



## Pinnacle Canyon Academy

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# PARAPROFESSIONAL TRAINING & HANDBOOK

Updated May 2023

**Welcome to Pinnacle Canyon Academy!**

As a paraprofessional, you will be assisting and supporting our special education students in a variety of ways. Each paraprofessional has different duties and responsibilities based upon the needs of the students with which they work. Being a paraprofessional is an important position and your work is valued and appreciated. Ask questions when you need help and direction and use this handbook as a resource. We could not educate our students without you!

## **SPECIAL EDUCATION (SPED) SUPPORT STAFF**

As of May 2023

<b>NAME</b>	<b>POSITION</b>
Ackerson, Kim	Speech Language Pathologist
Atwood, Jeri	Special Education Director
Barker, Jessica	Special Education Case Holder
Bentley, Trieste	Speech Aide
Fish, Kalisa	SpEd Compliance
Funk, Megan	Special Education Case Holder
Gonzales, Justeen	Special Education Case Holder
Gresham, Erica	Special Education Case Holder
Kay, Heidi	Special Education Case Holder
Jeppson, Melissa	Special Education Case Holder
Fillingim, Celeste	Special Education Case Holder

## **PARAPROFESSIONAL SPECIFIC INFORMATION**

### **ATTITUDE**

A positive attitude can be conveyed in many ways to students--a smile, being friendly, having a sense of humor with students, praising positive efforts and using positive statements. Your attitude with regards to responsibilities and duties will help you be successful--take initiative, be helpful, ask questions, be professional, be supportive and be enthusiastic.

### **AFTERSCHOOL ACTIVITIES**

Paraprofessionals are not required to participate in afterschool activities but attendance at school open houses or functions is encouraged. You may be required to occasionally attend staff meetings. You will be notified in advance if this is the case.

### **COMMUNICATION**

Success in the classroom depends on good communication between the teacher and the paraprofessional. Poor communication skills and negative statements are at the heart of most problems. Establishing and maintaining strong communication can help prevent misunderstandings.

## **WORK HOURS**

The paraprofessional work week is 29.5 hours.

You must clock out for a 30 minute lunch each day. This schedule may vary depending on position or school year. Any additional working hours/days must be approved by the Chief Administrative Officer or Human Resources Director.

## **THE PINNACLE CODE**

It is the paraprofessional's responsibility to be familiar with The Pinnacle Code and its contents. The Pinnacle Code should be reviewed carefully. You can ask the HR Director or download a copy from the PCA website found at <http://www.pcaschool.com>

**PROFESSIONALISM.** Speak appropriately (no swearing, no yelling, no name calling). When in doubt, be kind and be patient (with students and adults). Don't gossip. Have a positive attitude. Be a part of the solution, not the problem. Never grab, hit or shake a student. Model appropriate behavior for the students. You are not the student's friend, you are a respected adult.

## **RENEWAL/CHANGE OF ASSIGNMENT**

New paraprofessionals and paraprofessionals that have been recalled for an upcoming school year are not guaranteed a specific assignment from year to year. The paraprofessional supervisor or principal has the authority to reassign any paraprofessional and paraprofessionals may be reassigned during the school year, if the need arises.

## **SUBSTITUTE POLICY**

In the event your classroom teacher is absent and no substitute can be found, you may be assigned to substitute for the teacher or a class. All paraprofessionals in our school are eligible as substitute teachers. Should you have difficulty in the classroom, with a student or otherwise, ask the principal for support.

# **SPECIAL EDUCATION INFORMATION**

## **CONFIDENTIALITY**

There are many federal laws and state statutes that protect the privacy of educational records. The main federal law pertaining to student records is the Family Educational Rights and Privacy Act (FERPA). Information or records falling under this law **must** remain confidential. Many school staff fail to realize that even conversations with non-school personnel or, with school personnel without an educational involvement with a specific child, can be a violation of this act. Students and student information must not be a topic of public discussion. Even if you do not mention a student's name, talking about an incident can give identifiable information. Paraprofessionals should not contact parents or discuss students with parents as this is a teacher's and/or administrator's responsibility. When asked, a simple response is "you'll need to discuss any issues with [teacher's name] about that." FERPA laws protect student information, data and academic records. Violating FERPA laws can result in significant penalties or immediate dismissal.

Information and records covered under FERPA may include but are not limited to:

- Personal and family data
- Evaluation and test data
- Psychological, medical and anecdotal reports
- Records of school achievement and progress reports
- Disability information

- Copies of correspondence concerning student
- Record of conferences with students and/or parents
- Other personal data
- Student attendance records

### **INDIVIDUAL EDUCATIONAL PLAN (IEP)**

Each special education student has an IEP which the teachers use as a guide for that child's education. This program was developed in a combined meeting of a school administrator, the child's teacher(s), the child's parents/guardians, support personnel and other professionals. It is usually written for one year, and periodically reviewed through the year by the teacher to note progress. The program is reviewed at a meeting each year by the teacher, other appropriate personnel, administrator, and the child's parents to assess progress made and to formulate goals for the next year. Teaching assistants may or may not take part in the meeting where the IEP is written, but undoubtedly you will be carrying out learning activities and recording progress concerning IEP goals and objectives. Become aware of the specific needs of the students you are assigned to.

### **INSERVICE/TRAINING**

A mandatory paraprofessional training is held prior to the beginning of each school year. Staff training, in which paraprofessionals are usually invited, occurs before the first week of school and occasionally throughout the year. Paraprofessionals are paid for attending training. You will be invited or notified when you are to attend training. Every paraprofessional is required to complete the paraprofessional training after being hired and before receiving a salary increase. The training must be set up by the paraprofessional supervisor and can be accessed at <https://para.unl.edu/ec/>. This is an online training that can be completed at your own pace.

### **MANDATORY REPORTING**

Students often confide in paraprofessionals once they know they can be trusted. If students report anything to you that causes you concern, please report this immediately to the teacher and/or administrator. We never keep secrets with students. In the case of suspected abuse, the state of Utah designates a Mandatory Reporter as "any person who has reason to believe that a child has been subjected to abuse or neglect."

### **PAPERWORK GUIDELINES**

Paperwork for special education will be completed per guidelines by the Special Education department.

### **WORKING WITH STUDENTS**

Understanding IEP goals and objectives help eliminate confusion and provides a better understanding of what the expectations are for the student. It is important to know specifically what the students' limitations are. At the same time, however, it is equally important to know what the students' abilities are. It is very important for our students to be as independent as they can possibly be. Give verbal praise to children for good work. Never physically grab a student or verbally berate them. You should never yell at students or say negative things about them. Don't take anything personally and when in doubt, talk to your classroom teacher about how best to deal with students.

## **JOB RESPONSIBILITIES**

"Paraprofessional" means an individual who works under the supervision of a teacher or other licensed/certified professional who has identified responsibilities in the public classroom.

Other helpful information can be found at the USBE Paraeducator Manual located at: <https://www.schools.utah.gov/file/0ecaf200-77b2-4f85-aa44-3f17af07c9e4>

Utah Administrative Code R277-324 outlines the purpose of paraprofessionals which can be found at <https://www.schools.utah.gov/file/99409b46-5e40-4b56-80e1-44f03efdf2c1>

**Qualifications** required for paraprofessionals (per administrative rule) are:

1. Complete at least two years (48 semester hours) at an accredited higher education institution; or
2. Obtain an associates (or higher) degree from an accredited higher education institution; or
3. Complete the required state assessment with a passing score. The state of Utah uses the ETS Parapro Praxis exam. The cutoff score for passing is 460. This test will be administered and paid for by PCA up to four times within one school year. If the paraprofessional cannot pass by the fourth attempt, he/she will not be recalled for the upcoming school year.

#### **DUTIES OF A PARAPROFESSIONAL**

- Assist individual students in performing activities as directed
- Assist with personal care of students
- Supervise children in hallway, lunchroom, and playground situations
- Assist in monitoring supplementary work and independent study
- Reinforce learning in small groups or with individuals while the teacher works with other students
- Assist in educational demonstrations for the class or small groups
- Provide assistance with individualized programmed materials
- Assist in carrying out program of support staff (SLP, OT, PT, APE)
- Maintain appropriate records and daily/weekly tracking sheets
- Assist the teacher in observing recording, and charting behavior
- Assist in preparation/production of instructional materials
- Carry out instructional programs designed by the teacher
- Carry out tutoring activities designed by the teacher
- Implement behavior management plan consistent with teacher implementation/instruction
- Operate classroom equipment and technology as needed
- Attend the IEP meeting, if requested

#### **PARAPROFESSIONAL WILL NOT BE SOLELY RESPONSIBLE FOR:**

- Special educational instructional or related service
- Selecting or administering formal diagnostic or psychologist instruments for interpreting the results of those instruments
- Selecting, programming or prescribing educational activities or materials for the student without the supervision and guidance of the teacher
- Preparing lesson plans or initiating original concept instruction
- Implementation of the individual education program for disabled students without direct supervision and involvement from the professional

### **PARAPROFESSIONALS WILL NOT:**

- be employed in lieu of certified special education personnel
- be used as a substitute teacher, unless the paraprofessional is eligible (*all paraprofessionals in our school are eligible to be substitute teachers*)
- perform nursing procedures or administer medications without appropriate supervision from an approved health care professional
- perform clerical duties, such as bulletin boards, copying, or grading

### **WHAT TO ASK THE CLASSROOM TEACHER OR SUPERVISOR**

- What hours and days do I work?
- Where can I access the school calendar?
- What records am I responsible for keeping?
- What is the daily schedule?
- When do students arrive and depart?
- What are the playground rules?
- What am I responsible for during lunch?
- Where are supplies kept?
- What is the line of communication and authority that I need to follow?
- Who do I talk to in case of a problem with a relationship or school policy?
- What do I say if a parent asks about their child's functioning in the classroom?
- What student records are available to me?
- What is expected in terms of student discipline?
- What course should you follow if you feel that you do not have enough to do?
- How does your teacher view the teacher/paraprofessional relationship?
- What is expected of me in terms of confidentiality, especially in how it relates to student information and records?
- Where can I keep my personal belongings?

### **TIPS FOR PARAPROFESSIONALS**

- Share in the responsibility of discipline
- Teaching is a profession--it takes time to learn the work
- Have patience and understanding toward the teacher and students
- Let your teacher know of your interests and experience as you may be able to contribute much to special class projects and special interest centers
- Support the special education program verbally, enthusiastically, and actively
- Support your classroom teacher

## **50 WAYS TO PRAISE STUDENTS**

Effective praise should include the student's name, be specific to the task and be positive.

Good

You've got it right

That's right

Super

That's good

You're really working hard today

You are very good at that

That's coming along nicely

Good work

That's much better

Exactly right

You just about have it

That's it

You are doing a good job

That's quite an improvement  
Great  
I knew you could do it  
Congratulations!  
Not bad  
Now you have it  
Good for you  
I couldn't have done it better  
That's the way to do it  
You're on the right track now  
Nice going  
Keep up the good work  
Sensational!  
You've got your brain in gear  
That was first-class work  
Excellent!  
Perfect!  
That's better than ever

Much better  
Wonderful!  
You must have been practicing  
You did that very well  
Nice going  
Outstanding  
Fantastic  
That's the way to handle it  
That's great  
Right on!  
Superb!  
You did a lot of work today  
That's it  
Thank You  
Good thinking  
You outdid yourself today  
Good attempt  
You figured that out fast

<http://abeged.com/TutorTraining/WS-3/50Ways2PraiseStudents.doc>

## **INTRODUCTION TO STUDENTS WITH SPECIAL EDUCATION SERVICES**

The following information is meant to serve only as an introduction to students with special education services. Each student is an individual first, with individual needs. Not all students will fit into all descriptions nor will they be educated in the same way. Talk in depth with your paraprofessional supervisor to learn the best way to work with each student. The overall goal of each student is to develop skills that will enable them to function effectively in society.

### **GENERAL GUIDELINES**

1. Treat each child as an individual
2. Be kind, consistent and firm
3. Allow each child to be an independent as possible
4. Be positive with each child
5. Give verbal and non-verbal praises
6. Ask teacher for help as needed

# **THE 13 CATEGORIES OF SPECIAL EDUCATION**

The Special Education Guide website details the definition, traits, and challenges for each of the 13 categories. We have included a portion of their information on the 13 categories of disability.

<https://www.specialeducationguide.com/disability-profiles/>

## **AUTISM**

### **Definition**

Autism, as defined by [Individuals with Disabilities Education Act \(IDEA\)](#), refers to “a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child’s educational performance.” This federal definition then proceeds to name traits commonly related to the condition: “Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child’s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in [IDEA].”

IDEA rounds out its definition by noting that a child who shows the characteristics of autism after age three could be diagnosed as having autism if the criteria above are satisfied. This enables a child to receive special education services under this classification if he or she develops signs of autism after his or her third birthday. Typically a psychiatrist, clinical psychologist, physician or other highly qualified professional makes the diagnosis. It would not be uncommon for the evaluation team to suspect Autism, then ask the parent to see a psychiatrist, clinical psychologist or appropriately trained pediatrician.

### **Common Traits**

Before getting into common traits associated with autism, understanding a little background is helpful. The [National Dissemination Center for Children with Disabilities](#) (NICHCY) acknowledges that the phrase “autism spectrum disorder” is gaining momentum because it better captures the similarities between autism and other conditions that fall under this category. This term applies to five subcategories: autism, Asperger syndrome, Rett syndrome, childhood disintegrative disorder and Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS).

NICHCY explains that a particular case’s traits determine the exact diagnosis. These characteristics fall into three major areas: social interaction, behavior and communication. Such characteristics might include the following.

- Unusual fixation (for instance, only playing with round toys)
- Inability to focus without first completing a routine
- Disruptive behavior when ordinary schedule is interrupted
- Unusual communication habits (from not talking at all to repeating certain phrases)
- Difficulty understanding social interactions

### **Educational Challenges**

Due to the aforementioned traits, educating a student with a condition that falls within the autism spectrum proves challenging. Students with autism often face academic barriers such as:

- Trouble following directions



- Hampered ability to communicate
- Disinterest
- Disruptive behavioral problems

## DEAF-BLINDNESS

### **Definition**

Deaf-blindness refers to a child with both hearing and visual disabilities. The [Individual with Disabilities Education Act \(IDEA\)](#) officially defines the term as “concomitant [simultaneous] hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.”

According to [National Dissemination Center for Children with Disabilities](#) (abbreviated as NICHCY), deaf-blindness does not necessarily mean complete losses. NICHCY’s fact sheet on this disability category states, “the word ‘deaf-blindness’ may seem as if a person cannot hear or see at all. The term actually describes a person who has some degree of loss in both vision and hearing. The amount of loss in either vision or hearing will vary from person to person.”

### **Common Traits**

The [American Association of the Deaf-Blind](#) notes that about half of individuals with deaf-blindness in the United States have a genetic condition called Usher Syndrome. In these cases a child may be born deaf, hard of hearing or with normal hearing; eventually, however, he or she loses both vision and hearing.

Aside from genetic conditions, causes for deaf-blindness include birth trauma, illness and injury. Possible illnesses and injuries which may lead to deaf-blindness include stroke, meningitis and head trauma.

### **Educational Challenges**

The educational challenges related to deaf-blindness vary based upon a student’s individual needs. Two main areas of education affected by deaf-blindness are reading and communicating, creating the following potential issues:

- Understanding classroom lectures
- Participating in class discussions
- Presenting oral reports
- Fulfilling reading assignments

## DEAFNESS

### **Definition**

An inability to comprehend verbal language due to an inability to hear characterizes deafness. The [official definition of deafness](#) from the Individuals with Disabilities Education Act (IDEA) is “a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification.” The phrase “with or without amplification” is significant as it indicates that a hearing aid will not provide sufficient accommodation so that the student can succeed in the classroom.

### **Common Traits**

Hearing loss varies in severity; however, as IDEA’s definition specifies, deafness entails the most severe cases. Impairments can affect the ability to hear intensity (loudness, measured in

decibels), pitch (frequency, measured in hertz) or both. Typically hearing loss above 90 decibels is considered deafness, according to [National Dissemination Center for Children with Disabilities \(NICHCY\)](#).

### **Educational Challenges**

Students who are deaf face several educational barriers, which can make the following tasks difficult:

- Learning by lectures
- Participating in classroom discussions
- Giving oral presentations
- Taking oral exams
- Note taking
- Watching educational films

Additionally, NICHCY identifies language arts as a potentially problematic subject, specifically in topics such as vocabulary, grammar and word order.

## **EMOTIONAL DISTURBANCE**

### **Definition**

In the special education realm, conditions which generate behavioral issues fall under the category emotional disturbance. Several disorders receive this classification, as the [Individuals with Disabilities Education Act's \(IDEA\) definition](#) suggests. This lengthy definition reads:

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (C) Inappropriate types of behavior or feelings under normal circumstances.
- (D) A general pervasive mood of unhappiness or depression.
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. Overwhelmed? A simpler way to understand emotional disturbances is to remember that, when it comes to special education, the term "emotional disturbance" is associated with mental health or severe behavior issues.

### **Common Traits**

The [National Dissemination Center for Children with Disabilities](#) (often referred to as NICHCY) lists six types of emotional disturbances: anxiety disorders, bipolar disorder, conduct disorders, eating disorders, obsessive-compulsive disorder (OCD) and psychotic disorders; however, they note that this list isn't all-inclusive. To learn about the precise characteristics connected to a child's emotional disturbance, look into the specific subcategory that affects that child.

### **Educational Challenges**

Given the behavioral issues related to the disability category at hand, educating students diagnosed with emotional disturbances can prove challenging. The challenge often stems from potential classroom disruptions; for instance, imagine the trouble created when a student begins crying uncontrollably or starts throwing a wild temper tantrum.

# HEARING IMPAIRMENT

## **Definition**

Hearing impairment as a disability category is similar to the category of deafness, but it is not the same. The [official definition](#) of a hearing impairment by the Individuals with Disabilities Education Act (IDEA) is “an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but is not included under the definition of ‘deafness.’” Thus, knowing the definition of [deafness](#) is necessary to understand what sort of disabilities are considered hearing impairments. A hearing loss above 90 decibels is generally considered deafness, which means that a hearing loss below 90 decibels is classified as a hearing impairment.

## **Common Traits**

The [National Dissemination Center for Children with Disabilities \(NICHCY\)](#) explains that hearing loss falls into four subcategories: conductive, sensorineural, mixed and central. These identify the location in the body in which the hearing impairment occurs. Hearing aids and other sound amplifying assistive technologies (AT) often work for students with conductive hearing loss, as their impairments stem from the outer or middle ear. Such does not hold true with sensorineural, mixed and central hearing losses, as these impairments stem from the inner ear, the central nervous system or a combination of the two. Typically, hearing loss is categorized as slight, mild, moderate, severe or profound, depending on how well an individual can hear the frequencies that are commonly associated with speech.

## **Educational Challenges**

Educational obstacles related to hearing impairments stem around communication. A student with a hearing impairment may experience difficulty in:

- the subjects of grammar, spelling and vocabulary
- taking notes while listening to lectures
- participating in classroom discussions
- watching educational videos
- presenting oral reports

Underscoring the difficulty that students with hearing impairments may have in presenting oral reports are the potential language development problems linked to hearing impairments.

[Arizona’s Department of Education’s Parent Information Network](#) notes that, “Since children with hearing impairments are unable to receive some sounds accurately, they often cannot articulate words clearly.”

# INTELLECTUAL DISABILITY

## **Definition**

Intellectual disability, formerly labeled “mental retardation,” is defined by the [Individuals with Disabilities Education Act \(IDEA\)](#) as “significantly subaverage general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child’s educational performance.” There are two key components within this definition: a student’s IQ and his or her capability to function independently, usually referred to as adaptive behavior.

You may find that your state still uses the term “mental retardation.” In 2012, the federal government enacted legislation changing the term mental retardation to intellectual disabilities in all federal law. Despite being encouraged to quickly replace all references to mental

retardation and its derivatives, some state offices have still not made the changes to the less offensive term in their legislation and documents.

### **Common Traits**

An IQ below 70 to 75 indicates an intellectual disability, according to the [National Dissemination Center for Children with Disabilities](#) (called NICHCY). The deficits in “adaptive behavior” cited by IDEA prove trickier to evaluate. Factors considered include the ability to comprehend and participate in a conversation, to understand and follow social norms and to perform activities such as getting dressed and using the restroom. NICHCY explains that the causes of intellectual disabilities vary from pregnancy issues and complications at birth to genetic conditions (such as Down syndrome and fragile X syndrome) and health problems early in life, including diseases like measles and contact with poisonous substances such as lead and mercury.

A number of traits can point to an intellectual disability. The [National Institute of Child Health and Human Development](#) (NICHD) lists the following among early indicators:

- Delay in reaching developmental milestones such as sitting up and talking
- Difficulty remembering things
- Trouble comprehending accepted social behaviors and/or understanding the consequences to actions
- Poor problem-solving skills

### **Educational Challenges**

Time to take a deep breath. Parents, you may experience doubt about your child’s educational path and long-term future. Teachers, you can certainly see that educating students with intellectual disabilities involves numerous challenges. Still, NICHCY emphasizes, “They will learn, but it will take them longer.”

Obviously, an intellectual disability creates many educational challenges that must be overcome. These include:

- Trouble understanding new concepts
- Inappropriate behavior
- Limited vocabulary
- Difficulty accomplishing complex tasks

## **MULTIPLE DISABILITIES**

### **Definition**

According to the Individuals with Disabilities Education Act’s (IDEA), multiple disabilities refers to “concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.”

In other words, a student whose special needs are categorized under multiple disabilities requires coinciding adaptations for more than one disability. The exception is the combination [deafness and blindness](#), as this pair of impairments has its own classification under IDEA.

### **Common Traits**

Given the numerous disability category combinations possible, the designation multiple disabilities encompasses a broad range of traits. However, the [National Dissemination Center for Children with Disabilities](#) (usually referred to as NICHCY) lists several common characteristics, including hampered speech and communication skills, challenges with mobility and a need for assistance in performing everyday activities. It’s also worth noting that medical conditions such as seizures and “water on the brain” (hydrocephalus) can accompany multiple disabilities.

### **Educational Challenges**

Without a doubt, the aforementioned traits can create numerous educational challenges. For instance, a student prone to seizures raises safety concerns inside a classroom. Other common educational challenges revolve around the following issues:

- Finding a setting suitable to the child's intelligence level
- A child's ability to effectively communicate with teachers, support staff and peers
- A student's capability to function in the classroom
- Assessing and compensating for visual or hearing impairments

## **ORTHOPEDIC IMPAIRMENTS**

### **Definition**

An orthopedic impairment is defined by the [Individuals with Disabilities Education Act \(IDEA\)](#) as "a severe orthopedic impairment that adversely affects a child's educational performance." IDEA specifies that this term "includes impairments caused by a congenital anomaly [birth defects], impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures)." Put directly, orthopedic impairments involve physical disabilities which could affect the academic process.

### **Common Traits**

As IDEA's definition demonstrates, orthopedic impairments can stem from various causes. While most of the causes listed are fairly self-explanatory, "burns that cause contractures" warrants further explanation. The National Institutes of Health's Medline Plus [Medical dictionary](#) defines "contracture" as "a permanent shortening (as of muscle, tendon, or scar tissue) producing deformity or distortion."

An evaluation is required for a disability to be classified as an orthopedic impairment. While the exact requirements for such an evaluation vary by location, this process generally includes a medical assessment performed by a doctor, detecting how the impairment may impact a child's academic performance and observing the child in his or her educational atmosphere.

### **Educational Challenges**

Considering the diversity in conditions that are embodied by the orthopedic impairments category, educational challenges will differ case by case, and the strategies used in each case should focus on a student's unique needs. Possible academic barriers include:

- Non-accessible transportation
- Trouble maneuvering around the classroom
- Difficulty navigating school hallways
- Earning mandated physical education credit
- Communicating effectively

## **OTHER HEALTH IMPAIRMENTS**

### **Definition**

An umbrella term, "other health impairment" (OHI) encompasses a range of conditions. The [Individuals with Disabilities Education Act \(IDEA\)](#) names several such disorders in OHI's official definition: "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 [a kidney disorder], rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) adversely affects a child's educational performance." The [National Dissemination Center for Children with Disabilities](#) (abbreviated NICHCY) labels "such as" as key words within IDEA's definition. These two words acknowledge that conditions not directly named in the definition can still meet the qualifications needed to fall within the OHI category.

### **Common Traits**

Compiling a list containing common traits among OHIs is an overbearing task given the wide range of impairments that the term covers. After all, Tourette syndrome differs from attention deficit/hyperactivity disorder (AD/HD) the same way that diabetes differs from epilepsy. Researching the traits of a specific condition within the classification of OHI will allow you to gain a better understanding of the common traits of that condition—an understanding that is much more practical than knowing the traits of the category as a whole.

### **Educational Challenges**

The vast net cast by the other health impairment category broadens the range of educational challenges that an OHI can create. For example, compare epilepsy and AD/HD. MedlinePlus mentions that the educational challenges presented by [epilepsy](#) revolve around safety issues linked with seizures; in contrast, the academic barriers related to [AD/HD](#) involve trouble concentrating and difficulty sitting still. The vast majority of students served in the OHI category have AD/HD. Since that disorder was included in this category, the number of students labeled OHI has grown significantly.

## **SPECIFIC LEARNING DISABILITIES**

### **Definition**

The [Individuals with Disabilities Education Act \(IDEA\)](#) defines a specific learning disability 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." This disability category includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia (a type of language disorder).

However, as IDEA's definition notes, "Specific Learning Disability 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." This clause helps to distinguish learning disabilities from the other disability categories specified by IDEA. Specific Learning Disabilities (SLD) is by far the largest category of disability within the Individuals for Disabilities Education Act. Nearly half of all disabled children are labeled in the category of SLD.

### **Common Traits**

According to the [National Dissemination Center for Children with Disabilities](#) (known as NICHCY), specific learning disabilities commonly affect skills in the areas of:

- Reading (called dyslexia)
- Writing (called dysgraphia)
- Listening
- Speaking
- Reasoning
- Math (called dyscalculia)

Signs that a child might have a learning disability tend to appear in elementary school. For example, difficulty learning the alphabet, problems with following directions, trouble

transforming thoughts into written words and misreading math problems are all possible indicators of a specific learning disability.

### **Educational Challenges**

It's clear from reading the above traits that students with learning disabilities can face a number of educational challenges. [Oklahoma's State Department of Education](#) alludes to several of these challenges in their online fact sheet on specific learning disabilities; they include:

- Difficulty reading out loud
- Poor reading comprehension
- Struggling to write papers and essays
- Trouble understanding lectures
- Difficulty holding a pencil

## **SPEECH OR LANGUAGE IMPAIRMENT**

### **Definition**

The [Individuals with Disabilities Education Act \(IDEA\)](#) officially defines speech and language impairments as “a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child’s educational performance.” Each point within this official definition represents a speech and language subcategory. “A communication disorder such as stuttering” provides an example of a fluency disorder; other fluency issues include unusual word repetition and hesitant speech. “Impaired articulation” indicates impairments in which a child experiences challenges in pronouncing specific sounds. “A language impairment” can entail difficulty comprehending words properly, expressing oneself and listening to others. Finally, “a voice impairment” involves difficulty voicing words; for instance, throat issues may cause an abnormally soft voice.

### **Common Traits**

Speech and language impairments tend to emerge at a young age, and the earlier a child is diagnosed and receives services accordingly, the more likely that child can outgrow the disability. Speech-language pathologists work with children with speech and language impairments, as well as with parents and teachers. For example, a speech-language pathologist might work with a child with impaired articulation to help him or her learn to pronounce “s” and “z” sounds correctly.

If a child fails to meet the [speech and language milestones](#) set by [American Speech-Language-Hearing Association \(ASHA\)](#), he or she might have a speech and language impairment. The [National Dissemination Center for Children with Disabilities](#), commonly referred to as NICHCY, notes that parents are usually the first to suspect that a child might possess such an impairment. However, it's important to note that hearing issues, autism and a number of other disabilities can masquerade as speech and language impairments, and a child with a suspected impairment should be evaluated by a speech-language pathologist to avoid misdiagnosis.

### **Educational Challenges**

The obstacles created by speech and language impairments vary by the specific case, but because communication is at the core of education, these impairments can impact a student's entire educational experience. Some of these challenges might involve:

- Communicating effectively with classmates and teachers
- Understanding and/or giving oral presentations
- Participating in classroom discussions
- Attaining normalcy within a group

# TRAUMATIC BRAIN INJURY

## **Definition**

A student with a brain injury may qualify for special education services under the disability category traumatic brain injury (TBI). The [Individuals with Disabilities Education Act \(IDEA\)](#) outlines the conditions that fall within this classification, formally defining TBI as “an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance.” The definition continues to specify, “Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psycho-social behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.” Please note the last sentence. It indicates that hereditary brain injuries, conditions that worsen over time and brain injuries caused by birth complications do not fall under TBI.

## **Common Traits**

A wide range of traits are associated with traumatic brain injury, according to the [National Dissemination Center for Children with Disabilities](#) (commonly called NICHCY). These include mental, physical and emotional issues such as:

- Memory difficulties, both short-term and long-term
- Problems concentrating
- Trouble maneuvering, maybe even paralysis
- Struggles with relating to peers

## **Educational Challenges**

The above issues lead to some unique educational challenges, such as those listed below.

- Difficulty taking tests and exams
- Problems with following complex directions
- Difficulty learning new skills

# VISUAL IMPAIRMENT

## **Definition**

As the term indicates, a visual impairment involves an issue with sight which interferes with a student’s academic pursuits. The [Individuals with Disabilities Education Act \(IDEA\)](#) officially defines the category as “an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.”

## **Common Traits**

Several conditions can cause visual impairments, and these disabilities can take a number of forms. The [National Dissemination Center for Children with Disabilities](#) (known as NICHCY) names a range of examples, including common conditions such as near-sightedness and far-sightedness, as well as more complex conditions like congenital cataracts and strabismus. While the causes vary, there are several common signs which may indicate that a child has a visual impairment. These include:

- Irregular eye movements (for instance, eyes that don’t move together or that appear unfocused)
- Unusual habits (such as covering one eye or frequently rubbing eyes)
- Sitting abnormally close to a television or holding a book close to the face



## **Educational Challenges**

Intelligence does not require sight; therefore, overcoming educational challenges is vital to enabling a student with a visual impairment to reach his or her full academic potential. Such challenges may entail:

- Safely maneuvering around the classroom
- Conceptualizing objects
- Reading
- Operating standard educational tools such as calculators and word processing software

# **DYSLEXIA**

Healthline.com

## **How to Recognize Dyslexia Symptoms by Age**

### **Overview**

Dyslexia is a learning disorder that affects both children and adults. Its symptoms are different with age, and severity can vary as well. Generally, people with dyslexia have difficulty breaking down words into simple sounds. They struggle to learn how sounds relate to letters and words, which leads to slow reading and poor reading comprehension. Dyslexia is often known as a reading disability. It's most often identified in childhood when reading problems first become apparent. But dyslexia can go undiagnosed for years or even decades.

Dyslexia is not connected with intelligence. It is a neurobiological disorder that affects the parts of your brain involved in language processing. Despite its biological basis, dyslexia can't be diagnosed with a simple blood test or brain scan. When doctors make a diagnosis, they consider the results of a series of reading tests along with the symptoms reported by the person, their parents, or their teachers. Keep reading to learn how dyslexia symptoms can vary with age, plus what symptoms to look out for and when.

### **Kindergarten and first grade**

Around age 5 or 6 years, when kids begin learning to read, dyslexia symptoms become more apparent. Children who are at risk of reading disabilities can be identified in kindergarten. There is no standardized test for dyslexia, so your child's doctor will work with you to evaluate their symptoms. Signs that your kindergartener or first grader may be at risk include:

- not understanding that words break apart into sounds
- making reading errors that aren't connected to the sounds of the letters on the page
- having a history of parents or siblings with reading problems
- complaining about how hard reading is
- not wanting to go to school
- showing problems with speaking and pronunciation
- having trouble sounding out basic words like "cat" or "map"
- not associating letters with sounds (for example, that "p" sounds like "paa")

Early intervention programs usually focus on phonological (word sound) awareness, vocabulary, and reading strategies.

### **Second through eighth grade**

Many teachers are not trained to recognize dyslexia. Children who are intelligent and participate fully in class often slip through the cracks because they are good at hiding their reading trouble. By the time your child reaches middle school, they may have fallen behind in reading, writing, and spelling. Signs of dyslexia in grade school and middle school include:

- being very slow in learning to read

- reading slowly and awkwardly
- having difficulty with new words and sounding them out
- disliking or avoiding reading out loud
- using vague and inexact vocabulary, like “stuff” and “things”
- hesitating while finding words and answering questions
- using a lot of “umms” in conversation
- mispronouncing words that are long, unknown, or complicated
- confusing words that sound alike
- having trouble remembering details, such as names and dates
- having messy handwriting

### **Young adulthood: High school and college years**

High school and college involve a new set of challenges for students with dyslexia. They face far more rigorous academic challenges when quick reading comprehension is essential. High school and college students are assigned more reading material. They must also learn to work with several different teachers, all with different expectations. Without treatment, some people's childhood dyslexia continues into young adulthood. Others' will improve naturally as their higher learning functions develop. In addition to the signs already seen in childhood, dyslexia signs in young adulthood can include:

- requiring a great mental effort for reading
- reading slowly
- rarely reading for pleasure
- avoiding reading out loud in any situation
- pausing and hesitating often while speaking
- using a lot of “umms”
- using vague and imprecise language
- pronouncing names and places wrong frequently
- having difficulty remembering names
- confusing like-sounding names
- missing quick responses in conversation
- having limited spoken vocabulary
- having difficulty with multiple-choice tests
- considering themselves stupid despite good grades

### **How to get help for dyslexia**

For children with learning problems, the earlier you intervene, the better. Start by reaching out to your child's school. Get the teacher's opinion. If your child's reading level is below what the teacher expects for their age, then you should consult your pediatrician.

Understand that it takes time for doctors to make a diagnosis of dyslexia. First, they need to rule out other possible causes of your child's reading problems. Your pediatrician might refer you to any of the following specialists:

- pediatric psychologist
- clinical or educational psychologist
- learning disabilities specialist
- speech pathologist
- ophthalmologist (eye doctor)
- audiologist (hearing specialist)
- neurologist (brain specialist)

If you suspect that you might have undiagnosed dyslexia, it's never too late to seek help. Adult education programs can help most people significantly improve their reading and writing ability at any age. Talk to your family doctor about getting an evaluation.