South Dakota State University

SPED 401: Special Education

Areas of Exceptionality in Students’ Learning – Visual and perceptual difficulties; special physical or sensory challenges; learning disabilities; attention-deficit disorder (ADD); attention deficit/hyperactivity disorder (ADHD); functional mental retardation; behavioral disorder; and developmental delays.

It is important to talk of children with a disability rather than a disabled child. This language puts the child first and the disability as a circumstance that can be worked with and compensated for. A disability is a limitation but it does not restrict the learner in all ways it restricts the learner in particular ways that can be understood and special arrangements may allow the learner to participate in learn effectively.

Visual and perceptual difficulties: One in 3000 children are educationally blind. They need modifications to allow them to learn. For many a vision difficulty is the only problem they have for others it is only one of many challenges that inhibit their learning ability. If a teacher sees a student squinting, holding a book very close to his/her face or if a student complains about not being able to see well the teacher should encourage an evaluation. When it is clear that the learner has a visual difficulties various modifications are available. There are books on tape, larger print, and Braille text. It is important that a teacher learn what modality is the best for the learner so that he/she is allowed to use it often in various learning tasks.

Special physical or sensory challenges: Orthopedic impairments, cerebral palsy, epilepsy are examples of physical disorders that may inhibit a learner from participating in all classroom activities. Many children with physical disorders require special transportation, physical therapy, and school health services. Orthopedic impairments are caused by many different incidents but generally speaking these students do well in the classroom as long as the physical environment is modified if needed. Cerebral palsy presents as lack of muscular coordination, shaking or unclear speech. Computers help these learners in many ways and allow them to communicate. Epilepsy is a nervous disorder and comes in different forms. Seizures both mild and more severe can happen at any time. A teacher needs to be familiar with the disorder and how to help a child during a seizure. When a learner is not having a seizure these students behave normally.
**Learning disabilities:** by definition a child has a learning disability if 1) he/she is of normal intelligence or above, 2) has difficulty in at least one academic area and usually several and has no other diagnosed problems or disorders such as mental retardation that is causing a learning challenge. Learning disabilities are hard to diagnose and usually affect a learners’ ability to read and write. If children are taught early with intervention strategies the learner can usually learn to compensate and be able to read and write effectively. Ultimately if learners are directly taught strategies to learn and have opportunities to observe learning techniques they will become productive members of society. These learners benefit from small interactive groups, technology, appropriate modifications and direct instruction related to organizational skills of and study skills.

**Attention deficit/hyperactivity disorder (ADHD):** is a disorder in learners who consistently show one or more of the following characteristics over a period of time 1) inattention, 2) hyperactivity, and impulsivity. These children/learners have difficulty focusing on any one thing and might become bored with a task after only a few minutes. These children have difficulty working independently, completing seatwork, and organizing work. They are restless and distractible especially when trying to complete repetitive or taxing tasks or tasks the child perceives to be boring like completing worksheets. Teaching strategies for working with these learners include stating clear objectives, modifying as appropriate, giving directions in multiple methods, connecting learning tasks to real life experiences, breaking assignments into shorter segments, and using computer instruction especially when the computer can make the learning more game like.

**Functional Mental Retardation:** Mental retardation is a condition with an onset before age eighteen that involves low intelligence (below 70) and difficulty in adapting to everyday life. Mental retardation is not a result of an accident later in life. Mental retardation is caused by genetic factors and brain damage. Most school systems classify children as mild, moderate, severe and profound in terms of the level of skills they have. The highest percentage, 89% are in the mild range which is an IQ of 55-70. The causes are either genetic or related to brain damage which might occur due to environmental hazards such as a mother to be drinking while pregnant. Fetal Alcohol Syndrome (FAS) appears in approximately one-third of mothers who drink alcohol heavily during pregnancy. Teaching strategies include helping these learners make positive choices, keeping in mind the level of mental functioning possible, being sensitive to the learners’ self-esteem, giving students many opportunities to practice what they are learning, and having positive expectations for the learners.
**Emotional and Behavioral disorder:** consists of serious, persistent problems that involve relationships, aggression, depression, fears associated with personal or school matters, as well as other inappropriate socio-emotional characteristics. Aggressive, out-of-control behaviors, depression, anxiety and fear all can be the consequence of this disorder. For children who have very serious emotional disturbances an individualized setting may be needed for an education however with behavior modification counseling and consistency over a period of time effective transition is a reasonable goal. Boys are more likely to be classified as aggressive. Depression is more likely to occur in adolescents particularly girls. If this is not addressed the learner may turn his/her emotional mood inward for prolonged periods of time which is not healthy. Teachers need to be vigilant in recognizing signs of depression in students and guide them to needed support. Anxiety involves a vague, highly unpleasant feeling of fear and apprehension. These fears cause the learner to be concerned or overly worried about small issues. The student may need counseling and support to be able to focus on life and learning.