“Laying a Foundation For a Better Understanding of Learning Disabilities”

The legal definition of Learning Disabilities
To better understand “learning disabilities”, one must first become familiar with its legal definition. Public Law 94-142, the Education for All Handicapped Children Act, defines learning disabilities (LD) as a “disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, spell or do mathematical calculations.” The definition further states that LD includes perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. According to the law, LD does not include learning problems that are primarily the result of visual, hearing, or motor handicaps; mental retardation or environmental, cultural, or economic disadvantage. Also required is a severe discrepancy between the child’s potential (as measured by IQ) and his or her current status (as measured by achievement tests). (ERIC Clearinghouse, 1986). With the legal definition of learning disabilities being established so the federal law governs the identification of and services to children with learning disabilities (LD), it is important to note there are still variations between states and among school systems.

What is a learning disability, what are the some typical characteristics of students who have learning disabilities and what causes learning disabilities?
LD is a disorder that affects people’s ability to either interpret what they see and hear or to link information from different parts of the brain. These limitations can show up in many ways: as specific difficulties with spoken and written language, coordination, self-control, or attention. These difficulties extend to schoolwork and can impede learning to read, write, or do math. (National Institute of Health, 1993)

As mentioned in the previous paragraph, students who are learning disabled may exhibit a wide range of traits, including poor reading comprehension, spoken language, writing, and reasoning ability. Hyperactivity, inattention, and perceptual coordination problems Coordination problems may also be associated with LD, but are not examples of LD. Other traits that may be present include a variety of symptoms of brain dysfunction, including uneven and unpredictable test performance, perceptual impairments, motor disorders, and emotional characteristics such as impulsiveness, low tolerance for frustration, and maladjustment. The major types of LD may be broken into disorders in four areas:

1. Spoken language—delays, disorders, and deviations in listening and speaking.
2. Written language—difficulties with reading, writing, and spelling.
3. Arithmetic—difficulty in performing arithmetic functions or in comprehending basic concepts.
4. Reasoning—difficulty in organizing and integrating thoughts. (Kid Source, ERIC)

The causes of learning disabilities are currently unknown. There are too many possibilities to connect the cause of the disability with certainty. A leading theory among scientists is that learning disabilities stem from subtle disturbances in the brain structures and functions. It is important that families focus on finding ways to obtain the appropriate help rather than dwelling on the causes. There is a list of national and state resources available for those who are interested to explore. (National Institutes of Health, 1993)

Defining Assessment
The Individuals with Disabilities Education Act (IDEA), Public Law 101-476, lists 13 separate categories of disabilities under which children may be eligible for special education and related services. To determine if a child is eligible for classification under one of these areas of exceptionality, an evaluation, or assessment, of the child must be conducted. Every year, millions of children, ages 3 and up, are assessed for the presence of a disability and are found eligible for special education and related services because they are in need of support in order to achieve success in school. A definition of the assessment process is—the ways and primary skill areas in which school systems collect information in order to determine if a child is eligible for special education and related services and to make informed decisions about that child’s educational placement and instruction. By law, this process must involve much more than just giving the student a standardized test in the area of his or her suspected disability. Valuable information about the student’s skills and needs can come from many sources, including parents, teachers, and specialists, and by using a variety of assessment approaches, such as observations, interviews, testing, and methods such as dynamic assessment or ecological assessment. In this way, a comprehensive picture of the student can be obtained and used to guide eligibility decisions and educational programming. (News Digest)

Assessment is educational settings serves five primary purposes: (Berdine & Meyer, 1987)

1. screening and identification: to screen children and identify those who may be experiencing delays or learning problems;
2. eligibility and diagnosis: to determine whether a child has a disability and is eligible for special education services, and to diagnose the specific nature of the student’s problems or disability;
3. IEP development and placement: to provide detailed information so that an Individualized Education Program (IEP) may be developed and appropriate decisions may be made about the child’s educational placement;
4. instructional planning: to develop and plan instruction appropriate to the child’s special needs; and
5. evaluation: to evaluate student progress.

There is sometimes confusion regarding the terms “assessment” and “testing”. While they are related, they are not synonymous. Testing is the administration of specifically
designed and often standardized educational and psychological measures of behavior and is a part of the assessment process. Assessment, also known as evaluation, can be seen as a problem-solving process (Swanson & Watson, 1989) that involves many ways of collecting information about the student. Roth-Smith (1991) suggests that this information-gathering process involves:
*observing the student’s interactions with parents, teachers, and peers;
*interviewing the student and significant others in his or her life;
*examining school records and past evaluation results;
*using information from checklists completed by parents, teachers, or the student;
*evaluating curriculum requirements and options;
*evaluating the student’s type and rate of learning during trial teaching periods;
*using task analysis to identify which task components already have been mastered and in what order unmastered skills need to be taught, and;
*collecting ratings on teacher attitude towards students with disabilities, peer acceptance, and classroom climate. (Roth-Smith, 1991)

Clearly, gathering information about the student using such a variety of techniques and information sources can be expected to shed considerable light upon the student’s strengths and needs, the nature of his or her disability and how it affects educational performance, and what type of instructional goals and objectives should be established for the student. (News Digest)

It’s important to have an understanding of how a child’s abilities and disabilities in each skill area—intelligence, language, perception, achievement, and behavioral and emotional/social development—are assessed and contribute to his or her learning and educational performance. Assessment is a process of complexity that must be performed thoroughly and appropriately to ensure each student’s individual needs are met to foster their continued learning growth.

**Assessment and the Federal Law**
The Individuals with Disabilities Education Act (IDEA), Public Law 101-476, list 13 separate categories of disabilities under which children may be eligible for special education and related services. These are: Autism, Deafness, Deaf-Blindness, Hearing Impairment, Mental Retardation, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment, Serious Emotional Disturbance, Specific Learning Disability, Speech or Language Impairment, Traumatic Brain Injury, and Visual Impairment. To determine if a child is eligible for classification under one of these areas of exceptionality, an individualized evaluation or assessment, of the child must be conducted.

The IDEA specifies the number of requirements regarding evaluations of children suspected of having a disability. There are numerous considerations and requirements involved in the assessment of a child, but before the process can even begin, the school district must notify parents in writing and parents must give written permission for the school system to conduct a first evaluation (known as a preplacement evaluation). Once written permission by the parents is received, the assessment process begins with evaluations being conducted by a multidisciplinary team (e.g., speech and language
pathologist, occupational or physical therapist, medical specialists, school psychologist) and must also include at least one teacher or specialist who is knowledgeable about the area of the child’s suspected disability. The assessment follows a set of guidelines established by the federal law (IDEA). Appropriately, comprehensively, and accurately assessing a child with a suspected disability clearly presents a significant challenge to the assessment team. With that said, the future educational success of the child should always be the main focus and goal.

Recurring Themes in Learning Disabilities (by John W. Lloyd)
Although the formal history of learning disabilities is relatively brief, there are several themes that have echoed in the 50-100 years leading up to the legal recognition of learning disabilities and in the years since the 1960’s when the field began to take formal shape. Here is a synopsis of those themes:

1. Learning disability is an interdisciplinary field of research and practice that is international and multicultural scope.
2. Neurological dysfunction may be presumed or suspected, but learning disabilities have a variety of possible causes.
3. Learning disability is in part a social construction.
4. Learning disabilities designate a heterogeneous group of disorders.
5. Learning disabilities vary in severity and pervasiveness.
6. The hallmark of learning disabilities is intraindividual differences.
7. Individuals with specific learning disabilities form a very diverse group.
8. Learning disabilities may coexist with other disabilities or with giftedness.
9. Students with learning disabilities must learn systematic approaches to tasks.
10. A primary responsibility of educators is to minimize the contribution of poor teaching to learning disabilities.
11. Learning disabilities are developmental disorders persisting over the life span.
12. Advances in the field of learning disabilities come through careful, persistent research.

What are some viewpoints about identifying learning disabilities and how are individuals with learning disabilities served?
It is not always easy to identify one group of people who are clearly LD and another group who are not. All of us have learning differences and difficulties. Some people who are exceptionally skilled with language and even become English teachers have difficulty doing things like balancing a checkbook. Others who are nuclear physicists never do learn to spell correctly. Many people never fail a subject in school but are at a complete loss when figuring out a diagram for making a simple house repair. Similarly, children may experience real success in some school subjects, yet find other school tasks very difficult, frustrating, or time consuming to complete.

Individuals with learning differences may appear to possess the characteristics of a person with learning disabilities. However, it is only when they are so pervasive or severe they markedly interfere with learning or day-to-day living that a learning disability is suspected.
Free public education is mandated for children with learning disabilities form birth through 21 years by IDEA. Depending upon the severity level and individual needs of each student, services may be in a private or public school through a continuum of program models. Thus, students with more severe LD are often served in self-contained classrooms or residential settings, while students with mild to moderate LD are usually mainstreamed in regular classrooms with a range of additional services as needed. (Focus Adolescent Services)

**The “Hybrid” teacher makes a great teacher for students with LD.**
As I read through numerous articles involving teaching students with learning disabilities, there was one particular article that struck a chord with me. It was written by Dr. Jerome J. Schultz, who is currently director and clinical neuropsychologist at the Learning Lab at Lesley University. He began his professional career as a middle school special education teacher and has evolved into a neuropsychologist at a university-based clinic for children and adolescents with learning disabilities and related learning difficulties. With his previous special education teaching background and now his clinical studies and research position, he seemed (in my opinion) to be a well-versed and experienced candidate to discuss what qualities are necessary to make a great teacher for students with learning disabilities.

He spoke in his article about how over the past two decades, primarily as a consequence of the inclusion movement, we have witnessed a reduction in specialized programs, and a corresponding large-scale return of students with learning (and other) disabilities to “regular” classes. Since a majority of seasoned faculty working in “regular” classrooms were trained as “regular” and not “special” educators, many—despite their excellent track records—find themselves ill-prepared or inadequately supported to meet the special needs of students who require specialized instruction. I am a teacher who can relate to this issue. He continued by stating that the re-integration of children with so-called special needs into regular classrooms, coupled with the increasing emphasis on standards-based education and “high-stakes” testing, has placed new and difficult demands on students and teachers. Ultimately, Dr. Schultz’s main concern regarding the consequence of this situation being that many kids are not being adequately served; both those with learning disabilities and those with other impediments to learning.

With that said, he still remains optimistic. One of the major contributions of inclusion, when well conceived and well supported, has been the transformation that takes place when talented and motivated regular and special educators work together on a team. He has witnessed what he refers to as the “Hybrid Teacher”—a new kind of professional who creatively builds bridges between curriculum and kids—alls kinds of kids with (to use Mel Levine’s words) “all kinds if minds”. Here is a list of what Dr. Schultz’s considers to be some of the characteristics of this teacher possesses and, in his view, is the closest thing he can find to a “great teacher” for kids with learning disabilities.
The “Hybrid Teacher” characteristics:

**Understands** the relationship between emotion and cognition. She understands that many negative emotions and troubling behaviors go away when students feel competent and successful.

**Knows** that students learn in different ways. Focuses on observations and testing and adjusts teaching according to confirmed results from those observations and tests.

**Focuses** on the learner first and the curriculum second. The student is taken to a place of cognitive and psychological safety before venturing into deeper waters of new material. Constant review of student’s feeling of success with previously covered material.

**Demonstrates** the ability to expose students to a variety of stimuli, and knows when students are connected emotionally and cognitively to the experience.

**Is guided and energized** by finding out what facilitates effective learning and what gets in the way.

**Praises** the process that students use as often or more than the product, since the product may be substandard (in the child’s perception or in reality) even if the process is right.

**Understands** that it’s not about having kids work harder, but rather that they work smarter.

**Knows** that it’s important to separate skill instruction from content acquisition.

**Is willing** to take a risk when it comes to advocating for a student with LD in her classroom.

**Examines** his classroom practices to identify what works and what doesn’t.

**Knows** how to work as a team with the student as the key member.

**Understands** that cultural and language factors play an important role in learning.

**Is able** to cover the curriculum by understanding the child. To consider each child as a unique individual is for these teachers not just a euphemism; this belief is acted upon minute-by-minute, even in large and diverse classrooms.

The Hybrid Teacher is connected to kids and kids are connected to this teacher most of the time. This allows the teacher to be responsive to not only the student with LD, but all learners in the classroom. There are other traits that distinguish this teacher and each reader can add to the list as well. Dr. Schultz believes these teachers are everywhere, you just need to look. When you find one, it is important to remember to appreciate, support and thank them.
In Conclusion
The primary concern and focus should always remain the on the student and the progress of his or her achievements, keeping in mind that all individuals learn differently. There is no one simple answer to sum up learning disabilities, nor is there one solution to cure learning disabilities. Most importantly, there is a collective and collaborative effort involved in evaluating, assessing, diagnosing and effectively benefiting students with learning disabilities. I believe teachers become involved in education because there is a desire within their souls to make a difference in the lives of children. There are many challenges that face teachers today, inclusion being one of those challenges. Knowledge, experience, support and effective teaching strategies for inclusive classrooms will help teachers produce a productive environment for all students to achieve their most successful potential possible. I think this is a fair assessment of what most teachers want for their students: success.

RESOURCES

LD OnLine (www.ldonline.org/abcs_info/articles-info.html)
ABC’s of LD/ADHD (Learning Disabilities and Attention Deficit Disorder (ADD)

ERIC Digest (www.ericfacility.net/ericdigests/ed291294.html)
ERIC Clearinghouse on Handicapped and Gifted Children, Reston VA

Kid Source (www.kidsource.com/kidsource/content3/learning.disability.html)
Learning Disabilities

Assessing Children for the Presence of a Disability (NICHCY News Digest)

Curry School of Ed. (www.curry.edu/Go/ldthemes.html)
Recurring Themes in Learning Disabilities by John W. Lloyd

LDOOnLine (www.ldonline.org/text.php?max=20&id=443&loc=51)
What Makes a Great Teacher for Students with LD: Introducing the Hybrid Teacher by Jerome J. Schultz, Ph.D.
Focus Adolescent Services (www.focusas.com/Learning Disabilities.html)
What Are Learning Disabilities?

Helpful Glossary of Some Important Terms
(Dr. Jean Lokerson, School of Education, Virginia Commonwealth University)

Accomodations—techniques and materials that allow individuals with LD to complete school or work tasks with greater ease and effectiveness. Examples include spellcheckers, tape recorders, and expanded time for completing assignments.

Assistive Technology—equipment that enhances the ability of students and employees to be more efficient and successful. For individuals with LD, computer grammar checkers, an overhead projector used by a teacher, or the audio/visual information delivered through a CD-ROM would be typical examples.

Attention Deficit Disorder (ADD)—a severe difficulty in focusing and maintaining attention. Often leads to learning and behavior problems at home, school, and work. May include hyperactivity (ADHD).

Brain Imaging Techniques—recently developed, noninvasive techniques for studying the activity of living brains. Includes brain electrical activity mapping (BEAM), computerized axial tomography (CAT), and magnetic resonance imaging (MRI).

Brain Injury—the physical damage to brain tissue or structure that occurs before, during, or after birth that is verified by EEG, MRI, CAT, or a similar examination, rather than by observation of performance. When caused by an accident, the damage may be called Traumatic Brain Injury (TBI).

Collaboration—a program model in which the LD teacher demonstrates for or team teaches with the general classroom teacher to help a student with LD be successful in a regular classroom.

Developmental Aphasia—a severe language disorder that is presumed to be due to brain injury rather than because of a developmental delay in the normal acquisition of language.
**Direct Instruction**—An instructional approach to academic subjects that emphasizes the use of carefully sequenced steps that include demonstration, modeling, guided practice, and independent application.

**Dyscalculia**—a severe difficulty in understanding and using symbols or functions needed for success in mathematics.

**Dysgraphia**—a severe difficulty in producing handwriting that is legible and written at an age-appropriate speed.

**Dyslexia**—a severe difficulty in understanding of using one or more areas of language, including listening, speaking, reading, writing, and spelling.

**Dysnomia**—a marked difficulty in remembering names or recalling words needed for oral or written language.

**Dyspraxia**—a severe difficulty in performing drawing, writing, buttoning, and other tasks requiring fine motor skill, or in sequencing the necessary movements.

**Learned Helplessness**—a tendency to be a passive learner who depends on others for decisions and guidance. In individuals with LD, continued struggle and failure can heighten this lack of self-confidence.

**Learning Modalities**—approaches to assessment or instruction stressing auditory, visual, or tactile avenues for learning that are dependent upon the individual.

**Learning Strategy Approaches**—instructional approaches that focus on efficient ways to learn, rather than on curriculum. Includes specific techniques for organizing, actively interacting with material, memorizing, and monitoring any content or subject.

**Learning Styles**—approaches to assessment or instruction emphasizing the variations in temperament, attitude, and preferred manner of tackling a task. Typically considered are styles along the active/passive, reflective/impulsive, or verbal/spatial dimensions.

**Locus of Control**—the tendency to attribute success and difficulties either to internal factors such as effort or to external factors such as chance. Individuals with learning disabilities tend to blame failure on themselves and achievement on luck, leading to frustration and passivity.

**Metacognitive Learning**—instructional approaches emphasizing awareness of the cognitive processes that facilitate one’s own learning and its application to academic and work assignments. Typical metacognitive techniques include systematic rehearsal of steps or conscious selection among strategies for completing a task.

**Minimal Brain Dysfunction (MBD)**—a medical and psychological term originally used to refer to the learning difficulties that seemed to result from identified or presumed
damage to the brain. Reflects a medical, rather than educational or vocational orientation.

**Multisensory Learning**—an instructional approach that combines auditory, visual, and tactile elements into a learning task. Tracing sandpaper numbers while saying a number fact aloud would be a multi-sensory learning activity.

**Neuropsychological Examination**—a series of tasks that allow observation of performance that is presumed to be related to the intactness of brain function.

**Perceptual Handicap**—difficulty in accurately processing, organizing, and discriminating among visual, auditory, or tactile information. A person with a perceptual handicap may say the “cap/cup” sound the same or the “b” and “d” look the same. However, glasses or hearing aids do not necessarily indicate a perceptual handicap.

**Pre-referral Process**—a procedure in which special and regular teachers develop trial strategies to help a student showing difficulty in learning remain in the regular classroom.

**Resource Program**—a program model in which a student with LD is in a regular classroom for most of each day, but also receives regularly scheduled individual services in a specialized LD resource classroom.

**Self-Advocacy**—the development of specific skills and understandings that enable children and adults to explain their specific learning disabilities to others and cope positively with the attitudes of peers, parents, teachers, and employers.

**Specific Language Disability** (LD)—a severe difficulty in some aspect of listening, speaking, reading, writing, or spelling, while skills in the other areas are age-appropriate. Also called Specific Language Learning Disability (SLLD).

**Specific Learning Disability** (SLD)—the official term used in federal legislation to refer to difficulty in certain areas of learning, rather than in all areas of learning. Synonymous with learning disabilities.

**Subtype Research**—a recently developed research method that seeks to identify characteristics that are common to specific groups within the larger population of individuals identified as having learning disabilities.

**Transition**—commonly used to refer to the change from secondary school to postsecondary programs, work, and independent living typical of young adults. Also used to describe other periods of major change such as from early childhood to school or from more specialized to mainstreamed settings.