**Personal Strategy Toolbox for Various Exceptionalities**

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| **Name of Exceptionality** | **Definition & Alberta**  **Education Code** | **Characteristics &/or Observable Behaviours** | **Teaching Strategies and Resources** | **Links &/or Sources** |
| **ADHD**  **(Attention Deficit Hyperactive Disorder)** | The American Psychiatric Association in the DSM-IV (1994) defines three main types of Attention Deficit Hyperactivity Disorder. Individuals can have predominately inattentive ADHD, predominately hyperactive- impulsive ADHD, or combined type depending on the presenting symptoms (p. 83-85).  Code: 53 & 58 | **Inattention:**   * Fails to give close attention to details * Difficulty sustaining attention in tasks * Does not seem to listen when spoken to directly * Often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace * Often has difficulty organizing tasks and activities * Often loses things necessary for tasks or activities * Is often easily distracted * Often forgetful in daily activities.   **Hyperactivity:**   * Often fidgets with hands or feet or squirms in seat * Often leaves seat in classroom or in other situations in which remaining seated is expected * Often has difficulty playing or engaging in leisure activities * Often is ‘on the go’ or as if ‘driven by a motor’ * Talks excessively   **Impulsivity:**   * Often blurts out answers before questions are completed * Has difficulty awaiting turn * Interrupts or intrudes on others. | * Seat ADHD student away from distractions, preferably front and center * Seat student near a good role model * Increase distance between desks to decrease distractions * Create a cool-down area * Play quiet music * Create a stage for announcements in the classroom * Make lessons very clear * Use lots of visuals * Pair students together to complete assignments * Provide hand signals * Use behavioral contracts * Use sticker charts * Provide study carrels or private offices * Allow students to move around * Allow more time for tests * Put luggage tags on book bag to remind students of what to bring home * Put sponges or mouse pads on desks for students who like to tap. * Use picture mats or file folders cut into thirds to chunk assignments * Provide headphones for students to use * Use manipulative such as Koosh balls or hand exercisers for students. | <https://moodle.uleth.ca/201501/pluginfile.php/83280/mod_resource/content/1/Class%204%20powerpoint.pdf>  <http://education.alberta.ca/admin/supportingstudent/diverselearning/adhd.aspx>  <http://education.alberta.ca/media/511987/focus.pdf>  <http://www.caddac.ca/cms/page.php?50>  <http://research.aboutkidshealth.ca/teachadhd>  <http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching.html> |
| **Anxiety Disorder**  **(Emotional**  **Behavioural Disorder**) | Anxiety disorders are a feeling of dread, fear, or apprehension, often with no clear justification. Anxiety differs from true fear in that it is typically the product of subjective, internal emotional states rather than a response to a clear and actual danger. It is marked by physiological signs such as sweating, tension, and increased pulse, by doubt concerning the reality and nature of the perceived threat, and by self-doubt about one's capacity to cope with it. Some anxiety inevitably arises in the course of daily life and is normal; but persistent, intense, chronic, or recurring anxiety not justified by real-life stresses is usually regarded as a sign of an emotional disorder.  **Codes:**  42 - Severe Emotional/Behavioural Disability  53 - Emotional/Behavioural Disability | **EMOTIONAL/BEHAVIOURAL DISABILITY (ECS: Code 30; Grades 1–12: Code 53)**  Typically, behaviour disabilities are characterized by a number of observable maladaptive behaviours:  a) an inability to establish or maintain satisfactory relationships with peers or adults  b) a general mood of unhappiness or depression  c) inappropriate behaviour or feelings under ordinary conditions  d) continued difficulty in coping with the learning situation in spite of remedial intervention  e) physical symptoms or fears associated with personal or school problems  f) difficulties in accepting the realities of personal responsibility and accountability  g) physical violence toward other persons and/or physical destructiveness toward the environment.  **SEVERE EMOTIONAL/BEHAVIOURAL DISABILITY (Code 42)**  A child with a severe emotional/behavioural disorder is one who displays chronic, extreme and pervasive behaviours and requires close and constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting. The behaviours significantly interfere with both the learning and safety of the child and other children. | 1. **Clear Expectations:** At the beginning of the year, clearly establish your expectations with the students. Have students formulate/build classroom expectations to reduce issues with non-compliance and confusion. Explain clear expectations for every assignment and provide rubrics. This strategy will not only help your anxious students but all of your students. It will limit the unpredictability of student consequences for misbehavior. 2. **Change Environment:** Provide an additional learning space where a student can “escape” to, or a “safe zone”. It can be anything from putting an old voting station box on a students desk to creating a secluded space in an area of the room. This room does not have to be exclusive to students with behavioral or emotional disability but should function as a means by which students have the option to make individual decisions about how they are learning. This strategy allows students to find extra emotional support and create an environment that is less overwhelming. 3. **Adjust assignments:** Appropriately adjust assignments according to the student's level of distress. Reduce threatening tasks to within the student's comfort zone (ex. chunk work into smaller sections, allow extra time). Apply this to assignments and tasks for individual students that require the breakdown and simplicity or apply to all students to keep consistency. Use this because it creates a less daunting and overwhelming task for the anxious student. 4. **Goal Setting:** Develop realistic goals with student and chart progress. Help the student to accept and prepare setbacks. Provide a one on one lesson with students or have whole class set individual goals. Have students write weekly goals in agendas or on post it notes that are kept on corner of desk where it can be seen daily. Goal setting can help break down large tasks into small ones so its less daunting for a student and it creates that sense of achievement and accomplishment for students when they have completed their goals. | **Strategies – Page 36** <http://cecp.air.org/aft_nea.pdf>; <http://www.learnalberta.ca/content/inmdict/html/anxiety_disorders.html>;  Smith, T (2012). Chapter 6: *Teaching Students with Emotional or Behaviors Disorders.* Teaching Students with Special Needs in Inclusive Settings. (app. 151-176). Pearson  **Code 53 Characteristics. Page 3** (<https://moodle.uleth.ca/201501/pluginfile.php/81252/mod_resource/content/1/Special%20Education%20Coding%20Criteria.pdf>  **Code 42 Characteristics Page 7/8** - <https://moodle.uleth.ca/201501/pluginfile.php/81252/mod_resource/content/1/Special%20Education%20Coding%20Criteria.pdf>  **Definition** - <http://www.merriam-webster.com/dictionary/anxiety>  **Codes & Incidence rate** - <http://education.alberta.ca/admin/supportingstudent/schoolleaders/stats/bycode.aspx> |
| **ASD**  **(Autism Spectrum Disorder)** | Autism or autism spectrum disorders (ASD) are complex, lifelong neurological disorders that affect the functioning of the brain. Individuals with ASD have developmental disabilities that can impact how they understand what they see, hear, and otherwise sense. This in turn can result in difficulties with communication, behaviour and relationships with others. ASD can range from mild to severe and may be accompanied by other disorders such as learning disabilities, anxiety, attention difficulties or unusual responses to sensory stimuli.  Code - #44 (severe) or #58 (mild/moderate) | 4 Major Categories:  -Communication Characteristics  -Social Interaction Characteristics  -Unusual/Challenging Behaviour Characteristics  -Learning Characteristics  ASD is a disorder, which has a wide range of characteristics and observable traits, because of this it is not realistic to provide a list of said characteristics or observable traits because they vary greatly depending on the individual student. Some will have more obvious physical characteristics but for the most part the exceptionality manifests in communication and inclusion settings.  Some Physical Characteristics that are common are:   * Generally thin and small in body structure * Abnormal gait and posture * Toe Walking * Difficulty with sitting, laying, crawling and/or walking * Difficulty chewing and/or swallowing * Unusual Sweating * Rashes, Dermatitis, eczema and/or itching * Deep set eyes * Expressionless faces * In severe cases, children will not make eye contact | 1. Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to ASD. This could include finding out about: the student's strengths, interests and areas of need the student's specific symptoms successful strategies used at home or in the community that could be used at school. Collaborate with the parents and student to consider if, and how, they would like to share specific information on ASD with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.  2.Learn as much as you can about how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school. Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports. Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.  3.Parents know their children well and can offer insights on how to support their social and emotional well being. There is strength in collaborating on strategies that could be used at home, at school and in the community.  4.Help the student become more independent by: - Giving choices, as much as possible  - Teaching skills in different settings to ensure understanding and generalization across environments  - Teaching functional life skills (e.g., dressing, grooming), if necessary. - Provide hands-on activities rather than paper and pencil tasks. - Use the student's areas of interests to teach new skills (e.g., if the student loves trains, get him or her to count trains to develop number skills). - Redirect attention if the student becomes overly focused on an area of interest. - Use a consistent, agreed-upon response to manage disruptive behaviours. Arrange for more in-depth evaluation of behaviour, if needed. - Label and organize personal belongings, classroom materials and the physical environment so that the student knows where things go and where activities occur. - Reduce distracting stimuli (e.g., wall decorations, hum of florescent lights). - Cover or put away activities when they are not available to the student (e.g., computer).  - Present only the materials necessary for a task and remove any other items from the student's work area. - Consider changes to the environment or specific tools to assist with the student's sensory needs.  -Ensure the student has some way of telling you what he or she wants or needs. In collaboration with parents and speech-language pathologists, determine if augmentative or alternative communication supports need to be explored. -Provide information in visual forms, including written words, pictures, symbols or photos. Investigate software packages for graphic symbols. -Use pictures to illustrate important classroom information, such as schedules, appropriate behaviour and location of materials. | Alberta Education. Teaching Students with Autism Spectrum Disorder.  <http://education.alberta.ca/media/511995/autism.pdf>  Canadian Psychiatric Research Foundation. When Something's Wrong: Ideas for Teachers: Autism.  <http://cprf.ca/publication/pdf/teacher_03_eng.pdf>  Organization for Autism Research. Life Journey through Autism: An Educator's Guide.  <http://www.researchautism.org/resources/OAR_EducatorsGuide.pdf>  <http://www.learnalberta.ca/content/inmdict/html/autism.html>  <http://education.alberta.ca/media/512931/autism5.pdf>  <http://education.alberta.ca/admin/supportingstudent/diverselearning/autism.aspx>  All About Kids:  <http://www.aboutkidshealth.ca/En/ResourceCentres/autismspectrumdisorder/whatisasd/Pages/default.aspx>  Calgary- Autism in Our Society  <http://www.autismcalgary.com/what-is-asd/>  WebMD  <http://www.webmd.com/brain/autism/autism-spectrum-disorders>  <http://www.educateautism.com/>  - This is a teaching aid which has many strategies and resources that are generally aimed towards children who are in the earlier grades.  <http://teaching.monster.com/benefits/articles/8761-22-tips-for-teaching-students-with-autism-spectrum-disorders>  - 22 points that teachers should have in mind when working with students who have autism.  <http://mashable.com/2013/04/02/autism-resources/>  - Tech Resources for helping students with Autism  <http://autism.lovetoknow.com/Physical_Characteristics_of_Autism> |
| **Blindness / Low Vision** | Students with little or no functional vision for learning.  Code 46- blindness  Code 56- visual imparity | -Crossed eyes, eyes that turn out, eyes that flutter from side to side or up and down, or eyes that do not seem to focus are physical signs that a child has vision problems.  -Clumsiness  -Child is constantly running into things or falling down.  - Child might have trouble realizing how close or far away objects really are.  -Some children who have vision problems appear to have a short attention span.  -Child might blink frequently or squint whenever they read or view screens.  Sensitivity to bright light or might sit close to the television or hold books that they are reading close to their face. Likewise, younger children with visual impairments might hold toys very close to their face.  Students with severe vision disorders may be seen eye poking and rocking.  The degree of visual impairment influences the type of behavior exhibited by visually impaired children. Totally blind children are more likely to adopt body and head movements whereas sight-impaired children tend to adopt eye-manipulatory behaviors and rocking. | -Students who are blind or have low vision should have a learning team who work together to plan, implement, monitor and evaluate programming and services.  -Goals and objectives should be educationally relevant.  - Increase the size of text for presentations. If your student has low vision they will probably already be seated close to the front of the class so they can see. By increasing the size of text it helps the student to follow along and feel confident in what they are seeing.  -IPP’s need to be laid out for students at the beginning of the year.  -The use of Braille should be used extensively (if the student knows how to read it). This allows for more independence. As a part of the Social curriculum, understanding and respecting other people and their differences, we could teach the class to read Braille. All of the students would be blindfolded and have the opportunity to identify different letters in Braille. We would use this in the classroom to create understanding amongst the students while meeting the GLO.  -PD on the teacher’s part should be experienced to help the student with new programming and research information.  -A specialized teacher (one who is knowledgeable specifically with the blind) should be used often.  -Assisted technology should be utilized when available. These may include, Braille note-taking devices and/or computerized dictionaries. One idea could be to find a laptop keyboard that has Braille on the keys.  -Expanded Core Curriculum should be experienced by blind/low vision students. This curriculum specifically teaches these students how to live a life with no vision. A specialized teacher will help teach this curriculum.  -P.E. Inclusive games - accessible to all classmates. Ex. Goalball, Blindfolded Dodgeball. These activities puts all of the students on the same level so they can play on an equal platform.  -Verbalize notes as you write on the board. If a student cannot see or keep up with board work, provide him with an enlarged print copy or a scribe to write the notes using NCR (no carbon required) paper. Print may be easier to read than cursive writing.  -Provide extra time to the student. He/she will take longer to complete most tasks. The quantity of work required may be decreased.  -Consider oral exams or a scribe to write exam answers.  -Say, “Tell me what you see” rather than “Can you see this?” when checking if a student can see specific visual material. | <http://www.learnalberta.ca/content/inmdict/html/blindness.html>  <http://www.vision.alberta.ca/>  <http://education.alberta.ca/admin/supportingstudent/schoolleaders/programming/components.aspx>  <http://vision.alberta.ca/resources/curriculum.aspx>  <http://setbc.org/teachingbraillestudents/default.html>  <http://www.livestrong.com/article/126096-characteristics-visually-impaired-child/>  <http://www.ncbi.nlm.nih.gov/pubmed/21870909>  <http://www.education.gov.sk.ca/vision> |
| **CD**  **(Conduct Disorder)** | Conduct Disorder is a condition characterized by a persistent pattern of behaviour in which the basic rights of others are ignored. Children and teens with conduct disorder tend t be impulsive and behave in ways that are social unacceptable and often dangerous.  Code: 42 | 4 Main types of chronic and persistent behaviour:   * Aggressive conduct * Property damage or theft * Lying * Serious violations of rules.   Conduct disorder may be a result of genetics, chaotic home environments, the child’s temperament, physical causes or neurological factors.  CD may occur with other conditions like ADHD, ODD or depression.  Mild forms of CD tend to improve as the child grows older, however, without intervention CD can lead to school failure, injuries, teenage pregnancy, mental health issues and conflict with the law. | * Use “start” requests rather than “stop” requests. “Do” requests are more desirable than “don’t” requests. * Make one request at a time, using a quiet voice and when in close proximity, using eye contact. * When appropriate, offer a choice * Describe the desired behaviour in clear and specific terms to reduce misunderstanding. Avoid entering into a discussion or argument about the behaviour. * Maintain predictable classroom routines and rules for all students * Provide encouragement and praise * Reward appropriate classroom behaviour * Speak to the student privately about his or her behaviour instead of in front of others, to prevent loss of face and avoid escalation. * Explicitly teach, reinforce and provide opportunities to practice social and life skills * Encourage students to get help as soon as they feel the situation is getting out-of-hand. | <http://www.learnalberta.ca/content/inmdict/html/conduct_disorder.html>  <http://education.alberta.ca/media/697934/behaviour-complete%20for%20posting.pdf>  <http://www.macmh.org/publications/fact_sheets/Conduct.pdf>  <http://smhp.psych.ucla.edu/pdfdocs/conduct/conduct.pdf> |
| **Cerebral Palsy** | Cerebral Palsy results from damage to the brain, usually caused by a lack of oxygen. The damage interferes with messages sent from the brain to the body or from the body to the brain and may cause involuntary movement and/or speech, hearing or sight disorders.  Code: 44 & 58 | **Three Main types:**   * + **Spastic**: stiff and difficult movement, as muscles are contracted all the time and limbs feel stiff.   + **Athetoid:** involuntary and uncontrolled movement, as messages from the brain to the muscles are not coordinated. These movements occur all the time and increase when the person is under stress.   + **Ataxic**: balance and ability to walk is affected, as well as eye to hand coordination. Also experience uncontrollable movements in some or all parts of the body. * Condition is not progressive, nor is it medically treatable. * Limbs that are not affected through **CP** are not paralyzed and can feel cold, heat, pressure and pain. * Level of physical impairment experienced by a person with CP is not a reflection of intelligence. | * Inform students of **CP** (asking student with **CP** if it is okay). * Create an environment that is wheelchair accessible. * Work on verbal communication skills using role-playing activities. * Inclusion in various social groups. * Include daily stretching as directed by a physiotherapist. * Focus on what they can do rather than what they cannot. * Develop activities at the level of the individual. * Ensure staff/volunteers receive adequate training.   Do not assume the individual needs help, ask first. | <http://www.teachspeced.ca/cerebral-palsy>  <http://cerebralpalsy.org/information/acceptance/tips-for-teachers/>  <https://suite.io/karen-plumley/29122g6>  <http://www.bced.gov.bc.ca/specialed/awareness/31.htm>  <http://www.learnalberta.ca/content/inmdict/html/cerebral_palsy.html>  <http://www.education.alberta.ca/admin/supportingstudent/diverselearning/ipp.aspx>  <http://www.education.alberta.ca/teachers/resources/cross/making-a-difference.aspx>  **PE Specific Link**  <http://www.ala.ca/Images/TipSheets/pdfs/Cerebral_Palsy_tip_sheet.pdf>  **Music Specific Link**  <http://www.themusictherapycenter.com/sites/default/files/images/factsheets/mtcca_cerebralpalsy.pdf> |
| **Down’s Syndrome** | - Down syndrome is a genetic disorder caused when abnormal cell division results in extra genetic material from chromosome 21. This genetic disorder, which varies in severity, causes lifelong intellectual disability and developmental delays, and in some people it causes health problems.  **Coding:**  - 54, 55, 58- Medical, 41, 51 and 52 are severe/mild/moderate cognitive disability, 43- Severe Multiple Disability | - Flattened facial features  - Small head  - Short neck  - Protruding tongue  - Upward slanting eyes, unusual for the child's ethnic group  - Unusually shaped or small ears  - Poor muscle tone  - Broad, short hands with a single crease in the palm  - Relatively short fingers and small hands and feet  - Excessive flexibility  - Tiny white spots on the coloured part (iris) of the eye called Brushfield spots  - Short height  **General Behaviours**  -Low level of maturity  -Low impulse control  -Shutting down  -Poor fine and gross motor skill  -Hyper Flexible  -May be late in toilet training  -Behaviours change daily  -Short attention span  -Easily distracted  **Specific Behaviours In Younger Children:**  - Disruptive, impulsive, inattentive, hyperactive and oppositional  - Anxious, stuck, ruminative, inflexible  - Deficits in social relatedness, self-immersed, repetitive  - Chronic sleep difficulties, daytime sleepiness, fatigue, and mood related problems  **Specific Behaviours In Adolescents**:  - Depression, social withdrawal, diminished interests and coping skills  - Generalized anxiety Obsessive compulsive  - Regression with decline in loss of cognitive and social skills  - Chronic sleep difficulties, daytime sleepiness, fatigue, and mood related problems | - Create an inclusive classroom climate. Given the growing number of children with Down’s Syndrome now in mainstream schools, it is fundamentally important that there is a positive attitude towards Down’s Syndrome.  - Liaise closely with parents. Many special schools operate a diary system where parents and teachers are able to note down information and report on progress on a daily basis.  - Refer closely to the child’s Individual Program Plan (IPP).  All children with Down’s Syndrome will have an IPP.  - Use classroom assistants effectively. The classroom assistant should act as the bridge between the child and the curriculum, but also between the child and the teacher.  - Promote language development. Children with Down’s Syndrome will struggle in this area. Teachers should therefore place the child near the front of the classroom, speak directly and clearly to the pupil, and use simplified language with visual reinforcement where possible.  - Don’t give up on numeracy. It is important to make lessons short and appealing, with an emphasis on numeracy in everyday contexts.  - Reinforce positive behaviour. The most common form of misbehaviour among children with Down’s Syndrome is behaviour that aims at gaining attention.  See more at: <http://www.cdss.ca/images/pdf/parent_information/teaching_students_with_down_syndrome.pdf> | National Down Syndrome Society:  <http://www.ndss.org/Down-Syndrome/What-Is-Down-Syndrome/>  Students with disabilities/medical conditions:  <http://www.education.alberta.ca/admin/supportingstudent/diverselearning.aspx>  Mayo Clinic – Down Syndrome:  <http://www.mayoclinic.org/diseases-conditions/down-syndrome/basics/symptoms/con-20020948>  Canadian Down Syndrome Society:  <http://www.cdss.ca/>  Special Education Coding Criteria  <http://education.alberta.ca/media/825847/spedcodingcriteria.pdf>  Down's Syndrome – Classroom strategies. <http://scotens.org/2008/10/teaching-pupils-with-down’s-syndrome/>  Diverse Learning Needs  <http://www.learnalberta.ca/content/inmdict/html/down_syndrome.html> |
| **ELL**  **(English Language Learners)** | -Students who are learning the language of instruction at the same time as they are learning the curriculum and developing a full range of literacy skills.  Code: 301 & 302 | -ELL is a richly heterogeneous group.  -Each individual’s path to acquire their new environment varies from other ELL students.  -May be Canadian born or recently arrived from other countries.  -Come from diverse backgrounds and school experiences, and have a wide variety of strengths and needs.  -Beginning of school: Scared, confused, nervous, sad, lonely, quiet.  -Once they have settled in: Talk to others, form friendships, more eye contact, understands school environment better, start asking questions/for help. | -Focus on making learning **visible** and accessible for ELL. (Videos, pictures, charts, graphs, graphic organizers, etc.)  -Develop a safe and welcoming classroom environment.  -Develop positive interdependence and relationships.  -Cooperative learning.  -ELL student’s benefit from receiving feedback in a respectful and encouraging way from peers.  -Include lots of interaction among students. (Encourage ELL students to work with non-ELL students).  -Guided practice.  -Involve the parent community, at school and home, and supply them with support as well.  -Have schedules posted daily.  -As teachers demonstrate knowledge of their culture and show interest in their background.  -Regularly scheduled routines and events.  -Clear lesson formats across all subjects from day to day. | English As A Second  Language: Learning  and Teaching Resources:  http://education.  alberta.ca/teachers/  program/esl/resources.Aspx  Supporting English  Language Learners:  http://www.edu.gov.  on.ca/eng/document  /esleldprograms/guide  .pdf  Supporting English Language Learners -http://www.learnalberta.ca/content/eslapb/index.html  What Administrators Need to Know About English Language Learners and ESL Programming http://education.alberta.ca/media/6550092/eslstudents.pdf |
| **FASD**  **Fetal Alcohol Spectrum Disorder** | - is a pattern of birth defects, learning and behavioural problems affecting individuals whose mothers consumed alcohol during pregnancy.  - A student/child with a severe physical, medical or neurological disability, including autism, is one who:  a) has a medical diagnosis of a physical disability, specific neurological disorder or medical condition which creates a significant impact on the student’s/ECS child’s ability to function in the school environment (note: some physical or medical disabilities have little or no impact upon the student’s/ECS child’s ability to function in the school environment); and b) requires extensive adult assistance and modifications to the learning environment in order to benefit from schooling.  Coding: 44  Incident Rate – In 2012/13 there were 962 ECS students, and 8,399 in grade 1 to 12. | - Three key features: small eye slit openings, flattened vertical columns in the upper lip (philtrum) and a thin upper lip.  - FASD causes a variety of symptoms, including extreme impulsivity, poor judgment, poor memory, difficulty learning basic skills, organizational difficulties, language and speech delays, and gross and fine motor delays.  - May include physical birth defects and health problems including developmental delays, learning disabilities, memory problems, as well as difficulties in communicating feelings and understanding consequences.  - Difficulty with behaviour regulation, which often includes mood swings. Individuals may quickly go from excited and happy to morose or angry. Many have neurological systems that become easily overwhelmed by stimulation.  - May show irritability, volatile anger, shut downs or other withdrawal behaviours. Other emotional difficulties include obsessive repetitions of certain actions, or perseveration of particular actions or ideas. | 1. **Reduce visual and auditory Distractions** - This can be as easy as using calm colors on the walls and bulletin boards to decrease distraction. Arrange desk to minimize distraction, consider placing the FASD student at the front of class to retain attention. Any materials that are not being used should be stored appropriately in boxes and cupboards, not on any countertops. Have available earplugs or headphones to abolish any noise or stress that may overwhelm students with FASD. 2. **Teaching Routines-** By developing routines with your student this can aid in minimizing distraction. Allow your class to bring water bottles into the class so they don’t need to be constantly leaving the classroom for a drink. If your student has a aid make sure that this aid or staff is working consistently with the student to ensure that the routines are being accomplished. Have extra supplies easily accessible for your students. 3. **Functional Assessment-** Students with an FASD may score within normal limits on a formal assessment, but could have difficulty applying and using their knowledge in the classroom. So it is important to conduct a functional assessment when evaluating a student with FASD. In Figure 1, you will find questions that will help you gain a better understanding of what types of supports your student will need for success in the classroom and within the school.   **4. Communication-** Itbecomes extremely difficult to gain a student with FASD’s attention before progressing with their learning. That being said you have a wide variety of communication strategies you can use such as establish cue words, rhythmic clapping, call and response, silent countdown from five, 1,2,3 scale for noise. The examples above allow for you to establish structure and reminders to diminish the possibility of the student losing focus. Things to consider when giving instruction try using demonstrations and checklists to guide our student to the intended learning outcomes. When instructing be conscious of the rate in which you talk, be brief in your descriptions and avoid lengthy periods of lecturing. Making sure that anything that is implemented for the students benefit of learning it is necessary for all students to follow the routines that are in place. | Alberta Education Teaching Students with FASD –  <http://education.alberta.ca/media/377037/fasd.pdf>  FASD Medical/Disability Information for School Teachers –  <http://www.learnalberta.ca/content/inmdict/html/fasd.html>  A Team Approach to Supporting Students with FASD –  <http://education.alberta.ca/media/932737/redefining_final.pdf>  Special Education Coding Criteria – <http://education.alberta.ca/media/825847/spedcodingcriteria.pdf>  FASD Alberta Information Website –  <http://fasd.alberta.ca/get-to-know-fasd.aspx>  BC Education: Teaching Students with FASD Resource – <http://www.bced.gov.bc.ca/specialed/fas/>  University of South Dakota FASD Educational Strategies -  <http://www.usd.edu/medical-school/center-for-disabilities/upload/fasdeducationalstrategies.pdf>  FASD Positive Behaviour Resource-  <http://www.pbsc.info/education/> |
| **Gifted** | - Giftedness is exceptional potential and/or performance across a wide range of abilities in one or more of the following areas:   * + general intellectual   + specific academic   + creative thinking   + social   + musical   + artistic   + kinesthetic   Can also be explained in three broad areas: advanced intellectual ability, abundant creativity, and heightened emotions and sensitivities  Code: 80 | Tend to:  - Remember with little practice  - Work quickly  - See abstract relationships, patterns, alternative views  - Generate explanations, theories, ideas, and solutions  - Show curiosity and/or strong interests  They may also have unique responses, be self-directed, and demonstrate perfectionism. These characteristics may appear in a number of children, but will be at a more extreme level in gifted students.  They earn high grades with little or no effort.  Gifted students ask questions to have a deeper understanding, not to just know something. They enjoy the process of finding solving problems more than the end solution. They are very curious, and explore problems in depth. | Things to offer:   * greater quantity of information * access to challenging learning activities * wide range of topics * opportunity for in-depth discussion and reflection * individually paced learning * challenging and diverse problem-solving tasks * longer time spans for tasks * more independent learning tasks * opportunity for higher level thinking * active involvement in learning * opportunity to explore and reflect on effective learning * exposure to real world issues * integrated approach to learning * access to diverse materials * independent projects   -Teachers should try and temper perfectionism.  -Parents should offer enriching and challenging extracurricular such as music lessons, sports, volunteering, academic competitions etc.  -Students should be active in their own goal setting. | Planning for Students who are Gifted <https://education.alberta.ca/media/525558/ipp92.pdf>Handbook for parents of children who are gifted [https://education.alberta.ca/media/448831/journey.pdf Supporting Gifted Students](https://education.alberta.ca/media/448831/journey.pdf)  <http://studentservices.nesd.ca/1files/handbooks/Supporting%20Gifted%20Students.pdf>Special Education Coding Criteria (p.6) <http://education.alberta.ca/media/825847/spedcodingcriteria.pdf> Understanding Giftedness <https://education.alberta.ca/apps/aisi/literature/pdfs/UofC_Literature_Synopsis.pdf>  Working with Gifted & Talented Students <http://www.teachersfirst.com/gifted.cfm> |
| **LD**  **(Learning Disability)** | "Learning Disabilities" refer to a number of disorders, which may affect the acquisition, organization, retention, understanding, or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency.  Code: 54 | Learning Disabilities range in severity and may interfere with the acquisition and use of one or more of the following:   * Oral language (ex. Listening, speaking, understanding) * Reading (ex. Decoding, phonetic knowledge, word recognition, comprehension) * Written language (ex. Spelling and written expression) * Mathematics (ex. Computation, problem solving)   LD may also involve difficulty with organizational skills, social perception, social interaction and perspective taking.  Learning Disabilities are lifelong, but are way they are expressed will vary according to individual. | * Ask students for first answer out of 5. * Give LD student time (do the same for all students) * Have “secret cue” with LD students for when you will call on them. * Communicate with the student * Provide direct instruction. * Don’t accept “I don’t know” as an answer * Use positive reinforcement * Let them know that everyone makes mistakes * Have a routine/schedule that you follow daily * Use resource/aids (technical and personal) * Visually present all oral information * Provide options for different learning styles * Avoid sarcasm * Don’t make students feel stupid (don’t tell them something is easy) * Practice FAIRNESS and give students what they need. | <http://www.learnalberta.ca/content/inmdict/html/learning_disabilities.html>  <http://education.alberta.ca/media/511999/unlocking.pdf>  <http://www.ncld.org/at-school/especially-for-teachers>  http://www.ldanatl.org/aboutld/teachers/index.asp |
| **ODD**  **(Oppositional Defiant Disorder)** | A condition characterized by a persistent pattern of aggressive and defiant behaviour and a need to annoy or irritate others.  Code: 42 | Common Behaviors include frequent temper tantrums, frequent arguing with both peers and adults, intentionally annoying others, blaming others for own mistakes, and appearing angry and vindictive.  ODD usually shows up in children by eight years of age and sometimes as early as three.  May develop as a way of dealing with depression, inconsistent rules or standards, or a traumatic event or situation such as divorce, trauma or conflict.  Number of symptoms tends to increase with age and if not recognized early, behaviour patterns can become well-established and more resistant to treatment.  May have other disorders and difficulties such as ADHD, LD or Depression and are at risk for developing CD. | * Be proactive in recognizing triggers and plan accordingly. Create a behaviour support plan. * Avoid verbal exchanges, making comments or talking about situations that may be a source of argument * Provide clear, specific expectations for behaviour that the student can follow * Be clear on what behaviors are not negotiable and what consequences will follow. Be consistent with consequences * Use “start” requests rather than “stop” requests. “Do” requests are more desirable than “don’t” requests. * Make one request at a time, using a quiet voice and when in close proximity, use eye contact. * When appropriate, offer a choice. * Ensure that academic expectations are at the appropriate level. * Pace instruction, allowing a preferred activity when a non-preferred activity has been completed. * Allow the student to re-do assignments to improve the final grade or score. * Maintain predictable classroom routines and rules for all students * Watch for signs of anxiety and consult with the parents and school team to determine if and when further consultation or supports are needed. * Engage the student and parents in planning for transitions between grade levels and different schools. * Support the development of self-advocacy skills by providing explicit feedback and encouraging goal setting. | <http://education.alberta.ca/media/697934/behaviour-complete%20for%20posting.pdf>  <http://www.macmh.org/publications/fact_sheets/ODD.pdf>  <http://smhp.psych.ucla.edu/pdfdocs/conduct/CONDUCT.pdf>  <http://www.learnalberta.ca/content/inmdict/html/oppositional_defiant.html> |
| **William’s Syndrome** | It is a genetic condition that is present at birth and can affect anyone. It is characterized by medical problems, including cardiovascular disease, mild to moderate intellectual delays and learning disabilities. These occur side by side with striking verbal abilities highly social personalities and an affinity for music.  Code: 54, 55, 58. | * Distinctive “pixie like” facial features. * Short stature, slight build. * Limited mobility in the joints * Curvature of the spine * Cardiovascular disease * Trying to talk non-stop, persistent questioning and use of language as a distraction when a task is too hard. * Smiling a lot, being gregarious and overly empathetic * Being overactive, with a pervasive lack of attention, * Having narrowed interests with very high levels of focus * Repetitive motor patterns * Poor motor coordination * Extreme sensitivity to certain sounds * Hearing impairments * May have strengths in verbal short-term memory and spoken language, combined with weaknesses in comprehension, gross and fine motor skills and visual-spatial skills. | 1. Give clear, brief directions. Have the student repeat the directions back to you to monitor comprehension. By simplifying the language you can reduce the students habit of echoing or repetition that may be due to poor comprehension of complex language and directions. 2. Use the student’s strong verbal skills to learn new skills by using self-talk through a task or activity. (ex. “First I have to \_\_, then have to \_\_”) 3. To reduce anxiety and the number of questions asked teach strategies for self-monitoring, such as making and using daily lists and personal checklists. 4. Design math tasks and materials that consider spatial organization and fine motor difficulties. Ex. reduce the amount of information on a page; provide a “window box” template to view one question at a time; provide graph paper to align numbers correctly. | Williams Syndrome Association:  <https://williams-syndrome.org/what-is-williams-syndrome>  Students with disabilities/medical conditions:  <http://www.education.alberta.ca/admin/supportingstudent/diverselearning.aspx>  Williams syndrome foundation. “Guidelines for teachers”:  <http://www.williams-syndrome.org.uk/resources/free_publications/Guidelines%20for%20Teachers.pdf> |