



Presented by the National Center for Learning Disabilities in collaboration with the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners, April 2013

INTRO

WELCOME

From the National Center for Learning Disabilities, the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners

Welcome to the ***LD Navigator by ld.org*** – a free learning disabilities (LD) resource toolkit/guide designed to support pediatric healthcare providers so they can be most helpful to young people with learning disabilities and their parents.

Created by the National Center for Learning Disabilities (NCLD), in collaboration with the American Academy of Pediatrics (AAP) and the National Association of Pediatric Nurse Practitioners (NAPNAP), and made possible through a grant from the Robert Wood Johnson Foundation, the *LD Navigator* is like a compass to guide pediatric healthcare professionals as they navigate the complex seas of learning disabilities. It includes up-to-date information about screening, evaluation, classification and treatment, as well as addressing sensitive and important concerns over time of both the parents and the youth with a learning disability. *The LD Navigator* has been designed as a flexible, multi-sectioned resource that can be adopted into pediatric practice in a variety of ways. NCLD (www.nclld.org) develops and delivers programs and promotes research to improve instruction, assessment and support services for individuals with LD and this collaborative initiative furthers its mission to ensuring success for all individuals with LD in school, work and in life.

On behalf of NCLD, AAP and NAPNAP, we wish to thank everyone involved in bringing this important LD resource to fruition – from our earliest supporters in Drs. Kurt Metzl and Karen Miller, to the Robert Wood Johnson Foundation, to our Development Team of Drs. Carol Weitzman and Erik von Hahn from AAP, members of NAPNAP’s Developmental, Behavior, and Mental Health Special Interest Group, and Dr. Sheldon Horowitz of NCLD, all of whom provided expert guidance and insight. We also wish to thank Dr. Adele Schwartz of Leflein Associates, for her passion and authorship, and to the staff at AAP and NAPNAP for their partnership in bringing this important tool to the pediatric healthcare professional community.

We hope you find the LD Navigator a valuable resource in your pediatric clinical practice that will ultimately help children with LD and their parents.

Sincerely,

James H. Wendorf, Executive Director, National Center for Learning Disabilities
Thomas K. McInerney, MD, FAAP, President American Academy of Pediatrics
Susan Van Cleve, DNP, RN, CPNP-PC, President, National Association of Pediatric Nurse Practitioners

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INTRO

ABOUT THE LD NAVIGATOR

The LD Navigator is a clinical tool and resource kit that provides practical information about learning disabilities (LD) specifically for pediatric healthcare professionals. *The LD Navigator* is distributed free by the National Center for Learning Disabilities (NCLD) and was developed in partnership with the American Academy of Pediatrics (AAP) and the National Association of Pediatric Nurse Practitioners (NAPNAP). *The LD Navigator* has been sent to you in recognition of the critical role that pediatric healthcare providers play in the early identification of learning disabilities, which can prevent years of frustration and failure of the child with LD.

The LD Navigator is like a compass to guide pediatric healthcare professionals as they navigate the complex seas of learning disabilities. It includes up-to-date information about screening, evaluation, classification and treatment, as well as addressing sensitive and important concerns over time of both the parents and the youth with a learning disability. *The LD Navigator* has been designed as a flexible, multi-sectioned resource tool that can be adopted into pediatric practice in a variety of ways.

The LD Navigator provides the pediatric office with options for enhancing clinical intake and assessment, providing referral and relevant information to parents, and empowering both children/adolescents with LD and their parents to access effective, research-proven intervention and related services.

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INTRO

LEARNING DISABILITIES AND THE PEDIATRIC PROFESSIONAL COMMUNITY

Parents and Pediatric Healthcare Providers Working Together: How the Pediatric Community Helps Children with Learning Disabilities (LD) and Their Parents

As a community, pediatric healthcare providers, with their expertise in child development and an appreciation of school-related challenges, are uniquely positioned to contribute to the school success of children with learning disabilities (LD). Recent advances in neuroimaging and intervention studies, genetics, and functional mapping of brain development and function, have provided the knowledge that early care providers and educators needed to make curricular and instructional decisions to benefit children at risk for learning failure.

Providers and healthcare researchers are being called on with increasing frequency to help problem-solve appropriate educational responses to clinical manifestation of specific learning disabilities and co-occurring disorders of language, behavior and attention in individual children.

Encourage parents to read more about how the pediatric healthcare professional community can be helpful in “The Problem Situations of LD and AD/HD: Partnering with Your Child’s Doctor” by the National Center for Learning Disabilities (NCLD) at this link: <http://www.nclld.org/types-learning-disabilities/adhd-related-issues/adhd/managing-ld-adhd-attention-deficit-problems>

The *LD Navigator* has been designed to support pediatric healthcare providers so they can be most helpful to youth with learning disabilities and their parents. The most effective pediatric healthcare providers are those who:

1. Make it clear to parents that learning disabilities are real. What can you tell them?

- Science has not fully determined the underlying etiology but we do know learning disabilities are not caused by sensory, physical or motor impairments.
- Children with LD do not have limited intelligence. By definition, they have average or above-average intelligence.
- Children don’t have learning disabilities because they are lazy. Those who encounter school failure for too long may appear to lose interest in learning or to be confused by school work. They need opportunities to succeed and regain their confidence and motivation.
- Children with LD can learn. They will need evidence-based instruction and educational support.
- Learning disabilities are life-long; children do *not* outgrow their learning disabilities. Early and consistent instruction and support can enable them to become successful students, and later, adults.
- Learning disabilities can negatively impact several learning skill areas at the same time.
- Learning disabilities influence a child’s ability to function in different ways at different ages and stages across the life span.
- Learning disabilities often runs in families.



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- The impact of LD can result in significant mental health, behavioral and social/emotional issues.
- Secondary features of LD can include low self-esteem, anxiety, and problems with mood or depression.
- Children with LD, like those with attention-deficit/hyperactivity disorder (AD/HD), often struggle with development and skill mastery in areas of executive functioning.

2. Help parents resist a 'wait and see' approach to decision making. Why?

- Early identification of a learning disability or a child at risk for LD can prevent extended periods of frustration and failure.
- Some parents have trouble facing concerns about their children. Help them explore the possibility of information processing difficulties and learning disabilities.
- Encourage parents to seek the underlying causes of a child's struggles instead of attributing the child's struggles to laziness, immaturity or lack of effort. This brief but concise coping overview may help parents whom you see in your practice.

<http://www.nclld.org/parents-child-disabilities/family-coping-ld/coping-parents-children-with-learning-disabilities>

3. Help parents to better understand the similarities and differences between different classes of disorders. More specifically:

- Help parents understand the differences among learning, attention, mood, and anxiety disorders.
- Explain how one specific class of disorder (e.g., learning disability) can co-exist with another (e.g., Attention Deficit Disorder/ADD).
- Help parents understand the unique evaluation protocols that help to determine effective treatment their children need.
- Help parents to seek evaluation services and to know what to expect once they initiate that process.

4. Make it clear to parents that there is no "cure" for learning disabilities but there are evidenced-based interventions. For example:

- Effective treatment approaches for specific learning disabilities alone are behavioral and educational; they rarely involve medicine, diet, or other non-behavioral approaches.
- Psychostimulants and other pharmacologic agents may be effective in treating disorders that co-exist with learning disabilities like AD/HD.
- The best treatment practice is a well-targeted and intensive program of specialized instruction and support, coupled with careful and ongoing progress monitoring.
- Parents need to understand and address the changing needs of their child at different stages of development. Parents and educators must commit to evaluating progress, documenting the child's response to intervention, and making necessary adjustments in instruction and behavioral expectations across the developmental continuum.

5. Remind parents to consider multiple aspects of the developing child, not just the learning disability. This means telling parents:

- The child is multi-dimensional; the learning disability is what the child *has*, not who the child *is*. The child is not defined by the learning disability nor is the child's ability to learn necessarily limited.

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- Remember to help identify the child’s social, emotional and academic strengths. Always make this part of the conversation with parents and with your patients who have a learning disability.
- Encourage exploration and conversation about the health care, behavioral, and social/emotional needs of the child in addition to the unique instructional challenges.

6. Provide parents and educators with tools to promote effective and ongoing dialogue.

- Engage parents in a dialogue about their child with a learning disability. Parents are the conduits for information about the child’s progress among the many professionals (medical, educational) and related service providers (therapists, counselors) who work with the child.
- Explore with the parents how to find ways for these many service providers to communicate with each other about their goals, expectations and contributions to the child’s success.
- Encourage parents to establish a systematic approach to gathering and sharing this information.

7. Help dispel the stubborn myths that surround specific learning disabilities.

MYTH	FACT
People with LD are not intelligent.	People with LD have average or above-average intelligence.
People with LD are lazy and unmotivated.	People with LD work harder and longer than most people to get through the day.
Dyslexia and LD are the same disorder.	Dyslexia is only one type of LD. It is language-based and affects reading, writing, and other communication skills. LD is the umbrella term.
LD only affects children. Adults outgrow LD.	LD lasts throughout an individual’s lifetime, but individuals with LD can lead successful and satisfying lives if they learn adaptive strategies and skills, and access reasonable accommodations.
LD only affects school achievement and skills.	LD can also affect social, career, and life-management skills.
Learning disabilities are all the same.	Learning disabilities vary greatly from person to person, and combine with other difficulties differently, as well.
Boys are affected by LD more than girls.	There is no gender difference in the <i>incidence</i> of LD. However, boys are <i>diagnosed</i> two times as often, perhaps because of differences in behavior between girls and boys.
Giving LD students accommodations and modifications in school gives them an unfair advantage over other students.	Students with LD must meet the same academic standards as their peers. Their accommodations merely ‘level the playing field’ so they can participate and achieve equally.

8. Help children and youth with learning disabilities to become self-advocates.

- Self-advocacy has been proven to be a critical variable in the success of children with learning disabilities.



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- Help your patients with LD articulate their learning and behavior needs so they can ask for appropriate help or accommodations in both educational and social settings.
- Encourage patients with LD to be proactive in arranging for instructional modifications and accommodations.
- Encourage the patient with LD to develop networks of individuals (e.g. peers, teachers, parents) to whom they can turn for support. Help them to understand that asking for appropriate help is a sign of strength, not weakness.
- Talk about how and when to disclose the learning disability to peers, family and others in the child's community.

9. Be an outspoken advocate for students with learning disabilities.

- Medical practitioners can have a strong positive impact in local school communities, as well as at the state and federal levels.
- Help articulate policy recommendations in support of models of service delivery that reflect state-of-the-art science.
- Reflect on clinical interactions with families and their children with LD and attest to the need for sufficient school-based instructional and human resources.
- Help parents and educators in deliberations about services and supports that can have an immediate positive impact on school success.

If you have the opportunity to speak in your community about learning disabilities, you may find this to be a useful guide to your presentation. <http://www.nclld.org/disability-advocacy/be-an-ld-advocate/talking-about-learning-disabilities>

10. Encourage parents to expect and demand accountability from the teacher and from the school system.

- Schools at all levels should facilitate early screening efforts to ensure that students do not have to wait to fail before being identified as "at risk" or eligible for appropriate instruction and therapies.
- Empower parents to be proactive in sharing concerns as they arise with school personnel and with medical providers.

There is no quick and easy roadmap for helping parents negotiate the complex challenges that comprise the lives of children with learning disabilities. Similarly, there is no single preferred approach when it comes to meeting the educational and behavioral needs of children with learning disabilities. Parents, in partnership with members of the medical and educational communities, can formulate and oversee a prescription for success for these children. Starting with early identification and the delivery of research-based interventions, individuals with learning disabilities can realize success in the early school years and can transition successfully to post-secondary educational settings and/or to gainful employment. Their paths to independence can be greatly facilitated by frequent and ongoing communication among parents, educators and medical professionals. With access to current and reliable resources, these interactions can serve as a model for individuals to become effective self-advocates as they take their place as valued members of society.

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INTRO

REFERENCES

This chapter was adapted from: *Parents and Physicians Working Together* by Sheldon H. Horowitz, Ed.D.
<http://www.nclد.org/parents-child-disabilities/ld-testing/parents-physicians-working-together>

“Myths and Misconceptions about AD/HD: Science over Cynicism.” Phyllis Anne Teeter Ellison, Ed.D., CHADD <http://www.nclد.org/types-learning-disabilities/adhd-related-issues/adhd/attention-deficit-myths-misconceptions>

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HOW TO USE

HOW TO USE THE LD NAVIGATOR

The *LD Navigator* was designed as a flexible clinical tool that pediatric healthcare professionals can incorporate into their practices in a variety of ways. Below, you can find suggestions about how it can be used in pediatric practice.

1. Read the *LD Navigator* for information about specific learning disabilities.

The *LD Navigator* contains definitions and explanations of specific learning disabilities and the most common co-existing conditions. It identifies presenting symptoms that may signal the need for screening and/or evaluation for LD.

2. Maintain the *LD Navigator* on your office computers as a resource tool with easy-to-access information you may need when seeing patients.

Once you are familiar with the *LD Navigator* content and format, it can be a useful document to consult when you see children or adolescents with learning disabilities. In particular, Ages and Stages, which is most directly relevant to office visits, is divided into developmental stages for easy access to presenting symptoms, questions to ask, supporting “talking points” with parent and child and next step recommendations.

3. Reproduce informational handouts for your patients from embedded PDF files. Included in the *LD Navigator* are links to easy-to-print files or one- or two-page documents that enable you to give print information to parents. When documents are available in Spanish, a special link is also provided. Use these files as tools for family education and support.

4. Adopt the NCLD’s “Learning Disabilities Checklist” for use in your practice.

The “Learning Disabilities Checklist” provided in the Ages and Stages Reference section was developed by NCLD as a preliminary device for children and adolescents through young adulthood. This is a tool you should find easy to administer.

5. Select screening questions to incorporate into your new patient history protocol.

For pediatric practices where the new patient protocol is a preferred data collection instrument, pediatric providers may wish to select screening questions from the *LD Navigator* to add to their health history forms.

6. Use “Talking Points” provided to guide your conversations about referrals for evaluation and LD diagnoses with parents and their children with LD.

“Talking Points” provide the pediatric healthcare professional with typical parent concerns and the information, as well as straightforward but hopeful language, that a provider can use to address those concerns sensitively.



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7. Use sections identified as “Talking About Learning Disabilities” to guide conversations with children and adolescents with LD.

The *LD Navigator* includes “Talking About Learning Disabilities,” suggested, age-appropriate talking points that can be used in conversations about learning disabilities with children and adolescents with LD. As a trusted authority figure in a child’s life, the pediatric healthcare professional can set the tone for home and school conversations about learning disabilities that are free of embarrassment, stigma, or shame.

8. Consult the *LD Navigator* to learn about federal and local laws that govern educational services that children and adolescents with LD need.

Parents and students with LD have rights and entitlements for evaluation and intervention/treatment of learning disabilities. An overview of the law and the educational process with regard to students with LD is provided in the *LD Navigator*.

9. Use the *LD Navigator* as a guide for organizations and agencies that provide parent and family support.

The *LD Navigator* includes links to reproducible parent information from organizations that provide advocacy, family support and online communities.

10. Reproduce reading lists about learning disabilities for parents and their children with LD.

The *LD Navigator* includes reproducible reading lists of books for parents who want to read more about learning disabilities. In addition, it provides a bibliography of both fiction and non-fiction books for children and adolescents who want to understand their learning disabilities better.

11. Read more about learning disabilities.

The *LD Navigator* includes a reference list of articles for pediatric healthcare providers who wish to expand their knowledge of LD.

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LD DEFINED

BRIDGING THE DIVIDE BETWEEN MEDICAL AND EDUCATIONAL DEFINITIONS

In pediatrics, in fact in medicine, learning problems derive their definitions from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The current DSM defines these neurologically rooted problems as *learning disorders*, with specific sub-categories such as *reading disorders*, *disorder of written expression*, *mathematics disorder*, and *learning disorder not otherwise specified*. There is also identification of co-morbid disorders in *communication* and *motor skills*. For each disorder, the DSM provides detailed criteria for diagnosis.

This DSM terminology is functional and revised periodically as medical research advances the knowledge base. DSM terminology is also essential in every pediatric practice for insurance coding and for efficient record-keeping. However, as the pediatric healthcare provider works with parents of youth who present with symptoms of one or more of these disorders, it is important that the provider understand the nuanced differences between medical and educational definitions, as well as the language used *outside* the pediatric practice to secure services.

The educational definition of learning disabilities is based in the federal education law, *The Individuals with Disabilities Education Act (IDEA)*. The law clearly establishes that learning disabilities result from neurologically based processing deficits:

“Specific learning disabilities means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which 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 handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems, which are primarily the result of visual, hearing, or motor handicaps, or mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage.”

You will note that the DSM terminology is not included in the IDEA definition. Pediatric healthcare providers who are most helpful in preparing parents to secure services within school systems need to cross a linguistic bridge, replacing the medical terminology with educational terms. (Some schools have been known to say to a parent who inquired about getting help for her child’s dyslexia, “We don’t provide services for dyslexia!”).

Therefore, the *LD Navigator* employs the IDEA definition of *learning disabilities* and the educational terminology rather than medical terminology. The greatest differences between the two are:

1. Medical terminology emphasizes a *deficit*. Educational terminology employs terms that emphasize that neurological processing underlies the disability; evaluation identifies the child’s learning *strengths* as well as *needs/weaknesses* so that individualized intervention plans can be established for



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improved academic outcomes. A student's strengths are used to remediate or compensate for the weaknesses.

2. Parents and their child or adolescent with LD will be asking for and receiving services from educational systems governed by the IDEA. Once they leave the pediatric office, they will need to "speak" educational language in order to access needed services. The pediatric healthcare provider will need to understand and speak this language throughout the child's development.
3. School systems never "diagnose"; instead, they determine whether a child is eligible for special education and related services by evaluation and "classification" of the child in one of the disability areas specified in the IDEA. The medical term "diagnose" as compared to the educational term "classify" is an example of the difference in language. In fact, the terms are complementary. However, it is important to remember that once parents leave the pediatric office, they will never hear about a diagnosis of dysgraphia or a learning *disorder*. The pediatric healthcare provider who will best prepare parents to secure the most appropriate educational services for their children will model the educationally based language parents will need to learn.

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LD DEFINED

SPECIFIC LEARNING DISABILITIES

Science has not yet provided us with a full understanding of learning disabilities. What is known is that it is a neurological disorder that affects how the brain receives, processes and responds to information. LD is a broad category that includes several different types of problems in areas such as listening, reading, writing, spelling, and math, as well as associated disorders in movement. Processing information in each of these areas depends upon a brain that is wired for speed and efficiency. When the flow of information is misrouted or delayed, or when one area in the brain is not working at full capacity, the result is a breakdown in learning.

Learning disabilities impact different learning and related skills in each individual. It is quite common for more than one of the disorders below to co-exist with another. A comprehensive evaluation can reveal one or more *specific* learning disability. The identification of the specific LD provides instructional guideposts. The three broad specific learning disabilities (in DSM terminology) are:

1. **Dyslexia – Reading Disability**

- Dyslexia is a language-based processing disorder that can hinder reading, writing, spelling and verbal communication.
- Children and adults with dyslexia have a neurological disorder that causes their brains to process and interpret information differently.
- Children who present with these language-based disorders should first be evaluated to rule out hearing or vision deficiencies that could be impeding their language-based skill development.
- The most promising and revealing medical research about learning disabilities has been conducted in the area of dyslexia using the tools of modern neuroscience.

Should parents request more information, you may wish to print “What is Dyslexia?”

<http://www.nclد.org/types-learning-disabilities/dyslexia/what-is-dyslexia>

A Spanish version is available at: <http://www.nclد.org/es/types-learning-disabilities/dyslexia/what-is-dyslexia>

Discussion of dyslexia may lead to a debate about the effectiveness of a variety of vision-based diagnostic and treatment practices. In February of 2011, in a joint technical report published in the journal of the American Academy of Pediatrics, the AAP, American Academy of Ophthalmology, American Academy of Pediatric Ophthalmology and Strabismus, and American Association of Certified Orthoptists titled “Learning Disabilities, Dyslexia, and Vision” concluded that: *“Scientific evidence does not support the claims that visual training, muscle exercises, ocular pursuit-and-tracking exercises, behavioral/perceptual vision therapy, “training” glasses, prisms, and colored lenses and filters are effective direct or indirect treatments for learning disabilities. There is no valid*

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evidence that children who participate in vision therapy are more responsive to educational instruction than children who do not participate. Pediatrics 2011;127:e818–e856”

To read the AAP article in full: <http://pediatrics.aappublications.org/content/127/3/e818.full.html>

2. **Dysgraphia – Writing Disability**

- Dysgraphia is a learning disability that affects writing, which requires a complex set of motor and information processing skills.
- Dysgraphia can lead to problems with spelling, poor handwriting, and putting thoughts on paper.
- People with dysgraphia also might have trouble organizing letters, numbers, and words on a line or page.

Parents may find “10 Helpful Dysgraphia Resources” provides them with proactive steps they can take to help their children. <http://www.nclد.org/types-learning-disabilities/dysgraphia/helpful-writing-disability-resources>. A Spanish version is available at: <http://www.nclد.org/es/types-learning-disabilities/dysgraphia/what-is-dysgraphia>

3. **Dyscalculia – Learning Disability in Mathematics**

- Dyscalculia refers to a wide range of lifelong learning disabilities involving mathematics.
- There is no single type of math disability. Dyscalculia can vary from person to person, and it affects people differently at different stages of life.
- The research about dyscalculia is significantly behind the research in dyslexia.
- As in the area of reading, a learning disability in math, or dyscalculia, is not a prescription for failure.

“What is Dyscalculia?” is a brief but detailed article to extend parent knowledge and understanding. You may want to print it for parents who need more information. <http://www.nclد.org/types-learning-disabilities/dyscalculia/what-is-dyscalculia>. A Spanish version is available at: <http://www.nclد.org/es/types-learning-disabilities/dyscalculia/what-is-dyscalculia>

4. **Co-Existing Disorders**

The IDEA definition makes clear that the disorders above qualify a child for specialized educational intervention. Once a child qualifies for a disability under the IDEA, all areas of disability that affect a child’s education and participation in school must be addressed. Disability codes do not determine the types of services to which the child is entitled, even though schools often allocate resources on the basis of a disability code. Thus, the child should also receive services for co-existing disorders such as those that listed below, as long as the co-existing disorders also affect the child’s education and participation at school.

Co-existing disorders provide valuable insight into the individual needs of a child and the subsequent intervention planning. The most common of the co-existing disorders are:

- **Dyspraxia** is a disorder that affects motor skill development. Children with dyspraxia have trouble planning and completing motor tasks. This can vary from simple motor tasks, such as waving goodbye, to more complex tasks like brushing their teeth. Physical activities become hard to learn and remember; the individual will appear awkward or hesitant in motion. An occupational therapist can make a diagnosis of dyspraxia.

For additional information, parents may wish to read “What is Dyspraxia?”

<http://www.nclld.org/types-learning-disabilities/dyspraxia/what-is-dyspraxia>

- **Executive Functioning** includes planning, organizing, strategizing, time and space management, and remembering details. Schools often do not identify deficits in executive functioning, which are more typically identified by a neuropsychologist. Individuals with LD and problems with executive functioning have difficulty:
 - Planning
 - Keeping track of more than one thing at once
 - Finishing work on time
 - Organizing tasks or activities
 - Keeping track of time
 - In young adults, the negative impact of executive function disorders can be seen in career, home management, relationships, and lifestyle challenges

Executive Functions are explained in greater detail in this article: <http://www.nclld.org/types-learning-disabilities/executive-function-disorders/what-is-executive-function>. A Spanish version is available at: <http://www.nclld.org/es/types-learning-disabilities/executive-function-disorders/organization-crucial-executive-skill-child-ld>

- **Attention-Deficit/Hyperactivity Disorder (AD/HD)** is a neurobiological disorder that can affect children, adolescents and adults. Researchers are still studying the cause of AD/HD. Evidence points to levels of brain chemicals (neurotransmitters such as dopamine and serotonin) being out of balance. Attention deficit disorder (ADD) is not typically identified by schools because it is considered to be a medical diagnosis. The pediatric healthcare providers play an important role in the identification of AD/HD.
 - Although AD/HD is not a learning disability by itself, the two conditions often occur together. AD/HD is seen in approximately 20 to 30 percent of individuals who have LD.
 - AD/HD is characterized by inappropriate levels of hyperactivity, impulsivity and inattention or distractibility.
 - Unlike other learning disabilities, which are best treated with educational and behavioral approaches, AD/HD is most effectively treated with a combination of medication and educational and behavioral interventions.
 - It is important to note that adolescents with untreated AD/HD are at increased risk for depression, anxiety and substance abuse.
 - AD/HD is often tightly intertwined with difficulties in Executive Functions.

For further information about parenting a child with AD/HD, see <http://www.nclld.org/types-learning-disabilities/adhd-related-issues/adhd/tips-for-parenting-a-child-with-adhd>

- **Auditory Processing Disorders (often referred to as central auditory processing disorders or CAPD)** is an auditory processing disorder that can cause difficulty in distinguishing the difference between similar sounds, among other difficulties. Although auditory processing disorder is not named as a learning disability under federal law, it can explain why some children may have trouble

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with learning and performance. Auditory processing disorders are not typically identified by schools, and have to be diagnosed by an audiologist with expertise in this area.

- Auditory processing disorders can occur without any kind of hearing loss; rather, they affect how the brain perceives and processes what it hears.
- Like all learning disabilities, auditory processing disorders can be a lifelong challenge.
- Auditory processing disorders may run in families.
- Auditory processing disorders can affect a person's ability to interact socially.
- There are different types of auditory processing disorders, each affecting different aspects of auditory information processing.

“Auditory Processing Disorders: By Age Group” provides additional information which you may wish to print for parents. <http://www.nclld.org/types-learning-disabilities/adhd-related-issues/auditory-processing-disorders/auditory-processing-disorder-by-age-group>

- **Visual Processing Disorder** is a visual processing disorder that can cause difficulty in seeing the difference between two similar letters, shapes or objects, or noticing the similarities and differences between certain colors, shapes, and patterns. Although visual processing disorder is not named as a learning disability under federal law, it can explain why a child may have trouble with learning and performance. Visual processing disorders can be identified by an occupational therapist and by a vision specialist. There are no specific diagnostic criteria for making this diagnosis.
 - Visual processing disorders affect how the brain perceives and processes what the eye sees.
 - These disorders can occur without impaired vision of any kind.
 - Like all learning disabilities, visual processing disorders can be a lifelong challenge.
 - People with visual processing disorders have problems with the way they interpret information, but what others will notice in people with these disorders is the behavior that happens after the difficulties occur.
 - There are several types of visual processing disorders, each affecting different aspects of visual information processing.

To provide more information to parents about visual processing disorders, you may wish to print this: <http://www.nclld.org/types-learning-disabilities/adhd-related-issues/visual-processing-disorders/visual-processing-disorders-by-age-group>

For an overall discussion of all learning disabilities, parents may find this article informative. <http://www.nclld.org/types-learning-disabilities/what-is-ld/what-are-learning-disabilities>. A Spanish version is available at: <http://www.nclld.org/es/types-learning-disabilities/what-is-ld/what-are-learning-disabilities>

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LD DEFINED

ETIOLOGY OF LEARNING DISABILITIES: WHAT IS KNOWN, WHAT IS NOT

While there is still no proven cause of learning disabilities, there is knowledge related to its etiology.

- *Heredity.* Often learning disabilities run in families. Children with LD are likely to have parents or other relatives with similar difficulties.
- *Problems during pregnancy and birth.* An illness or injury during or before birth may cause an LD. Drug and alcohol use during pregnancy, low birth weight, lack of oxygen, and premature or prolonged labor may also lead to an LD.
- *Incidents after birth.* Serious illness, head injuries, poor nutrition, and exposure to toxins such as lead can contribute to LD.

Learning disabilities are not caused by economic disadvantage or cultural differences, nor are they the result of lack of educational opportunity. That said, children who are denied timely and effective instruction during critical times during their development are at high risk for showing signs of LD during the school years and beyond.

“What Are Learning Disabilities?” from NCLD provides this information to parents in a three-page article: <http://www.nclld.org/types-learning-disabilities/what-is-ld/what-are-learning-disabilities>

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LD DEFINED

EDUCATIONAL EFFECTS OF LD

The current data on outcomes for students with LD suggest that there is much more work to be done; compared with non-disabled peers, they have lower high school graduation rates, fewer college admissions and graduations, and a greater incidence of unemployment and under-employment. This does not mean that there is not a growing number of success stories. Pediatric healthcare professionals who are aware of the risks based on LD identification can be helpful by:

- Guiding families to connect with quality schools and other resources
- Encouraging parents to maintain high expectations for their children, which research has proven plays a critical role in academic success
- Helping parents to adopt family lifestyle decisions that provide expansive opportunities for the child's social skill development
- Suggesting that parents expect the school to provide post-secondary planning that starts early
- Helping the parent and the child develop a vocabulary about LD so they can, with confidence, disclose to others and request needed accommodations and supports

For more specific data, see NCLD's "The State of LD" report:

http://www.nclld.org/images/stories/OnCapitolHill/PolicyRelatedPublications/stateofd/2011_state_of_ld_fin al.pdf

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LD DEFINED

PSYCHOSOCIAL EFFECTS OF LD ON CHILDREN AND FAMILIES

It is also important to consider the multiple ways a child's LD can impact on the lives of his or her family. Learning disabilities can have significant effects on the individual's social, emotional, and familial well-being, and the pediatric healthcare provider is more effective if she or he is aware of these, even if they are classified as secondary effects.

1. Social Effects

Social behavior cannot be separated from neurological influences. Individuals with LD have difficulty with social interaction when, because of weakness in visual or auditory perception, they are unable to:

- a. "Read" and interpret the facial expressions of others
- b. Recognize the meanings of the gestures and body language of others
- c. Perceive the meanings of tone of voice, pitch, and volume of others
- d. Maintain personal space with others
- e. Touch in socially appropriate ways and recognize touch appropriately

Without positive peer interaction experiences or adequate social skill instruction, the child or adolescent with LD cannot develop the social skills required to succeed in school, community, career and adult relationships. Parents need help understanding the neurological basis for their child's social issues so that they can provide the social modeling and support their child needs to grow.

2. Emotional Effects

Though emotional problems technically may be classified as secondary to the learning disability, the effects of emotional problems can present barriers to school and life achievement. Further, there is increasing evidence that the neurochemistry related to the unremitting stress some individuals with LD endure can have a deleterious impact on them over time.

In addition to their frustration with academic failure, poor or limited peer interaction of some children and adolescents with LD results in rejection, isolation, and diminished self-confidence and self-esteem. Loneliness resulting from exclusion, particularly when coupled with frustration in school learning, can result in additional problems with depression, anxiety or anger management. This can explain why diagnostic evaluations often result in the recommendation that counseling services accompany the educational intervention. When the evaluation indicates the need for counseling, the school is required to mandate these services.

3. Familial Effects

A learning disability that is accompanied by failure in school and limited social interaction is not just a student's problem; it becomes a problem for the entire family. Before a classification or intervention, children with LD can encounter years of frustration. When hard work fails to produce improved results, the same child can become defeated. Parental frustration is equally disruptive, and siblings

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without LD are envious of the time parents spend helping the sibling who is failing. Among the effects on parents and siblings that should be considered are the following:

- a. Care of a child with LD is time-consuming for a parent. The child often needs more than the usual help in getting themselves organized at home, getting homework done, etc.
- b. Raising a child with LD can be financially draining. They may need additional tutoring at home, frequent follow-up with school and therapists, etc.
- c. Parents may be unable to imagine a future when the child will live a satisfying, successful, and independent adulthood.
- d. There may be conflicts about child-rearing between husband and wife if their understandings of the disability and the parenting it requires differ significantly.
- e. Parents are sometimes hesitant to discuss the LD with extended family or close friends for fear of stigma or judgment of their parenting skills.
- f. Parents may harbor feelings of guilt, shame, and genetic responsibility.
- g. Siblings may feel neglected or abandoned, especially by a parent who may be overprotective of the child with LD.

Pediatric healthcare providers should be aware of the sometimes complex effects of the learning disability, not only on a child or adolescent but on his or her family as well. Treatment and prevention of the secondary effect of LD, as discussed in this section, depends first of all upon the provision of quality, research-based instruction to address academic areas of need, and to assure maximum academic success. At times, consultation with a psychotherapist or mental health practitioner may be required to address the secondary social-emotional and familial effects of the LD.

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REFERENCES

“Learning Disabilities, What Are the Different Types?” (video)

<http://www.nclld.org/learning-disability-resources/videos/video-learning-disabilities-what-are-the-different-types>

50 Questions About LD (e-book). Sign on to NCLD.org to register or use this link:

[http://nclld.convio.net/site/Survey?ACTION_REQUIRED=URI_ACTION_USER_REQUESTS&SURVEY_ID=2380&s_src=faq-ebook-accommodations-relcon&_utma=29454880.746871367.1355873531.1359644553.1359649285.11&_utmb=29454880.4.10.1359649285&_utmc=29454880&_utmz=29454880.1359558394.7.2._utmcsr=google|utmccn=\(organic\)|utmcmd=organic|utmctr=nclld&_utmv=-&_utmk=201460178](http://nclld.convio.net/site/Survey?ACTION_REQUIRED=URI_ACTION_USER_REQUESTS&SURVEY_ID=2380&s_src=faq-ebook-accommodations-relcon&_utma=29454880.746871367.1355873531.1359644553.1359649285.11&_utmb=29454880.4.10.1359649285&_utmc=29454880&_utmz=29454880.1359558394.7.2._utmcsr=google|utmccn=(organic)|utmcmd=organic|utmctr=nclld&_utmv=-&_utmk=201460178)

“Tips for Military Parents on Supporting Their Children in Special Education.” Kristin Stanberry for NCLD.

<http://www.nclld.org/parents-child-disabilities/family-coping-ld/tips-for-military-parents-on-supporting-their-children-in-special-education>

“Myths and Misconceptions about AD/HD: Science over Cynicism,” by Phyllis Anne Teeter Ellison, Ed.D., CHADD

<http://www.nclld.org/types-learning-disabilities/adhd-related-issues/adhd/attention-deficit-myths-misconceptions>

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EDUCATION RELATED

EDUCATIONAL INTERVENTION: EVALUATION, EDUCATION AND THE LAW

Once a pediatric healthcare provider recommends that a child be evaluated by the school district, both the parent and the child enter a complex process that requires preparation and support. The most essential components of that process are described below. As parents may feel overwhelmed by the process from evaluation through provision of educational services, it is also beneficial to offer parents information about parent advocacy organizations and online resources. These are offered in the Resources section. A brief overview of the laws and the evaluation and placement process follow.

###

EDUCATION RELATED

LAWS MANDATING SPECIAL EDUCATION SERVICES

1. ***The Individuals with Disabilities Education Act***

The Individuals with Disabilities Education Act (IDEA) is a federal education law that governs delivery of special education services in the U.S. First enacted in 1975 as P.L. 94-142, The Education for All Handicapped Children Act, it was subsequently renamed and reauthorized in 1990 and 1997; further changes were made in the 2004 reauthorization. The IDEA guarantees a “free, appropriate public education” (FAPE) in the “least restrictive environment” (LRE) to every child ages 3-21 with an eligible disability regardless of the nature or degree of disability. The law protects both student and parent rights. Parents must sign consent for children to be tested, and sign again for a child to receive services. Parents also have the right to due process, including the right to appeal all decisions.

The IDEA defines thirteen qualifying disabilities, including *Specific Learning Disabilities (SLD)*.

QUALIFYING DISABILITIES UNDER THE IDEA (2004)

- Autism
- Deaf-blindness
- Deafness
- Visual impairment/blindness
- Emotional disturbance
- Hearing impairment
- Intellectual disability
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability (SLD)
- Speech or language impairment
- Traumatic brain injury

Under the IDEA, *Specific Learning Disability* is defined 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 the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage.”

ADD/ADHD falls under the category of *Other Health Impairment*, which is defined as “having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that – (a) 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,



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sickle cell anemia, and Tourette syndrome; and (b) adversely affects a child's educational performance."

For a detailed description of all of the 13 qualifying disabilities, this six-page guide, *Categories of Disability under IDEA*, should prove useful.

<http://nichcy.org/wp-content/uploads/docs/gr3.pdf>

The IDEA requires that the child is evaluated at no cost to the parent and that results inform the creation of an Individualized Educational Program (IEP) that includes annual objectives and mandated services, as needed; the parent must be involved in the IEP process and must sign approval of the IEP. As parents will need extensive knowledge to understand and benefit from the IDEA, you may wish to encourage them to download the "IDEA Parent Guide" on the NCLD.org website, or print this article for them. "How IDEA Can Help You Help Your Child."

<http://www.nclld.org/parents-child-disabilities/ld-rights/how-IDEA-can-help-you-help-your-child>

2. **Section 504 of the Rehabilitation Act of 1973**

Section 504 of the Rehabilitation Act of 1973 is a civil rights law that prohibits discrimination on the basis of disability in programs and activities, public or private, that receive federal financial assistance. Section 504 does not provide funding for special education or related services, but it does permit the federal government to take funding away from programs that do not comply with the law. There is no specific mention of learning disabilities in Section 504, however students with specific learning disabilities may qualify because the law defines a person as disabled if he or she:

"...has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment..."
28 CFR Sec. 36.104

As a general rule, if a child is eligible for services under IDEA, he or she qualifies for protection under Section 504. However, not all students covered by Section 504 are eligible for IDEA-related services. Section 504 has much broader definitions of disability and so it pertains to many more people. If a child is considered disabled under Section 504 but not under the IDEA, school district personnel must create a Section 504 plan. This may enable some students to remain in general education but to receive assistive technology, accommodations such as extended time for exams, or services like after-school tutoring. "Is a 504 Plan Right for my Child?" by Laura Kaloi, NCLD Public Policy Director, is helpful in comparing how the IDEA and the 504 Plan differ. <http://www.nclld.org/students-disabilities/iep-504-plan/is-504-plan-right-for-my-child>

###

EDUCATION RELATED

REFERRAL FOR EDUCATIONAL EVALUATION

1. **Response to Intervention (RTI)**

Response-to-Intervention (RTI) is a model being used in every state in the U.S. as a way to provide high quality instruction to all students and early assistance to students experiencing academic and/or behavioral difficulty. Prior to 2004, when the IDEA reauthorization changed the way LD is assessed, the Discrepancy Model was the gold standard. In this model, the IQ-achievement discrepancy was used to assess whether there was a significant difference between a student's scores on a test of general intelligence and scores obtained on an achievement test. If a student's score on the IQ test was at least two standard deviations (30 points) higher than his or her scores on an achievement test, the student was described as having a significant discrepancy between IQ and achievement and, therefore, as having a learning disability.

The inadequacy of this model raised concerns for many reasons:

- Children are not identified with learning disabilities in the early grades
- As a result, they struggle for years and encounter failure with the accompanying impact in confidence and self-esteem
- Further, they do not receive the instruction intervention they need
- The test results do not provide information about their individual learning needs
- The Discrepancy Model can create inequitable treatment for students
- Students with linguistic or cultural diversity or inadequate instruction can be misidentified as having LD

The RTI approach is an alternative to the IQ-achievement discrepancy model for identifying students with learning disabilities.

In 2004, the reauthorization of the IDEA provided that school districts could select one of several discrepancy models, but mandated that the model be consistent with state-adopted criteria. Thus, the language in the statute meant that a state must adopt criteria for an RTI model. A list of exclusionary criteria is provided in the statute that separately highlighted limited English proficiency and inadequate instruction.

RTI was designed to advance identification and intervention by linking the two domains. RTI acknowledges unexpected underachievement, but in terms of intractability in response to proven, research-based quality instruction. By assessing instructional response, one can identify LD while excluding children whose underachievement is caused by a variety of other factors, including inadequate instruction and English language limitations.

RTI is managed differently in every state. RTI does not replace special education and is in no way intended to deny students and families access to services and supports to which they are entitled. It is a multi-tiered approach to help struggling learners. Students' progress is closely monitored at each



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stage (or tier) of intervention to determine the need for further research-based instruction and/or intervention in general education, in special education, or both. Progress monitoring data that are core to successful RTI implementation are critical to inform eligibility determination as to whether a student has an SLD and needs special education and related services. (This approach is alternately referred to as a multi-tiered system of support or MTSS.) *In general*, RTI involves these three tiers of instruction:

- *Tier 1*: Screening of all students in a grade or school yields “at risk” students who receive grade-wide or school-wide standards-based instruction and frequent progress monitoring. Tier 1 instruction is provided in the general education classroom.
- *Tier 2*: Students who do not make sufficient progress at Tier 1 then receive Tier 2 small group supplemental instruction and more frequent progress monitoring.
- *Tier 3*: In Tier 3, a student qualifies for special education services and receives specially-designed instruction and related services through an IEP.

There is no set, prescribed time that students should spend receiving services in any of the tiers, but if a child is receiving high quality instruction and not making progress within a short period of time, the decision to meet, review student progress data, and recommend either a change in Tier 1 or a move to Tier 2 interventions should happen within three to four weeks.

Parents will need to understand that monitoring RTI can take many different forms, but should be uniform for the class/school. It needs to account for how well the student is doing compared with other students, against a standard for achievement and against him/herself. Some students will demonstrate adequate learning but just at a slower rate; others, will struggle with both level and rate of mastery. Different decisions will be made for each of these types of students, and RTI allows for the flexibility in scheduling and access to school-based expertise that is needed to intervene as soon as possible.

As education is a states’ rights issue, each state interprets and applies RTI individually. Parents will need to understand how RTI works; they will need to know how to advocate for their child if they believe that the RTI process is delaying a full evaluation for special education services. The advocacy and support resources mentioned above are also essential for parental understanding of RTI.

To understand RTI better, this link should prove a valued resource:

<http://www.rtinetwork.org/essential/assessment/data-based/teamprocess>

For further parent information about RTI, suggest that they download the “NCLD Parent’s Guide to RTI” at <http://www.nclد.org/learning-disability-resources/ebooks-guides-toolkits/parent-guide-response-intervention>. A Spanish version is available at: <http://www.nclد.org/es/learning-disability-resources/ebooks-guides-toolkits/parent-guide-response-intervention>



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2. **Request/Referral for an Educational Evaluation**

A child can only qualify under the IDEA for special education services if that child is first given a full and individual evaluation; the public school system is required to provide the evaluation for free.

There are two ways the evaluation can be initiated:

- *Parents request the evaluation:* They need to call, email or write to their child's teacher, the principal or whoever heads the special education entity in their school district. Assure parents that the consent is *not* for special education placement, but only for evaluation. Remind the parent that they must sign a document of consent for evaluation. The parent's verbal approval (on the telephone phone or in a conversation) is not an official approval. Parents should ask school personnel for printed materials that explain the law, their rights with regard to special education, and the procedures and activities that take place as part of a comprehensive evaluation.
- *The school system may ask the parent for permission to evaluate the child.* The parent must give "informed written permission" before the evaluation can be administered. At this time, the parent should receive print information about parent and child rights under the IDEA. If the parent refuses to permit the evaluation, the school system may appeal the decision using the IDEA's due process procedures or mediation procedures (unless parents opt out of public school with home schooling or private school placement; in that case, the school system no longer has the right to appeal.)
- To insure that the evaluation process is conducted in a timely fashion, the IDEA mandates that a determination of eligibility must be completed within 60 days of receiving parent consent for evaluation. State regulations may vary with regard the specific time frame (i.e., business days, calendar days or school days) within which the evaluation and decision-making process must be completed, so families should be advised to request written guidelines form their school district or to seek clarification from their State Department of Education. This link to national state education agencies may be helpful.

http://wdcrobcolp01.ed.gov/Programs/EROD/org_list.cfm?category_ID=SEA

###

EDUCATION RELATED

THE EVALUATION PROCESS

1. **About the Public School Evaluation**

Under the IDEA, a child's first evaluation is required to be *full and individual*. It must gather academic, developmental and functional information about the child. The IDEA requires that...

"...the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified."

Both the IDEA and Section 504 mandate that a student be evaluated to qualify for services and protection under the law. In both cases, the evaluation must include a variety of assessment tools that will accurately demonstrate the child's specific areas of educational need. It is also to include other factors such as teacher recommendations, physical condition, social and cultural background, behavior, and any independent evaluations. The evaluation team is generally composed of a psychologist, a special education teacher and a social worker, but may also include as *needed*: an audiologist; a speech-language pathologist; and occupational or a physical therapist; a classroom teacher and others.

2. **A Private Evaluation**

There are two ways that students are evaluated privately. First, some parents can afford, and prefer to pay for, an outside evaluation. Once they receive the report, they can submit it to the school system for review and consideration.

The other way a private evaluation can be conducted is when a parent disagrees with the findings of the public school evaluation. In this case, they must request an *Independent Educational Evaluation* (IEE) conducted by a qualified professional not employed by the school system. Some IEEs are paid for *at public expense* on formal request; some are not, depending on the state and the circumstances. Once again, both parent and school system can exercise the right of due process about a request for IEE.

3. **Psychoeducational vs. Neuropsychological Evaluation**

Parents may ask the difference between these two kinds of testing. The answer they receive will depend on who they ask. The two types of testing may be compared in this way:

- The test batteries of the psychoeducational evaluation are not quite as comprehensive as those of the neuropsychological exam. The latter can provide more comprehensive information about planning instruction and intervention.
- The psychoeducational evaluation tends to focus on the demands of the classroom without a great deal of attention to the student's adaptive ability in social relationships with family, peers and community.
- The training of personnel performing psychoeducational evaluations is not always as rigorous as those performing neuropsychological testing, particularly in psychometric sophistication.



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- The psychoeducational evaluation does not assess the relationship between what might be occurring in the brain with learning traits and behaviors, while the neuropsychological does.

What is most important is to determine, in the most expeditious way, what specific needs a child has and how to address those needs in the most expeditious manner. Testing should be a part of the process, but not the sole determinant of LD status.

###

EDUCATION RELATED

EDUCATIONAL PLACEMENT DECISIONS: THE IEP PROCESS

Once a child has been evaluated the school must notify the parents (or guardians) about the results and any decisions that are made. If the parents disagree with any decisions the child's school makes, both the parents and the school have the right to use due process appeals or mediation to resolve any differences of opinion.

If a student qualifies for special education services, the child study team develops an IEP that they present to the parent at a formal meeting. The IEP is specific in objectives, special education service delivery model and related services, as well as in providing initial long term objectives relevant to the child's academic success. If parents agree, they sign the IEP and the program is provided.

The pediatric healthcare provider can help parents prepare for the IEP meeting by noting that the parent:

- Is an integral part of the IEP team and should be encouraged to participate actively.
- Is the person who can best personalize the child by mentioning strengths, talents, interests, and needs.
- Needs to keep focused on what he or she wants the child to achieve.
- Should ask questions and seek clarification.
- Bring a trusted person for support and to be another set of ears.
- If unable to make a final decision, may ask to take the IEP home to review and decide later.

The IEP meeting is usually attended by the psychologist who administered most of the testing, a special education teacher and a general education teacher; sometimes, a social worker who may have taken a social history with a parent prior to testing is also a participant. This can be an imposing group for a parent, which is why it is good to encourage the parent to bring another person for support. The agenda for the meeting is likely to include: the reason for referral; a review of the various components of the evaluation; a report of the findings of the evaluation; and, a recommendation (or not) for educational intervention, including related services (e.g., therapies, assistive technology, etc.). Everyone at the meeting will be asked to sign an attendance sheet; parents will be asked to sign off on the IEP if they agree with the recommendations.

If a child does not qualify for special education classification but is found to be in need of support, it may be appropriate for a 504 plan to be developed and implemented. (Note: 504 plans should not be considered as less valuable than an IEP; increasingly large numbers of schools and parents are opting for 504 plans, when appropriate, without compromise to the types and intensity of supports made available to students based upon evaluation data.)

To support parents planning to attend the IEP meeting, this link should be useful:

<http://www.nclد.org/students-disabilities/iep-504-plan/tips-for-successful-iep-meeting>

Special education services are individualized to meet the unique needs of students with disabilities and are provided in the least restrictive environment. Special education may include individual or small group



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instruction, curriculum or teaching modifications, assistive technology, transition services and other specialized services such as physical, occupational and speech therapy. These services are provided in accordance with the IEP, which is specifically tailored to the unique needs of each student.

You may wish to encourage parents to download the *IEP Meeting Planner* at this link:

<http://www.nclld.org/learning-disability-resources/ebooks-guides-toolkits/iep-meeting-planner>

A Spanish version is available at: <http://www.nclld.org/es/learning-disability-resources/ebooks-guides-toolkits/iep-meeting-planner>

Parents will also find this Glossary of Terms useful in dealing with school professionals.

<http://www.nclld.org/disability-advocacy/learn-ld-laws/idea/idea-words-terms-to-know>

###

EDUCATION RELATED

EDUCATION PROGRAM MODELS

The IDEA mandates that a student receive instruction in the *least restrictive environment* (LRE). This very important principle is based on the theory that, to the extent that students with disabilities are isolated from the general education mainstream, they are similarly limited in their aspirations, social acumen and academic outcomes. As program models become less restrictive, there is believed to be a secondary benefit, namely fewer stigmas attached to the special education identity in the school. Special education has several educational delivery models across a continuum from Least Restrictive to Most Restrictive. Students with LD generally receive services in the Central to Least Restrictive range on the continuum. They usually receive their special education in one of these five program models along the service delivery continuum (listed in order from least restrictive to most restrictive):

- *General Education with Testing Modifications Only*
These students may not have qualified under the IDEA but did qualify under Section 504. They receive no special education instruction or related services but they do qualify for testing modifications, including: extended time, testing in a separate space, use of a calculator, having directions and questions read aloud, etc.
- *General Education with Related Services Only*
The special education student remains in a general education classroom. The student may receive counseling, Assistive Technology or therapeutic services (e.g., physical therapy, occupational therapy, Speech/Language). These may be provided by “push in” (in the classroom) or “pull out” (outside of the classroom during or after school.) The student will have an IEP or a 504 plan.
- *The Inclusion Classroom*
Students with IEPs are placed in an Inclusion Class with a greater number of mainstream general education students. The disabled students are not identified as such. One general education and one special education teacher co-teach full time. Both teachers work with all students; the special education teacher includes the special education students in small group instruction with general education students who need the same skill learning. Some related service providers may also “push in” to the classroom, working with small groups including the students who receive the related service.
- *General Education with Resource Room Instruction*
The student is “pulled out” of the classroom for one or two periods daily to receive small group instruction from a special education teacher along with other students who have IEPs.
- *The Self-Contained Classroom*
All of the students in the class have IEPs and have qualified for special education services. The teacher is a special education teacher. The methods used are specialized. The child is in the class full-time.

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EDUCATION RELATED

EVIDENCE-BASED INSTRUCTIONAL INTERVENTION

There is frequent mention of research supported, or evidence-based interventions (EBI) throughout the RTI and the educational placement process. Parents are not likely to be familiar with this terminology which is used widely among the healthcare, psychology and, now, educational professions. It would be useful to mention to parents that EBI for students with LD are instructional methodologies and strategies that have been proven effective (to some degree) through researched evaluation. As such, EBI strategies are likely to be effective in changing target behavior if implemented correctly. While there has been a great deal of intervention research and general discussion since EBI was adopted by the education community in the 1990s, the development of an agreed upon “list” of EBI has not yet occurred.

As healthcare practitioners, you know that EBI is a very good place to start, but it requires a significant body of work constructed within strict guidelines. The educational body of research has not yet reached the critical mass required for EBI but research continues. In the meantime, there is a wide variety of “best practices” being implemented across all subject and learning skill areas to provide students with LD with significantly improved instruction.

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EDUCATION RELATED

ASSISTIVE TECHNOLOGY FOR STUDENTS WITH LEARNING DISABILITIES

Assistive Technology (AT) for students with LD is any device, equipment or system that allows an individual with LD to compensate for a specific learning deficit. AT can help a student achieve because it allows her/him to capitalize on her strengths while avoiding or bypassing areas of difficulty. AT and educational software can also be used to remediate academic skills; a secondary benefit for the student is increased independence with school work. The purpose of the AT is to “level the playing field” for the student with LD by providing access to learning equal to that of students in the mainstream.

AT devices that are particularly helpful for students with LD include the following:

- Audio Books
- Dictating software (converts dictation to print text)
- Software for executive functioning assistance (e.g., calendar, schedule, task list, etc.)
- Proofreading programs (for spelling, grammar, punctuation, etc.)
- Electronic math work sheets
- Graphic organizers
- Optical character recognition (OCR) (scan text to read aloud)
- Tape recorders and calculators

If a student’s evaluation, and subsequently his/her IEP, mandates the use of AT, the school system is responsible for the cost. Parents may find the fact sheet about assistive technology from “IDEAs that Work” useful. The link is provided in the References below.

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EDUCATION RELATED

REFERENCES

“Assistive Technology Solutions: Fact Sheet.” http://www.fctd.info/assets/assets/21/AT_solutions-may2012.pdf?1338562550

“IDEA Words and Terms to Know.” NCLD Public Policy Team <http://www.nclد.org/disability-advocacy/learn-ld-laws/IDEA/IDEA-words-terms-to-know>.

“Section 504 and IDEA Comparison Chart.” NCLD Public Policy Team <http://www.nclد.org/disability-advocacy/learn-ld-laws/adaaa-section-504/section-504-IDEA-comparison-chart>

“Home Schooling and Learning Disabilities.” Sheldon H. Horowitz, Ed.D. <http://www.nclد.org/students-disabilities/finding-school/home-schooling-learning-disabilities?start=1>

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AGES AND STAGES

LD ACROSS THE DEVELOPMENTAL CONTINUUM

The needs of children and youth with learning disabilities change as children mature. Similarly, because school poses different cognitive and skill demands at different developmental stages, the same child or adolescent will present with some different symptoms of the learning disability as he/she grows up. For this reason, in this chapter, the information about how to clinically assess, treat, monitor and speak with parents and their children with LD is divided into four broad age groups detailed below.

CONTRIBUTORY FACTORS

There is not yet reliable proof of what causes learning disabilities. However, research has supported the existence of contributing factors to LD that should serve as alerts to the pediatric healthcare provider. For this reason, you may wish to add these potential contributory factors to your health history protocol:

- Family history of learning disabilities*
- Injuries and long-term illnesses affecting neurological development
- Parental substance abuse
- Poor prenatal medical care and nutrition
- Prenatal injury or delivery complications
- Exposure to environmental toxins such as lead or toxic mold
- Abuse or neglect

*It should be noted that a parent with a learning disability may be unaware of its existence. Often, after a child is evaluated with LD, parents suddenly realize that their own lifelong struggles with learning might be attributed to an undiscovered learning disability.

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AGES AND STAGES

ABOUT “AT RISK” AND DELAYED INFANTS AND TODDLERS BELOW AGE THREE

At the current time, there is no proven way to assess an impending learning disability in infants and toddlers below age three. We do know that children with an array of symptomology in the first three years of life can be identified as “at risk” for learning problems later. There is federal legislation to provide early intervention (EI) services to infants and toddlers who are “*evaluated and deemed to have a diagnosed physical or mental condition (with a high probability of resulting in a developmental delay), an existing delay or a child who is at-risk of developing a delay or special need that may affect their development or impede their education.*” The purpose of EI is to lessen the effects of this disability or developmental delay. Early intervention services are designed to identify and intervene with children below age three who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following five areas:

- Physical development
- Cognitive development
- Communication
- Social or emotional development
- Adaptive development

EI services are child and family centered, providing a high level of support for the child and the families as part of its comprehensive services.

EI programs are funded under the federal Individuals with Disabilities Education Act (IDEA), Part C, The Program for Infants and Toddlers with Disabilities. This is a federal grant program that helps states establish comprehensive statewide programs of EI. States have some discretion in setting the criteria for child eligibility, including whether or not to serve children deemed “at risk.” As a result, definitions of eligibility differ from state to state. When children turn age three, they must make the transition, if qualified, to early childhood special education services. The pediatric healthcare provider is pivotal in raising parent awareness about the existence of EI services. These programs and services have proven to be most effective when the child starts them as soon as the delay or disability is identified. You may refer parents for screening or evaluation for EI services using a list of EI Part C coordinators for each state that can be found here <http://ectacenter.org/contact/ptccoord.asp>.

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AGES AND STAGES

EARLY CHILDHOOD (AGES THREE AND FOUR)

LD is rarely diagnosed in children ages three and four, which is appropriate given that they have not yet been exposed to structured learning situations nor are they often developmentally ready to engage in learning basic skills that are evaluated later as characteristic of children with LD. Unfortunately, many children encounter years of school failure and frustration before the LD classification is established. During these early years, the pediatric healthcare provider who is most effective is one who is alert to risk factors and “red flag” behaviors that may be evidence of LD. While the presence of risk and alert factors at this early stage does not necessarily predict that a child has a learning disability, it may indicate a need for additional screening or evaluation. It certainly indicates the need for watchful monitoring and providing informal experiences, particularly geared toward vocabulary learning, rhyming, counting and other pre-academic readiness skills as the child grows older.

1. Clinical Assessment

During regularly scheduled appointments, the pediatric healthcare provider may wish to observe and ask about a young child’s skills and behaviors as part of the clinical assessment. In this section, you will find an array of “red flags.” The more of these you check, the more you may assume that a referral for screening and/or evaluation is needed. Often, the parent brings concerns to the pediatric office. The conversation may sound like this.

To the Parent: “You seem to have some concerns about ____’s development. If you’re willing to answer some specific questions, I may be able to suggest something we can do about those concerns.”

a. Language Development

Many pre-school age children who begin their school journey with delays or disorders in the area of language are later classified with a specific learning disability. It is important not to overlook this “red flag.”

To the Parent: “Let’s see if we can identify some things about your child’s language that we may be able to get some help with.

(Select among these factors to probe.)

- Delays in speaking
- Difficulty modulating voice
- Trouble naming people or objects
- A tendency to invent words
- Trouble re-telling a story
- Difficulty using precise terms
- Has limited interest in books/stories
- Is unable to rhyme words
- Trouble understanding/following directions
- Halting speech (inserting *uh, um, er, ya’ know*)
- Trouble staying on topic
- Often mispronounces words that should be familiar

b. Gross and Fine Motor Movement

To the Parent: “Think about the way she or he uses his body to move or to do things.”

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- ☞ Awkward/clumsy movement
 - ☞ Delayed in motor skills (e.g. skipping, hopping)
 - ☞ Trouble with self-dressing (buttons, zippers, hooks, snaps)
 - ☞ Awkward or unable in grasping pencils, crayons, scissors
 - ☞ Resists writing or drawing activities
 - ☞ Difficulty managing tasks that have small pieces (e.g. puzzles)
- c. Pre-Reading Skills
To the Parent: *“There are some skills that prepare young children for learning to read.”*
- ☞ Confuses similar looking letters (e.g., b/d, p/q, w/m)
 - ☞ Confuses similar looking numbers (e.g., 6/9)
 - ☞ Unable to name letters of the alphabet
 - ☞ Difficulty retaining new words
 - ☞ Unable to associate letters with the sound(s) they make in words
 - ☞ Trouble distinguishing between two letter sounds (e.g., p/b)
- d. Math-Related Skills
To the Parent: *“There are also some skills that help young children learn math. For example, is your child able to...”*
- ☞ Count numbers in sequence
 - ☞ Count objects
 - ☞ Understand one-to-one correspondence of an object to a number? (e.g., one marble, two marbles, etc.)
 - ☞ Understand the passage of time
 - ☞ Tell time
- e. Writing Skills
To the Parent: *“How about writing or drawing. Does she or he use pencils or crayons? Does she or he seem to enjoy using writing instruments? Does she or he...”*
- ☞ Have delays in writing or copying
 - ☞ Have trouble remembering the shapes of letters and numerals
 - ☞ Frequently reverse letters, numbers or familiar symbols
- f. Social/Emotional Skills
To the Parent: *“Does your child...”*
- ☞ Have difficulty joining individuals or groups of children in play
 - ☞ Have unusual difficulty with self-control when frustrated
- g. Attention
To the Parent: *“In regard to attention...”*
- ☞ Can he/she play with one toy or activity for a reasonably long time?
 - ☞ Can he/she follow directions if you ask her to do something for you?
 - ☞ Does he/she like being read to? Is he/she able to pay attention throughout a short book?

The structure of the Early Childhood Observation and Rating Scores (ELORS) can assist a parent’s observation of his/her child. You may wish to print this for the parents.

http://www.getreadytoread.org/images/content/downloads/ELORS_forms/2606_parent_childform2010.pdf

2. Referral and Intervention

The more risk characteristics identified in the above clinical interview questions, the more likely it is the child is at risk for (or shows signs of) learning disabilities. The next steps are provided here:

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a. Vision and Hearing Examinations

Deficiencies in vision or hearing must be ruled out as the reason(s) for unexpected delays or failure in learning in order for a child to be classified as having a Specific Learning Disability (SLD). Of course, some children have both LD and hearing and/or vision problems. It is always wise, if the presenting symptoms can be related to either vision or hearing, that you consider referral for exams for either or both.

b. Referral for Screening or Evaluation

The Education Related chapter explained the evaluation process under the provisions of the IDEA. Parents may request that their child be evaluated any time there is cause for concern. It is valuable if the pediatric healthcare provider prepares the parent for the process.

c. Talking to Parents About a Referral for Screening or Evaluation

- 1) If the child attends nursery school, determine if school personnel have expressed concerns. Inquire about the specific concerns.

“You mentioned that the teacher had some concerns. What were those? What do you think of what they said?”

“Do you have concerns of your own? What are they? Have you told your child’s teacher about your concerns? What did the teacher say?”

- 2) Inquire about the parent’s own thoughts about the matter.

“It must be frustrating to be concerned about your child and not knowing what to do. How do you manage that frustration when you are with your child?”

- 3) Explain the reasons why you think referral is a good idea.

“At this young age, it is difficult to separate delayed development from something longer lasting. There are proven interventions to help your child advance now. Before you can get them, you have to have him/her screened or evaluated by the local school system. Are you willing to do that?”

- 4) Help the parent determine the best evaluation path to take – a public school evaluation (usually psychoeducational) or a private evaluation (neuropsychological). (See Education Related chapter)

- 5) Explain the screening and evaluation process. (See Education Related chapter) Acknowledge that it could take as long as 60 school days.

“This evaluation will require paperwork and several meetings before you get any answers. This may cause you to worry or feel anxious – that’s normal. At the same time, I hope you’ll remember that you are moving ahead in finding ways to help your child and the earlier you do that, the better his/her chances of moving ahead, too.”

At the end of this chapter are links to reproducible materials that help parents prepare for and organize the evaluation experience.

3. Post-Evaluation Monitoring

a. Interpreting the Evaluation

As mentioned earlier, it would be unusual for a three- or four-year old to be evaluated for a learning disability. However, if the child qualifies for educational services and an IEP under the IDEA, parents will return post-evaluation with a number of concerns.

After the evaluation is complete and the IEP meeting is held, parents should have received an explanation of what the findings mean. This does not mean that parents don't have further questions, but sometimes they need help framing those questions. It might be useful to ask:

"Now that the evaluation is finished, can you tell me what your understanding is of the findings of the evaluation?"

"Is there any part of that that you don't understand? Maybe I can help you put together some additional questions to go back and ask."

b. Parents' FAQs: About the Classification for EI

- 1) Will this classification of my child's eligibility for EI appear on school records? Will that be harmful to my child in the future?

"A classification for special services is not included in the school record. I am not even required to disclose it on your child's health forms for school. The classification just enables your child to get the services that are needed."

- 2) What is the medical reason for a learning disability?

"Science is still researching that; we have no easy or sure answer. It is probably a combination of causes. What is most important now is that we concentrate on how your child is learning and improving. In the end, this is what will count."

- 3) Parents may inquire about which parent's DNA is more likely to have 'caused' the disability. A disability classification can cause great blaming stress between parents.

"There is often a genetic link, particularly if a parent, parents or extended family members (aunts, uncles, cousins) had a similar problem at this age. There are so many traits and conditions that children inherit from their parents; there is no value to your child in talking about blame. I can tell you this; you will [both] need to work [together] to support the best interests of your child to help him/her succeed. I know that is what you [both] want."

- 4) Parents can be frustrated by the lack of a uniform, predictable trajectory for the child and the family as a result of the classification. They are robbed of their idealization of the future for the child by a reality that feels uncertain, at best, and more often, overwhelming.

"It must be stressful not to know what this classification means for your child's future. Of course, all parents have dreams of what the future will be for their children... and you may not be able to see that dream right now. But, your child has the potential for a bright future, especially because you have worked to get him/her help at such a

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young age. Effective intervention has huge impact and children change over time due to maturity and the typical developmental course. We know from research that setting high, realistic expectations and keeping close and ongoing communication and partnership with the schools is what works best. ”

- 5) Parents don't know what to tell inquiring family and friends about the classification.
“You know your family and friends well enough to know who can be most helpful to you and who cannot. Make smart choices and be as honest and open as you can be with family and friends who will support what you are doing and who will be as hopeful about your child as you are trying to be. Remember to emphasize your child's strengths and the positive traits your child has.”
- 6) Parents may need help in understanding that their own perceptions of the disability influence the way the child feels about the disability. These parents may need help managing their own feelings (e.g., guilt, shame, fear, anger) so that the child does not internalize them.
“Sometimes we think three- and four-year olds are unaware of our grown-up thoughts and feelings, but they are not. They sense what you feel and they think that somehow those feelings are their feelings. If you feel guilt or shame your child will feel that, too – and those kinds of feelings don't help. If you let your child feel your pride in his/her efforts and accomplishments, she or he will feel that, too. A lot of this is up to you.”
- 7) Parents may have to learn how to build a support network relative to their child's needs.
“I have seen parents learn a lot and feel better when they join organizations with other parents having the same experience. There are local chapters of national organizations for parents of children with LD (or AD/HD). Also, you can see what kind of parent organizations are available in your school. Think about joining at least one of these.”

Organizations and online blogs for parents of children with LD are provided at the end in the Resources section.

4. **Child Care and Transition to Kindergarten or First Grade**

Parents with children receiving early intervention or pre-school instruction need to know what will happen as their children turn five and become ready for kindergarten or first grade:

- a. The pre-school program will assist the parent with the child's transition to kindergarten, usually in their home school district. This may require a review of the evaluation or a new evaluation. It may require a new IEP meeting in which it will be determined if services need to be continued. If services continue, the parent continues to have the right to sign approval before the child receives the services.
- b. A general health screening will probably be needed for the child to enter kindergarten. If a vision or hearing screening has not been conducted, and there is any clinical evidence that either or both is needed, the pediatric healthcare provider should suggest referral.
- c. An evaluation of a child's nutrition may be indicated.

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- d. If a parent wants to prepare his/her child to learn to read, they can help by:
 - 1) Having the child recall a story or TV show and retell the story in sequence
 - 2) Reading to the child daily and talking about characters, events and settings in the book
 - 3) Taking children to visit places – museums, farms, zoos, playgrounds, sightseeing – that will expand their vocabulary and experiences in the world
 - 4) Singing songs with words that tell a story and then talking about that story
 - 5) Encouraging children to express their needs and ideas
 - 6) Visiting the Get Ready to Read! (www.grtr.org) website and using activity cards to initiate and guide play and experiences.
- e. If a parent wants to prepare their pre-school child for math learning they can:
 - 1) Talk about math ideas like greater than, less than, lighter than, heavier than, the same as, etc.
 - 2) Help him/her recognize and write numbers
 - 3) Have him/her count objects at home
 - 4) Teach him/her to tell time to the hour and half hour
 - 5) Ask him/her to identify shapes, colors and patterns in his/her environment
 - 6) Have him/her reproduce shapes and copy words
 - 7) Show children how to use thermometers and other measuring tools like rulers, cooking measures, etc.
- f. Children making the transition out of pre-school will need to adjust to new behaviors that parents can help them master before they move on. Among these are:
 - 1) To pay attention for longer periods of time.
Parents can observe the toys, games, and activities that the child prefers and spends longer periods of time on. Introducing these into some part of the child's free and natural playtime might help to extend attention.
 - 2) To go to school for a full day.
Parents can establish an earlier and earlier bedtime schedule during the last month of summer so that a child's bedtime routines are established when they start kindergarten or first grade. A child accustomed to an afternoon nap should be phased out of that nap.
 - 3) To organize themselves and their belongings.
Parents can establish routines for clean-up and organization of toys and books at home. Remind parents that children with special needs function best in an organized home with well-established routines.
 - 4) To move from one activity to another more efficiently.
Encourage parents to practice transitioning at home with an eye on the clock and reducing the time it takes for the child to move to another task. Moving from play to lunch, from the bath to tooth brushing, from reading to bed, etc. Most kindergarten or first grade transitions from lesson to lesson are about one minute long.
 - 5) To work with less adult supervision.
Parents can reward children for independent completion of small tasks/chores in the home (e.g., setting the table, making their beds, etc.).



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- 6) To demonstrate positive pro-social peer interaction skills.
Parents can encourage children to take turns in play, share toys and books, listen to peers and other peer interaction skills they need to get along in school.

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AGES AND STAGES

CHILDHOOD (AGES SIX TO 12)

Learning skill demands become more challenging with each passing grade. This is typically when learning disabilities first become apparent. It is a critical time during which the pediatric healthcare provider can be most effective in assessing if further screening and/or evaluation are needed. Some of the following questions along with clinical observation of children ages six to 12 may make the difference for a child whose LD has not yet been determined.

1. Clinical Assessment

Often, parents inform a pediatric healthcare professional of problems a child is having in school or the parent's own continuing concerns about the child's development. In this section, you will find an array of "red flags" for children ages six to 12. The more of these you check, the more you may assume that a referral for screening and/or evaluation is needed. The conversation may sound like this.

To the Parent: "How is _____ doing in school? What subjects does he/she do well with? Is there a subject(s) he/she is having trouble with? You sound concerned. I can ask some specific questions that may help us to understand if there is something we can do about those concerns. Is that OK?"

a. Language Development

To the Parent: "Let's see if we can identify some things about your child's language for which there may be help." (Use selected bullets to probe.)

- Trouble modulating voice
- Uses invented words in place of actual words
- Has poor grammar
- Misuses words in conversation
- Has difficulty re-telling a story
- Is unable to use precise terms
- Tends to inserting incorrect words in place of a word that sounds similar
- Has trouble understanding/following directions
- Speaks with halting speech (inserting uh, um, er, ya' know)
- Has difficulty staying on topic
- Mispronounces words
- Can't understand idioms, proverbs, humor or puns
- Confuses one word with a similar sounding word

b. Gross and Fine Motor Movement

To the Parent: "Think about the way she or he uses his body to move or to do things."

- Trouble with games/activities that required eye-hand coordination
- Has awkward/clumsy movement
- Has delayed motor skills (e.g., skipping, hopping)
- Is unable to self-dress (e.g., buttons, zippers, hooks, snaps)
- Has trouble grasping writing instruments

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- Has difficulty with writing or drawing activities
 - Unable to complete tasks that have small pieces (e.g., puzzles, Legos)
 - Unable to use instruments that require precision (e.g., scissors)
- c. Reading Skills
- To the Parent: *“Is _____ reading on grade level? Do you have any concerns about his/her reading?”*
- Delays in learning to read
 - Loses place often while reading
 - Unable to understand what he/she has just read
 - Trouble sounding out new words
 - Reads too slowly to enjoy reading
 - Inserts/omits words while reading
 - Confuses similar looking letters (e.g., b/d, p/q, w/m)
 - Confuses similar looking numbers (e.g., 6/9)
 - Unable to name all the letters of the alphabet
 - Quickly forgets new words
 - Unable to associate letters with the sound(s) they make in words
 - Difficulty understanding the difference between two letter sounds
 - Trouble blending isolated letter sounds into short words
- d. Math Skills
- To the Parent: *“How about math. Is your child on grade level in math? Is he/she having problems with...”*
- Recognizing quantities without counting
 - Memorizing basic math facts (e.g., 2+5, 8-4, “times tables,” etc.)
 - Estimating
 - Comparisons (more than, smaller than)
 - Strategic counting principles (e.g., by 2s, 5s, 10s)
 - Aligning numerals on the page for computation
 - Counting numbers in sequence
 - Counting objects
 - Understanding the passage of time
 - Telling time
- e. Writing Skills
- To the Parent: *“Sometimes children in the elementary grades resist writing because it takes a lot to get their thoughts organized and then to use their skills at the same time. Do you see any problems with...”*
- Messy or illegible writing
 - Copying accurately
 - Spelling accurately and consistently
 - Proofreading and self-correcting
 - Preparing outlines for writing
 - Organizing ideas for writing
 - Writing incompletely or too briefly

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- ☞ Resisting writing activities
 - ☞ Remembering the shapes of letters and numerals
- f. Social/Emotional Skills
- To the Parent: *“Does your child have friends? Is there anything about your child’s friendships that concerns you? Does he/she have a hard time with...”*
- ☞ Joining individuals or groups of children in play
 - ☞ Self-control when frustrated
 - ☞ Sensing other people’s moods or feelings
 - ☞ Dealing with group pressure
 - ☞ Dealing with embarrassment
 - ☞ Dealing with unexpected challenge, such as not being able to share a play agenda successfully or misunderstanding social situations
 - ☞ “Reading” other people’s facial expressions, body language, tone of voice
- g. Attention
- To the Parent: *“Is your child able to sit still long enough to complete homework? Are there any concerns about his/her ability to pay attention? For example... does he/she have trouble with...”*
- ☞ Sustaining attention throughout work or play tasks
 - ☞ Following through on instructions,
 - ☞ Organizing tasks and activities
 - ☞ Losing or misplacing needed things
 - ☞ Ignoring outside distractions when he or she is supposed to complete a task
 - ☞ Remembering all of the steps needed to complete daily/routine tasks
 - ☞ Finishing homework, chores, daily tasks

2. Referral and Intervention

- a. Referral for Screening or Evaluation
- In the Education Related chapter, the evaluation process under the provisions of the IDEA was explained. Parents may request that their child be evaluated any time there is cause for concern. It is valuable if the pediatric healthcare provider prepares the parent for the process. These “talking points” should prove helpful.
- b. Talking to Parents About a Referral for Screening or Evaluation
- 1) Determine if school personnel have expressed concerns. Inquire about the specific concerns.
“Have you met with your child’s teachers? Have they expressed any concerns they have about your child’s learning? What did they say? Did they try anything special to help? How did that work? What do you think of what they are trying?”
 - 2) Inquire about the parent’s own thoughts about, and response to, the matter.
“What have you been thinking about this?”
“It must be frustrating being concerned about your child and not knowing what to do. How do you manage that frustration when you are with your child?”
 - 3) Before suggesting an evaluation, ask what actions the parent/parents has/have taken to discover and address areas of concern. Have they met with school personnel? Have they asked what specific interventions have been, or could be, used to address

the concern? Have they asked to see any monitoring data that has been maintained about the child's progress?

- 4) If interventions have not been effective, explain the reasons why you think a formal evaluation is timely and a good idea.

"If you have concerns or the teachers have concerns, and intervention has not worked, there is no benefit to wait any longer. There are proven ways to help your child learn now. First, we would have to have him/her evaluated. Are you willing to do that?"

- 5) Help the parent determine the best evaluation path to take – a public school evaluation (usually psychoeducational) or a private neuropsychological evaluation. (See Education Related chapter)

- 6) Explain the process. Acknowledge that it may take as many as 60 school days to complete the process.

"This evaluation will require paperwork and several meetings before you get any answers. This may cause you to worry or feel anxious – that's normal. At the same time, I hope you'll remember that you are moving ahead in finding ways to help your child and the sooner you do that, the better his/her chances of moving ahead, too."

At the end of this chapter are links to reproducible materials that help parents prepare for and organize the evaluation experience, learn about their rights and understand the evaluation process.

3. Post-Evaluation Monitoring

a. Interpretation of the Evaluation

Once a child is classified with a specific learning disability eligible for special services, a meeting will be scheduled to develop an IEP as mandated by the IDEA or a 504 plan as mandated by civil rights law. Parents may receive a copy of the evaluation report prior to the meeting and may appear in the pediatric office with a number of questions about the report. Even after the IEP meeting, when service recommendations are made, parents may want to discuss their evaluation with a pediatric healthcare professional.

After the evaluation is complete and the IEP meeting is held, parents should have received an explanation from the testing team of what the findings mean. This does not mean that they don't have further questions, but sometimes they need help framing those questions. It might be useful to ask:

"Now that the evaluation is finished, can you tell me what your understanding is of the findings of the evaluation?"

"Is there any part of that that you don't understand? Maybe I can help you put together some additional questions to go back and ask the evaluation team. It is important that you understand the report and school personnel are required to explain details and answer questions in ways that you can understand."

b. Parents' FAQs: About the LD Classification

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- 1) Will this classification of my child's eligibility for EI appear on school records? Will that be harmful to my child in the future?
"A classification for special services is not included in the school record. I am not even required to disclose it on your child's health forms for school. The classification just enables your child to get the services that are needed."
- 2) What is the medical reason for a learning disability?
"Science is still researching that; we have no easy or sure answer. It is probably a combination of causes. What is most important now is that we concentrate on how your child is learning and improving. In the end, this is what will count."
- 3) Parents may inquire about which parent's DNA is more likely to have 'caused' the disability. A disability classification can cause great blaming stress between parents.
"There is often a genetic link, particularly if a parent, parents or extended family members (aunts, uncles, cousins) had a similar problem at this age. There are so many traits and conditions that children inherit from their parents; there is no value to your child in talking about blame. I can tell you this; you will [both] need to work [together] to support the best interests of your child to help him/her succeed. I know that is what you [both] want."
- 4) I'm so worried about the future. Will my child grow up and succeed/go to college/have a job? (Parents are usually frustrated or confused by the sudden lack of a uniform, predictable life trajectory for the child as a result of a disability classification. Without their previously-held idealization of the child's future they can only envision a future that feels uncertain, at best).
"It is stressful not to know what this classification means for your child's future. Of course, all parents have a dream of what the future will be for their children... and you may not be able to see that dream right now. But, your child has the potential for a bright future, especially because you have worked to get help for him/her right now."
- 5) I don't know what to tell grandparents, aunts and uncles and good family friends.
"You know your family and friends well enough to know who can be most helpful to you and who cannot. Make smart choices and be as honest and open as you can be with family and friends who will support what you are doing and who will be as hopeful about your child as you are. Also, remember the strengths, talents and wonderful traits your child has when you talk to others about him or her."
- 6) Parents may need help in understanding that everything outside the child becomes part of the inside of the child; that is, parents need to learn how to manage or reverse their own feelings (e.g., guilt, shame, fear, anger) so that the child does not internalize them.
"Sometimes we think children are unaware of our grown-up thoughts or feelings, but they are not. They sense what you feel and they think that somehow those feelings are their feelings. If you feel guilt or shame your child will feel that, too – and those kinds of feelings don't help. If you let your child feel your pride in his/her efforts and



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accomplishments, she or he will feel that, too. A lot of this is up to you."

- 7) Parents may have to learn how to build a support network relative to this child's needs.

"I have seen parents learn a lot and feel better when they join organizations with other parents with children like yours. You may want to look into some of these."

4. **About Teachers and Schools**

An important distinction exists between having a learning disability and being classified as learning disabled and eligible for services. Some children, over the course of their school lives, are in and out of eligibility for special education services. This does not mean that the learning disability disappears and then comes back. Be clear with parents that there is no "cure" for a learning disability. A conversation with parents may resemble this:

"You tell me that your child has been "decertified" (or "declassified") from special education service eligibility. The good news is that, for now, your child has probably developed an effective set of adaptive skills that enable him to manage school and learning without supportive services. That's great! However, please bear in mind that the learning disability has not gone away."

Let parents know that, any time after the decertification, they may request a reevaluation if they notice that the child is showing evidence of needing the special services. Evidence may include: falling grades and achievement in school; a new aversion to attending school; a new anxiety about school; failure to complete homework; behavior changes in school and/or at home; or, depression.

"There may be a time, later in school, when a new set of learning challenges will require special education services again. Neither you nor your child should believe, when that time comes, that you have failed or regressed. Some students move in and out of classification for services as they mature. What is important is that your child is supported by services, when needed, to achieve his/her full potential. You can ask for a reevaluation for services any time you are concerned that your child is not doing well in school."

Parents usually become the strongest advocates their children have. Securing services can be complicated; maintaining the quality of education and support from year to year is challenging. The pediatric healthcare professional can be helpful to a parent by clarifying their most effective roles in regard to their child's education. Should you see a parent struggling to define the most effective kind of involvement, this role definition may prove helpful. Proven and effective parent involvement in a child's education includes:

- a. **Effective Parent Involvement Roles**
 - Learning their rights under the IDEA and getting involved in all decisions that are mandated to include parents
 - Maintaining regular communication with teachers and other key school personnel
 - Participating in planning of the IEP

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- Monitoring a child's progress over time using the IEP or the 504 plan for reasonable accommodations and other supports as a guide to what was planned vs. what was achieved
- Keeping organized files and records, including a log of phone calls, who they speak to and what was discussed. If appropriate, they should keep one separate notebook for each child
- Confirming that related services are provided in a timely fashion and with the frequency agreed upon at the special education committee meeting
- Monitoring that reasonable accommodations indicated on the IEP are being granted
- Making it clear to the child that school and learning are important priorities that come with parental expectations of effort and finishing tasks
- Speaking to the child after school each day
 - Find out: if there is homework; if the child understands the assignments; and, what the child learned that day
 - Ask about friends in school, if there were any problems today
- Calling, emailing, or making an appointment with the teacher if a child reports a problem; getting both sides of the story before jumping to conclusions
- Creating an organized home; children with LD need order and routines
- Designing a dedicated space to do homework that is free of distractions and equipped with the "tools" of homework and learning (e.g., pencils, pens, scissor, stapler, paper, tape). Make sure there is adequate light and a comfortable chair.
- Making it clear to your child that you are available for questions while he/she does homework; monitoring homework completion daily
- Teaching your child how to stay organized. This includes: the desk, the school backpack; and, personal spaces (e.g., dresser drawers, clothing closets, play areas, etc.)
- Encouraging daily reading for pleasure; being a good reading role model by making reading a family activity

The parent role is demanding. You may wish to support them by providing information about homework, reasonable accommodation, maintaining records, and more by printing one or more of the articles provided in References at the end of this chapter.

5. Talking to Children Ages Six to 12 about Learning Disabilities

Unfortunately, some parents choose to keep the learning disability a "secret" from their child. It has been well documented, however, that children know something is wrong and secrets kept may generate shame and low self-esteem, and later, delays in their readiness to self-advocate. Pediatric healthcare professionals can help parents of children ages six to 12 talk to them about a learning disability after a classification is determined.

For younger children in this age range, the explanation may need to be metaphoric; for children who are mature and around age 10 or older, a more direct explanation using the correct language may be best. The pediatric healthcare provider who becomes adept at explaining LD to children and their parents can allay fears, prevent misconceptions and ensure that the child embraces a positive outlook and healthy self-concept despite their struggles with learning.

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a. A Metaphoric Explanation of Learning Disabilities

Around age six or seven, children can learn about their learning disability with a metaphor that is vivid and relevant to their own experiences. For example, processing problems may be explained in terms of “delivering” bits of information to different parts of the brain and “picking up” the information when needed. When there is a lot of “traffic,” it may be difficult to remember or answer a question you think you ought to know. Sometimes, when you’re stuck in traffic, you have to go on a different road to get to your destination. That may take you longer, but you do get there. Similarly, children with AD/HD or impulsivity difficulties may be more effective managing impulsivity or hyperactivity if they are asked to slow down their “motors.” Metaphors such as these give the child the opportunity to strengthen self-awareness and self-monitoring.

“Talking to Children About LD” provides a metaphor explanation that you may find useful:
<http://www.ldonline.org/article/30521/>)

b. An Explanation of Learning Disabilities for Older Children and Young Teens

Children who are 12 and older need to understand why they struggle with learning so that they stop believing the struggle is a product of low intelligence. They know when they don’t learn as other children do; they know when they are being treated differently, too. It helps them to know why this is happening. Explaining a learning disability should be an open, honest and straightforward conversation that doesn’t get too technical but doesn’t use euphemisms either. The key talking points for such a conversation are these:

- 1) *Learning disabilities affect the brain's ability to receive, process, analyze or store information. These problems can make it difficult for a student to learn as quickly as others - but they have nothing to do with a person's intelligence. In fact, students with LD are bright, with average or above-average intelligence.*
- 2) *Knowing that you have a learning disability means you can get help that will enable you to be more successful in school. You will have to spend some time learning ways to work through and around your specific challenges but the time you spend can lead to success.*
- 3) *You are not alone; lots of students in your school have LD, even if they don't talk about it.*
- 4) *Having a learning disability usually means you have trouble with one or two subjects, but you're very good in some others. You should think about your success and strengths as much as you think about the challenges.*
- 5) *Your potential for the future is limitless; if you want something, you'll have to work hard for it, but you can achieve.*

Parents may find it helpful to give their school age children age-appropriate books to read. A Bibliography by age/stage can be found in the Resources section of the *LD Navigator*. Also, you may wish to print this shorter list and give it to the parent(s): <http://www.nclid.org/parents-child-disabilities/family-coping-ld/recommended-reading-children-ld>

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AGES AND STAGES

ADOLESCENCE (AGES 12 TO 18)

Adolescence is a time of identity formation, distancing from parents, and strong peer influence. Self-esteem, social acceptance and exercising power are emotional milestones in this stage. Affiliation with subgroups, looking good and “fitting in” are accompanied by action to gain independence. This can be a difficult emotional time for teens with LD. They may present with an emerging sense of inferiority about their learning and abilities. Those who take medication for AD/HD may wish to stop the medication; some may want to stop counseling or other therapies. Anxiety and depression may increase.

1. Clinical Assessment

It is possible for children to reach early adolescence without being identified with LD, particularly if the child has been hard working and able to achieve at high levels in school. In middle school, high school and beyond, school success depends on increased and more complex homework, and the independence required to complete long-term assignments. Even the best “hidden” learning disability often becomes apparent at this stage.

Cognitively, teens are now capable of abstract thinking and formal operations; they should be aware of metacognition – thinking about how they think and learn. Questioning for clinical assessment can reveal symptoms that indicate the need for further evaluation. In adolescence, the clinical conversation is appropriately conducted with the adolescent.

To the Adolescent: “I know that you’re concerned about the difficulties you are having in school. It must get frustrating to work so hard and still not succeed. It seems like other students learn more quickly and don’t need to work as hard as you do. I’d like to ask you some questions to see if I can help you figure out what’s getting in the way. You may not believe me, but sometimes a problem gets easier if you talk about it.”

To the Adolescent: “In what subjects do you find success and good grades? Why do you think that is? In what subjects do you have the most difficulty? Do you know why? Let’s see if I can help you figure this out.”

a. Language

To the Adolescent: “Think about the subjects that have a lot of writing and speaking in class. Do you sometimes make oral presentations? Is it easy or hard for you to write or speak in class? Do you...?” (Select bulleted skills to probe.)

- Use invented words without meaning to
- Use poor grammar
- Misuse words in conversation
- Have trouble using precise language
- Insert incorrect words in place of a similar sounding word
- Have trouble understanding/following directions
- Have halting speech (inserting uh, um, er, ya’ know)

- ☞ Understand idioms, proverbs, humor or puns

- b. Gross and Fine Motor Movement
 - To the Adolescent: *“How is your handwriting? Do you get tired quickly? Do you have...?”*
 - ☞ Trouble with tasks or activities that require eye-hand coordination
 - ☞ Resistance to tasks that require writing or drawing
 - ☞ Messy or illegible handwriting
 - ☞ Trouble staying on the line

- c. Reading Skills
 - To the Adolescent: *“Are you satisfied with your reading skills? Are you able to keep up with the reading assignments from all of your classes? If not, what gets in your way? Do you read for pleasure? What kind of books do you like? Are you having any problems with...?”*
 - ☞ Reading on or near grade level
 - ☞ Losing place often while reading
 - ☞ Understanding what you read
 - ☞ Decoding new words
 - ☞ Reading too slowly to enjoy the reading
 - ☞ Inserting/omitting words while reading
 - ☞ Retaining new words
 - ☞ Feeling like you need to read and reread passages to understand the meaning

- d. Math Skills
 - To the Adolescent: *“Math gets more difficult as you get older. How are you doing in math? What gives you trouble?”*
 - ☞ Memorizing basic math facts/tables
 - ☞ Interpreting graphs and charts
 - ☞ Making calculations
 - ☞ Memorizing formulas
 - ☞ Estimating
 - ☞ Aligning numerals on the page in computation
 - ☞ Understanding the passage of time

- e. Writing Skills
 - To the Adolescent: *“Tell me how you feel about writing essays or research papers. What gives you trouble?”*
 - ☞ Copying accurately
 - ☞ Spelling accurately and consistently
 - ☞ Proofreading and self-correcting
 - ☞ Preparing outlines for writing
 - ☞ Organizing ideas for writing
 - ☞ Writing incompletely or too briefly
 - ☞ Resisting writing activities

f. Social/Emotional Skills

To the Adolescent: *“I’d like to ask you about your friends. That sounds like it has nothing to do with school, but problems with friends can affect your school success. Do you have friends you really enjoy? Think about what kind of friend you are:*

- Are you comfortable being with individuals or peer groups?
- Can you maintain positive social status in a peer group?
- Can you control yourself when you get frustrated?
- Can you sense other people’s moods or feelings?
- Do you know when you are being teased?
- Do you know what to do if you are being bullied?
- How are you at dealing with group pressure?
- Are you comfortable expressing your feelings?
- How do you deal with embarrassment?
- How do you deal with unexpected challenges?
- Can you evaluate your own social strengths or challenges?
- Do you doubt your own abilities?
- Do you give yourself credit for success that results from your own hard work?

g. Attention

To the Adolescent: *“Some very smart people have trouble with school because they lose focus in class. Does that happen to you? Some forget to write down assignments; others forget to hand them in. Does that happen to you? Some have trouble getting organized. Is that you?”*

- Can you maintain attention throughout work or leisure tasks?
- Do you follow through on instructions?
- Can you organize tasks and activities?
- Do you lose or misplace things often?
- Are you easily distracted by outside influences?
- Are you forgetful in daily, routine tasks?
- Do you finish homework, projects and chores regularly?
- Does it take you longer to get through a challenging task than it seems to take others because you have trouble sticking with it?

To the Adolescent (if referral for evaluation is appropriate): *“I have been listening closely. I really admire your courage and honesty in what you’ve told me. I feel that we’re circling in on some problems for which there may be solutions. If you are willing to go further to find out why you’re struggling, you might be able to be more successful in school and to get rid of some of your frustration and anxiety. There are tests you can take that will give us a better idea of what’s getting in the way of your learning. Once we know, we should be able to get you the right kind of help. Is this something you want to know more about? Would you be willing to take these tests?”*

2. Referral and Intervention

a. Referral for Screening or Evaluation

The Education Related chapter explained the evaluation process under the provisions of the IDEA. Parents may request that their children be evaluated any time they have a concern. It is valuable if the pediatric healthcare provider prepares the adolescent and the parent for the process. These talking points should prove helpful.

b. Talking Points for Adolescents About a Referral for Screening or Evaluation

- 1) Determine if school personnel have expressed concerns. Inquire about the specific concerns.
“Have any of your teachers spoken to you about your difficulties with school work? What did they say? Did they try anything special to help? How did that work out for you? Is there something else you would have preferred to try?”
- 2) Inquire about the adolescent’s own thoughts about the matter.
“What have you been thinking about this? It must be frustrating working so hard at some subjects and not getting the results you want.”
- 3) Explain the reasons why you think referral for an evaluation is a good idea.
“If you or your teachers have concerns, there is no need to wait any longer. There are proven ways to help you learn more easily. But, first you would have to have a series of tests to evaluate how you learn. Are you willing to do that?”
- 4) Involve both parent and adolescent in determining the preferred evaluation path to take – a public school evaluation (usually psychoeducational) or a private neuropsychological evaluation.
- 5) Explain the testing process. Acknowledge that it could take as long as 60 school days before it gets done.
“This evaluation will require paperwork and several meetings before you get any results. This may cause you to worry or feel anxious – that’s normal. At the same time, I hope you’ll remember that you are moving ahead to find out the best kind of instruction to help. The sooner you do that, the better your chances of moving ahead, too.”

3. Post-Evaluation Monitoring

a. Interpretation of the Evaluation

Once the adolescent is classified with a specific learning disability, a meeting will be scheduled for an IEP meeting under the IDEA. Parents are sometimes hesitant to allow the child to attend the meeting. Attending is an excellent opportunity for the teen to advance self-advocacy skills. Parents may need your encouragement to prepare the teen for the meeting and make sure that he/she attends.

Parents may receive a copy of the evaluation report prior to the meeting but may appear in the pediatric office, with or without the adolescent, with a number of questions about the report. Even after the IEP meeting, when recommendations for services are made, parents may want to discuss their experience with a pediatric health care professional.

After the evaluation is complete and the IEP meeting is held, both the parent and the adolescent should have received an explanation from the evaluation team of what the findings mean. This does not mean that they don’t have further questions, but sometimes they need help framing those questions. It might be useful to ask:

“Now that the evaluation is finished, can you tell me what your understanding is of the findings of the evaluation?”

“Did your child (the adolescent) attend the IEP meeting? Did she or he read the report or hear the

interpretation of the findings? If not, I believe this should be arranged. A teenager with LD should understand the kind of LD he/she has and what the professionals think she or he needs to learn better. He/she should also know the accommodations granted and the related services, if any. This is important to know for the future. Maybe you can arrange for that.”

“Is there any part of the report that you don’t understand? Maybe I can help you put together some additional questions to go back and ask the evaluators.”

b. Adolescents’ FAQs: About the LD Classification

- 1) If this evaluation goes into my school record will it prevent me from getting into a good college?
“Your special education records are separated from your other school records and released only if your parents sign approval; a college will never know unless you tell them. When you’re ready for college, we’ll talk about reasons for telling the college once you are there. We’ve learned so much about how successful people with all kinds of learning problems can become. Many students who have the same classification are now attending college and succeeding in life. What is most important is that you get the services that will enable you to succeed in school and later. And you’ve taken the first step to accomplish that.”
- 2) What is the cause of learning disabilities?
“Science is still researching the causes of learning disabilities. It is probably a combination of causes. What research has shown is that there are proven ways to treat it with instruction and related services. What is most important now is that we concentrate on how you can improve your learning. In the end, this is what will count.”
- 3) “Did I get this LD from my parents?”
“A genetic link often exists, especially if one of your parents or a close relative had similar difficulties in school. Sometimes, though, that individual never knew he or she had a learning disability. They only know that they struggled in school and didn’t know why.”
- 4) Will I be able to go to college and have a job?
“A learning disability has nothing to do with your intelligence or your potential. If you are willing to work hard, and you get special instruction as soon as possible, you can start to set your goals... and you can succeed in your life.”
- 5) Adolescents are often embarrassed by the classification and don’t know if they should tell friends, grandparents or siblings.
“Lots of people today know about learning disabilities, but some people will not understand. You know your family and friends well enough to know who will probably be most helpful to you and who will not be able to do that. Make smart choices. Tell the people who will support you and who will understand and encourage you. With them, tell the truth. Be as honest and open as you can. With those people who you think will not be helpful or understanding, you do not have to offer details. Just tell them that you are quite capable of learning but that sometimes you need more time on some assignments. Also, when it is necessary, be ready to tell them the specific kind of accommodation(s) you need to be successful. Some people don’t believe that learning disabilities are real; you’ll never convince them, but you should be prepared to hear that sometimes. You’ll have to ignore it; LD is very real for

you. Nobody has to prove it to you; nobody has to agree with you.”

- 6) Adolescents may react to the classification in three ways. They may deny that the LD classification is true. If this is the case, both parent(s) and child will need time to process the classification. On the other hand, they may be relieved to finally have a name for what has prevented them succeeding as they would have liked in school. A third reaction is that they may feel angry and frustrated that they struggled for all the prior years and nobody knew what the problem was. They may have long standing feelings of shame, anxiety, anger, fear of the future or guilt. If the parent or pediatric healthcare provider have any concern that the adolescent is fragile or overwhelmed with these emotions, a referral for counseling might be indicated.

4. **About Teachers and Schools**

The departmentalized structure of middle and high schools is challenging for adolescents with LD. In adolescence, the student usually wants a parent to be less involved. He/she may resent parent oversight of homework and long-term assignments, but at the same time, may have difficulty organizing and completing that kind of school work on time, if at all. If difficulties with Executive Functions co-exist with the LD, middle and high school demands can overwhelm even the most diligent student. Some of the issues that might arise for discussion in a pediatric office visit might include the adolescent's:

- Lack of organization
- Inability to initiate a task
- Difficulty with planning and setting priorities
- Ability to self-monitor
- Organization of information and materials
- Problems with time management
- Planning and setting priorities

If the adolescent has AD/HD co-existent with LD, he/she may also have poor impulse control, poor emotional control and a poor working memory. All of these skills are essential to a successful secondary education.

The pediatric healthcare provider can be most effective with the adolescent by encouraging parent and student to engage in an active dialogue with teachers to develop individualized, “best fit” strategies to address these learning needs. Parents can be encouraged to:

- Assess organization in the home; establish ‘a place for everything,’ family systems for initiating and completing household tasks and a requirement that all family members maintain order for the good of the entire family.
- Examine the adolescent's homework space to be sure that it is organized, neat, equipped with all necessary supplies, well lit, comfortable and free of distractions.
- Assess and strengthen the use of predictable routines and time management plans for every family member.
- Help the adolescent initiate long-term school assignments by setting priorities and planning the steps needed to complete the assignment. Then, though the student should work independently, the parent can monitor progress periodically by reviewing priorities and plans and seeing if the completed tasks coincide with the plan.
- Include time planning in homework and assignment planning. The student should estimate the amount of time each task of a project will require and prepare a work schedule that guarantees the project will be completed on time. In all cases above, provide clear and specific feedback.

If these tasks are overwhelming for parents who are working or who lack the personal skills needed, some parents who can afford it may hire subject tutors (e.g., math, reading, etc.) Most parents are unaware of Learning Specialists or Educational Therapists, tutors with special education LD and AD/HD training who use specialized strategies to help the student manage the learning disability to learn and manage schoolwork better. For parents who cannot afford private tutors, parents may be encouraged to seek free tutoring services in local colleges, churches, or community centers. Joining a local parent organization may also help them to locate free services. The pediatric healthcare provider can be helpful in suggesting how to locate tutors and in making the distinction between the two kinds of tutors when parents ask and choose to seek outside help.

5. Talking to Adolescents About Learning Disabilities

Adolescents need to have information about LD and a clear understanding of how its effects influence their school and outside lives. The information should be age-appropriate; give only as much the information as you think the adolescent can understand and manage. The basic explanation talking points are these:

- *A learning disability interferes with a person's ability to process, store, retrieve and produce information. It is a neurological condition; that means that it is happening in your brain. Let's go over the details:*
 - *Processing is what your brain does with information, how it hears it and thinks about it.*
 - *Storage is how your brain holds onto information.*
 - *Retrieve means how the brain takes various bits of information from where they are stored when your thinking needs those pieces of information.*
 - *Producing information is how your brain puts those pieces of information back together to respond to a question or solve a problem.*
- *LD does not affect intelligence. Most people with LD have average or above-average intelligence. It's just about how your brain works.*
- *Lots of other students in your school have LD; they may not talk about it, but you are not alone.*
- *People with LD can learn and can succeed. There are lots of successful people with LD in all kinds of careers and lifestyles.*
- *There are special learning methods that can help you manage your LD better and do well in school.*
- *Learning disabilities can affect a person's ability to read or write, to speak or spell, to do math computation. It can also affect a person's attention, memory, coordination, social skills and emotional maturity. Let's talk about what you think your LD affects in your learning and your life.*

A Bibliography is found in the Resources section of the *LD Navigator*. Also, these teen-appropriate books, both fiction and non-fiction, may help adolescents to further their knowledge and understanding of their own learning disabilities: <http://www.nclد.org/parents-child-disabilities/teens/recommended-reading-teens-with-ld>

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AGES AND STAGES

TRANSITION TO ADULTHOOD (AGES 18 TO 21)

1. Clinical Assessment

There is a relatively small percentage of individuals with LD who complete the K-12 school years without ever being evaluated, diagnosed, or provided specialized services. For that small percentage, it is likely that they were very hard working, may have had tutors and also had very involved parents. As these same students prepare to move on to college, career training, or employment, they often are unaware of the even greater demands that post-secondary life presents.

For college, career training or employment, a special education classification, even at this late age, can mean the difference between success and failure. The classification opens the door to protection under Section 504 of the Rehabilitation Act of 1973, which affords the individual “reasonable accommodations” relevant to the nature and degree of a disability. The accommodations, which will be detailed below, are designed to “level the playing field” for an individual with LD; on the job or in post-secondary education, the accommodations allow the individual access to success that is equal to individuals who do not have LD.

The pediatric healthcare provider who understands the demands of this transition to adulthood may want to explore the possibility of a late-age evaluation by informing the transitioning young adult of the benefits of an evaluation and classification. Clinical assessment at this age would rely on the same symptoms and “red flags” identified in section C above.

2. Referral and Intervention

The student still in high school continues to be entitled to a public school evaluation. Even if the student and/or the parent do not want special education services, having an evaluation completed during the last two years of high school prepares the transitioning adult for college or career by providing recommendations about the kind of reasonable accommodations the individual may need. These accommodations can be essential to college or career training, since both will require a recent evaluation (usually within three years) in order to grant accommodation. Once the student graduates from high school, he/she will have to pay for an evaluation privately. Referral for evaluation procedures described in previous sections are the same for the transitioning young adult. Of course, private evaluation is still an option and the differences between them should be discussed so choices can be made. Also be sure to inform the school that assessment measures chosen must be appropriate for older students.

3. Post-Evaluation Monitoring

Special education law, the IDEA, requires that the school begin Transition Planning process no later than the time a child is 14 years' old. “Transition to School and Work” offers information that may be helpful in understanding Transition Planning. <http://www.nclld.org/parents-child-disabilities/teens/transition-school-work>

It is likely that students ages 18 to 21 who are transitioning out of high school are also transitioning out of the pediatric practice. Therefore, post-diagnostic monitoring will have a finite timeline. The pediatric healthcare provider can influence outcomes for young adults with LD, whether newly or previously diagnosed, by exploring the demands the individual may expect and the skills that will be needed to achieve in the years immediately following high school graduation. Talking points for that exploration are provided here.

4. **Post-Secondary Transition Talking Points**

For the post-secondary transitioning young adult, college or career education presents a major paradigm shift for which some have not prepared. The benefits and protections under the IDEA are no longer in force after high school graduation. Instead, the student needs to learn about how the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 offer protections and supports in college and in the workplace.

These talking points can alert the individual to have a better view of the requirements for success in the immediate future.

- *You've worked very hard to reach this moment; graduation and earning your diploma is a great accomplishment. Moving on to the next step in your life will require some new skills and the transition can be exciting but also challenging. You're bound to have a period of adjustment. I thought we could talk about what you'll need to know as you move on.*
- *As a high school graduate, there are new laws that will protect you as a student with a learning disability. One is Section 504 of the Rehabilitation Act and the other is the Americans with Disabilities Act. You might want to read up on those. They guarantee you "reasonable accommodations" but only if you disclose that you have a learning disability. In a college or career school setting for students with qualified learning disabilities, reasonable accommodations include these:*
 - *Untimed or extended time on exams*
 - *Taking the exam in a separate (distraction-free location)*
 - *Deadline extensions on research papers*
 - *Foreign language exemptions or substitutions*
 - *The service of note-takers*
 - *Preferential seating in class*
 - *Use of a calculator, use of specific assistive technology, etc.*
 - *Your evaluation must say which accommodations are recommended*
 - *Permission to audio tape lectures*
- *Your accommodations are not automatically provided; you have to apply to a campus disabled students office, request accommodations and maintain an ongoing relationship with that office. You have to put together the paperwork they require to be eligible. They usually require a recent (no more than three-year old) evaluation in order to grant accommodations.*
- *Accommodations are designed to give you a level playing field with students who don't have learning disabilities but you may hear students or professors who say "It's unfair," or "There is no such thing as a learning disability." You need to be able to respond to that or, if you choose, to ignore it. You also need to be able to understand that it's ignorance that causes people to say such things. Only you can know what it feels like to live with LD and look at how well you've managed it until now.*
- *Special tutoring is not automatically provided in college. Private arrangements must be made if you need tutoring. You need to learn how to get that kind of help at your college. Colleges have a Disability Services Office; visiting there and finding out the kind of help they provide is always a good idea.*
- *You have to be your own best advocate. If you need help, you have to go and ask for it. If you think a professor is not giving you the accommodations you are supposed to get, you have to do something about it. Again, the Disability Services Office at your college should be helpful in regard to these kinds of concerns.*



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- *You will get a syllabus from each class with assignments on it for the whole semester and that semester goes by very quickly. You have to set up a calendar and be sure you are getting the work done on time. You will be away from home with nobody watching to see if you are doing your work, so the calendar will help you stay on track and finish on time.*
- *You will need to organize your work, set priorities and sit down and do the work. Fellow students will invite you to watch TV, go out drinking and to just hang out. You will have to make up your mind about how you use your time. Are you ready to say, “No, I have work to do”?*
- *You might want to think about reaching out to students in every class to form study groups, especially if sharing notes or talking over new work helps you to learn.*
- *After the first week or two of college, you may feel overwhelmed or anxious. This is normal – and getting yourself and your time organized will relieve the anxiety. You can also get counseling for that through the Disability Services Office or the Student health Services office on campus.*

Parents and the transitioning young adult should not delay discussing what the best next step is after high school. In truth, this planning should begin when the individual with LD is 14 or 15. There are many choices. The world of work? Internships? A two-year college? A four-year college?

There are hundreds of colleges across the country that now offer services for students with LD. Among these are two basic college models:

1. Colleges with structured, specialized programs for students with learning disabilities and AD/HD. In these, there is usually an orientation that prepares the student for the challenges of academic life. In addition, students are required to see advisors or counselors regularly, so that students' work is monitored. They usually have a team of tutors, as well, who offer help in college skills (e.g., note-taking, research, time management, etc.) or in specific subject areas.
2. An even larger number of colleges offer support services, diagnostic services and remediation and tutoring for students on an individual basis. In these programs, the student must be self-directed. There will not be regular monitoring of work; students with LD who mastered study skills and time management during the K-12 years are likely to seek out this kind of program.

If college is in the picture, some of the key issues parents and the student will face include:

1. Some students with LD start their college lives in a two-year school, which tends to be smaller and may be conveniently close to home. They learn college skills during these first two years and determine if they wish to continue. A two-year college is a good choice for a student who still relies on parent involvement and who is unsure of what he or she wants to do in the future. This summary may be useful for both the student and the parent:

“Is a Two-Year College the Right Choice for You?”

<http://www.nclid.org/adults-learning-disabilities/post-high-school/two-year-college-right-choice-for-you>

If the family opts for a four-year college:

“What Students with LD Need to Know About Applying to a Four-Year College.”

<http://www.nclid.org/adults-learning-disabilities/post-high-school/students-ld-applying-four-year-college>



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2. The application process for a majority of two- or four-year colleges requires that the applicant submit scores from either the SAT or ACT college exams. There is a small but increasing number of colleges that no longer require these exams. For students with LD who have great difficulty with standardized exams, a college without an entry exam requirement may be very appealing. The information in these two documents may be helpful to student and parents in their decision making:

“SAT vs. ACT: Which Should Students with LD and AD/HD Take?”

<http://www.nclld.org/parents-child-disabilities/teens/choosing-act-sat>

“Checklist for Evaluating a College.”

<http://www.nclld.org/learning-disability-resources/checklists/checklist-for-evaluating-a-college>

a. Family Psychodynamics

Parents experience a good deal of emotional wrenching when any child leaves home to go to college. For the parent of a child with LD, the milestone can be even more significant. Parents may not have believed at some time in the past that their dream of this child going to college could be realized in light of the learning disability. The child may not have believed it either. This makes the transition a particularly poignant one for families.

It would not be unusual for parents in this situation to be anxious. It is useful to remind them that the transitioning young adult benefits most from a hopeful and supportive family, as they have always been in the past.

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AGES AND STAGES

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"Independent Living: When to Go for It" <http://www.nclد.org/adults-learning-disabilities/living-disability-tips/independent-living>

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NCSET launched its youth Web site, Youthhood.org in the spring of 2005. The Youthhood Web site is a dynamic, curriculum-based tool that can help young adults plan for life after high school.



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RESOURCES

INFORMATION RESOURCES ABOUT LEARNING DISABILITIES

National Center for Learning Disabilities <http://www.nclld.org>
Comprehensive and accessible information source; includes videos, articles, fact sheets

Association on Higher Education and Disability (AHEAD) <http://www.ahead.org>
Provides services to college students with disabilities

Family Center on Technology and Disability <http://www.fctd.info>
About the use of Assistive Technology; family guides; fact sheets; PPTs

National Resource Center on AD/HD <http://www.help4adhd.org/en/living>
National Clearinghouse for Information on AD/HD

Learning Ally <http://www.learningally.org>
Provides 75,000+ digitally recorded textbooks and literature titles for download; \$99/year membership

National Association of Private Special Education Centers <http://napsec.org>
Provides links to member private special education schools across the country

National Center on Secondary Education and Transition <http://ncset.org>
Technical assistance; eNewsletter; online courses; webinars; web events; publications

Tufts University Child and Family Web Guide <http://www.cfw.tufts.edu>
Comprehensive informational clearinghouse, including medical research reviews

Bookshare <http://www.bookshare.org>
Free accessible online library (190,000+ titles) for people with disabilities

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RESOURCES

PARENT ADVOCACY AND SUPPORT SERVICES

The Advocacy Institute <http://www.advocacyinstitute.org>

Parent guide to the IDEA; parent training; webinars for parents and professionals

Children and Adults with Attention

Deficit/Hyperactivity Disorder (CHADD) <http://www.CHADD.org>

Not-for-profit with over 200 local chapters to support parents and individuals with AD/HD

Disability Rights Education and Defense Fund <http://www.dredf.org>

Parents' rights and due process, amicus curiae brief filing; public policy positions

Disability.gov <http://www.disability.gov>

Family rights; assistive technology; education; financial entitlements

Family Voices <http://www.familyvoices.org>

Health focused self-advocacy; health care financing; publications; parent surveys; fact sheets; not LD specific

Help Guide Foundation <http://www.helpguide.org>

"Bring Your Life into Balance" Toolkit; coping with disabilities/mental health focus

National Parents Technical Assistance Center <http://www.parentcenternetwork.org>

Technical assistance to parent centers; parent training; webinars; not LD specific

National Assistive Technology Technical <http://www.resnaprojects.org>

Assistance Partnership (NATTAP)

Regional centers; Tech device loan; webinars; advocacy clearinghouse

Smart Kids with Learning Disabilities Inc. <http://www.smartkidswithld.org>

Parent as advocate; e-Newsletter, expert advice, blog, glossary

Parent to Parent Programs <http://www.p2pUSA.org>

Matches each parent with a parent for support on disability classification, school system, transitions, quality of life

Exceptional Parent Magazine <http://www.eparent.com>

About.com <http://learningdisabilities.about.com/>

LD Blog <http://ldblog.com>

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