetition of concepts  If note-taking becomes difficult, explore the option of using a word-processor  Reduce distractions in the classroom  -Keep student away from doors and windows  -Seat student close to teacher (quick access to help if needed)  -Seat student away from rowdy students  Help to maintain organization for the student (school supplies, lockers, belongings, etc.)  Students with AD/HD require differentiation to varying degrees, depending on the traits they possess.  1. For those AD/HD students who experience hyperactivity: provide outlets for movement  -Specific strategy for classroom implementation: provide or allow certain fidget toys to be used in class or to be brought from home (i.e. stress balls, exercise balls to sit on)  -Assessment practice: consider dividing tests into shorter sections to be completed at several different time periods or conducting assessments after a bout of physical activity  2. For those AD/HD student who experience distraction and impulsivity: rearrange classroom environment  -Specific strategy for classroom implementation: seat AD/HD students at the front of the room  When creating/rearranging students, keep AD/HD students in the front row, but still move their seat to ensure that they are not singled out  -Assessment practice: avoid multiple choice questions - try fill in the blank or short answer instead; draw boxes around individual questions to separate them and ensure adequate white space to avoid unnecessary distractions on the test itself; use color to help students focus on important features (i.e. highlight operation signs in basic facts questions)  3. For those AD/HD students who experience feelings of anxiety: allow students to respond to their feelings and seek help  -Specific strategy for classroom implementation: give students notes/instructions in advance so that the student may read and follow along with the class better  -Assessment practice: provide an alternate distraction-free space for writing tests or completing assignments (such as a “reading corner” or an individual study desk outside the classroom)  4. For those AD/HD students who experience learning difficulties (reading, writing, numeracy, etc.): provide extra time and/or assistance and/or alternate formats of assignments  -Specific strategy for classroom implementation: break down assignments into smaller pieces with an associated checklist  -Assessment practice: provide extra room for written work; allow students to complete written assessments using word processors or other technologies; allow the student to complete oral assessments; give additional time to complete assignments  5. For those AD/HD students who experience disorganization: provide direct instruction on how to organize themselves and provide assistance  -Specific strategy for classroom implementation: checklists are also helpful for self-monitoring  Tape a checklist to the student’s desk that prompts the them to complete daily routines (provide a small reward every time the checklist is completed, such as a sticker, to create incentive)  -Assessment practice: provide organizational strategies for written work (i.e. graphic organizers, mind maps, charts for the student to fill in) | **Attention Deficit/Hyperactivity Disorder (AD/HD). (n.d.). Retrieved January 16, 2016, from** [**http://www.learnalberta.ca/content/inmdict/html/pdf/ADHD.pdf**](http://www.learnalberta.ca/content/inmdict/html/pdf/ADHD.pdf)  **Focusing on Success: Teaching Students with Attention Deficit/Hyperactivity Disorder. (2006). Retrieved January 16, 2016, from** [**https://archive.education.alberta.ca/media/511987/focus.pdf**](https://archive.education.alberta.ca/media/511987/focus.pdf)  **Helping the Student with ADHD in the Classroom: Strategies for Teachers. (1998). Retrieved January 15, 2016, from** [**http://www.ldonline.org/article/5911/**](http://www.ldonline.org/article/5911/)  **Myths and Facts about ADHD. (2013). Retrieved January 16, 2016, from** [**http://www.teachadhd.ca/Pages/default.aspx**](http://www.teachadhd.ca/Pages/default.aspx)  **Take Ten Spotlight Series: Strategies and Tools for Teaching Students with Learning Disabilities/ADHD. (2015). Retrieved January 16, 2016, from** [**http://canlearnsociety.ca/resources/take-ten-series/**](http://canlearnsociety.ca/resources/take-ten-series/)  **What is Attention Deficit Hyperactivity Disorder? - Caddac. (n.d.). Retrieved January 16, 2016, from** [**http://www.caddac.ca/cms/page.php?67**](http://www.caddac.ca/cms/page.php?67) |
| **Oppositional Defiance Disorder** | **Alberta Education Code**: 42  Oppositional defiant disorder (ODD) is a condition characterized by a persistent pattern of aggressive and defiant behaviour and a need to annoy or irritate others. It usually shows up in children by eight years of age and sometimes as early as three years.  It is classified as an extremely severe emotional/behavioural disability that is strictly a childhood/adolescent condition but can lead to other disabilities that will remain throughout adulthood. It is a result of an underdevelopment and difficulty applying flexibility and adaptability skills when they are needed. | Criteria of characteristics of ODD according to Diagnostic and Statistical Manual of Mental Disorders (must include at least 4 of the following symptoms):  - Sudden unprovoked anger, Frequent temper tantrums, appearing angry and vindictive, arguing with adults and peers, Defiance or refusal to comply with adults’ rules or requests, deliberately annoying others, Blaming others for their misbehaviour, easily annoyed by others, Being resentful and angry | Having prepared teachers with good organization and strong behaviour management skills  Involving students in the learning process to motivate them and give them the skills to monitor their own behaviours (this also improves their learning and self-efficacy)  Modifying the classroom environment:  -Create a calm and quiet environment (noise level, relaxing tone, reducing distraction, providing tools for students to block out the noise)  -Flexible space (separate work spaces, independent spaces, individual spaces, safe spaces)  -Classroom organization (individual storage areas, supply boxes, work with students for individual organization tips, provide visual reminders for organization)  Reducing unwanted behaviour by:  -Antecedent strategies (posting rules, teacher movement, precision requests)  -Reinforcement strategies (token economy, mystery motivator)  -Consequence strategies in response to inappropriate behaviour (response cost)  Preventative classroom management practices:  -Structured instructional time and transitions  -Having school wide rules regarding appropriate behaviour expectations  -Establishing routines for classroom tasks  -Observing behaviours seen in class and modifying classroom management  -Praise, behavioural goals, self management strategies, positive reinforcement, consequences, pacing  Things to keep in mind:  -Providing choices to lessen the amount of power struggles. Students with ODD tend to create power struggles in times when they are not provided with choice, do your best to avoid these verbal situations (choose your battles wisely), instead be sure to state your position clearly and concisely.  -Keep open communication with parents/guardians of the student. They may have their own behavioural plans in place at home.  -Be sure to provide work at appropriate learner level, if the work is too hard the student can become frustrated, if the work is too easy the student can become even more bored, both of which can lead to problem behaviour in the classroom. | [**http://www.macmh.org/publications/fact\_sheets/ODD.pdf**](http://www.macmh.org/publications/fact_sheets/ODD.pdf)  [**http://www.learnalberta.ca/content/inmdict/html/oppositional\_defiant.html**](http://www.learnalberta.ca/content/inmdict/html/oppositional_defiant.html)  [**http://mdestream.mde.k12.ms.us/sped/ToolKit/Articles/Behavior\_Discipline/Salend.pdf**](http://mdestream.mde.k12.ms.us/sped/ToolKit/Articles/Behavior_Discipline/Salend.pdf) |
| **Deafness and Hard of Hearing** | **Alberta Education Code:**  Code 30, 55 (HoH), Code 45 (deaf)  - Deafness - Little to no hearing that results in severe problems with auditory language development  - Hard of Hearing - Difficulty in hearing abilities that results in some issues with auditory language development  - A student/ECS student with deafness/hard of hearing is one who has a hearing condition that affects speech and language development, and interferes with their ability to learn | - Even if deaf students have a hearing aid, hair and hats may cover them, so deaf students look just like everyone else.  - To those who don’t know the child is deaf, they appear to be shy at best and rude at worst.  - Unlike a student in a wheelchair or a student with ODD, the deaf student can easily be forgotten in class, or the playground.  - In settings where deaf people are communicating with each other, they will also use techniques such as stamping of the feet and flicking lights on and off. | Teaching Strategies:  - Technological Aid:  Use closed captions on videos, and try to use fm transmitted hearing aids.  - Total Communication  Either with an interpreter or as an ASL speaker communicate with the student in both ASL and English.  - Visual Focus  Use more visuals when explaining concepts, and make sure the student can see you and others.  - Organization of the Classroom  Put the student away from auditory distractions in a place where they can see things clearly.  - Clarity of Instruction  Use clear vocabulary, repeat other student’s answers and questions, confirm the student has understood directions and write new concepts and words down on the board. | [**http://www.learnalberta.ca/content/inmdict/html/hearing\_loss.html**](http://www.learnalberta.ca/content/inmdict/html/hearing_loss.html)  [**http://www.edu.gov.mb.ca/k12/docs/support/dhh\_resource/toolkit\_resources.pdf**](http://www.edu.gov.mb.ca/k12/docs/support/dhh_resource/toolkit_resources.pdf)  [**http://www.bced.gov.bc.ca/specialed/hearimpair/toc.htm**](http://www.bced.gov.bc.ca/specialed/hearimpair/toc.htm) |
| **Down syndrome** | **Alberta Education Code:** 43  Down syndrome is a disorder that results from a chromosomal issue that takes place during a baby’s development. It is because of the presence of extra genetic material in the 21st chromosome. Babies and children with Down syndrome have a higher chance of developing hypothyroidism (low thyroid hormone), leukemia, and seizure disorders. Most children will have a speech delay. Hearing loss and the need for corrective eyewear are also common. It is not a genetic disorder, and occurs randomly (1 in 781 births in Canada). | Children with Down syndrome can develop reading skills quicker than what most people would expect, it can assist with vocabulary and language development which may keep pace with other students in class because of the language delays associated with their disability. Motor skills can develop at a slower rate for children with Down syndrome. As an infant they lose their ability to explore and discover due to their poor motor skills. Behaviour can occur due to a gap in the child’s understanding and their ability to express themselves, which can cause anger leading to a behaviour. The gap in understanding and expression can also result in the children’s intelligence being underestimated. | Five strategies to use for students with Down syndrome:  Be adaptive to medical aids and needs such as; hearing aids, glasses, and heart conditions.  Use Multi-modal approaches when the student is learning as well as responding.  Provide access to many forms of communication based on the student's needs and preferences.  Model the appropriate technique, as well as teach the system, such as sign language, to the other students in the class so that everyone can communicate.  Be aware of student’s sensitivity to stimuli and adjust, such as certain textures or sounds.  Have appropriate seating to support the student. Both in a space to eliminate distractions, as well as to physically support good posture. | **Alberta Education. (2013). Indicators of Inclusive Schools: Continuing the Conversation. Edmonton, AB.**  **Bennet, S. J., Holmes, J., & Buckley, S. (2013). Computerized Memory Training Leads to Sustained Improvement Visuospatial Short Term Memory Skills in Children with Down Syndrome. 118(3), 179-192.**  **Development and learning. (n.d.). Retrieved January 21, 2016, from** [**http://www.dseinternational.org/en-us/about-down-syndrome/development/**](http://www.dseinternational.org/en-us/about-down-syndrome/development/)  **Down Syndrome. (n.d.). Retrieved January 21, 2016, from** [**http://www.learnalberta.ca/content/inmdict/html/down\_syndrome.html**](http://www.learnalberta.ca/content/inmdict/html/down_syndrome.html)  **Facts and FAQ About Down Syndrome. (2012). Retrieved January 21, 2016, from** [**http://www.globaldownsyndrome.org/about-down-syndrome/facts-about-down-syndrome**](http://www.globaldownsyndrome.org/about-down-syndrome/facts-about-down-syndrome)  **Fidler, D. J., & Nadel, L. (2007). Education and Children with Down Syndrome: Neuroscience, Development, and Intervention. 13, 262-271.**  **Griffin, P., & McClintlock, M. (n.d.). Perspectives of the Historical Treatment of People with Disabilities. Retrieved January 21, 2016, from** [**http://www.life.arizona.edu/docs/ra-section/ability-hist.pdf**](http://www.life.arizona.edu/docs/ra-section/ability-hist.pdf)  **How do health care providers diagnose Down syndrome? (2014, January 17). Retrieved January 21, 2016, from** [**https://www.nichd.nih.gov/health/topics/down/conditioninfo/Pages/diagnosed.aspx**](https://www.nichd.nih.gov/health/topics/down/conditioninfo/Pages/diagnosed.aspx)  **Johnson, C. (2006). Teaching Students with Down Syndrome. (Alberta Education)**  **Living with Down syndrome. (n.d.). Retrieved January 21, 2016, from** [**http://www.down-syndrome.org/information/development/overview/**](http://www.down-syndrome.org/information/development/overview/)  **Managing Behavior. (n.d.). Retrieved January 21, 2016, from** [**http://www.ndss.org/Resources/Wellness/Managing-Behavior/#sthash.ZwUrZpEe.dpuf**](http://www.ndss.org/Resources/Wellness/Managing-Behavior/#sthash.ZwUrZpEe.dpuf)  **What is Down syndrome? (n.d.). Retrieved January 21, 2016, from** [**http://www.cdss.ca/information/general-information/what-is-down-syndrome.html**](http://www.cdss.ca/information/general-information/what-is-down-syndrome.html) |