

Special Education and Learning Struggles

General

- Our classrooms are diverse places, full of diverse people. Our students have wide-ranging interests, ability levels, backgrounds, and cultures. We need to embrace each of their differences and what we can learn from them. The concepts of community, empathy, and caring for each other in spite of our differences are all things we should be cultivating in the context of the classroom.
- Christians should be the biggest champions for acceptance of individuals with disabilities. Acceptance involves loving these students as they are and doing everything we can to help promote their maximum growth.
- God has created each person beautifully, and they are unique and loved. Recognizing the reality of various differences and limitations in students is part of honoring their unique personhood. We do not expect the person who cannot carry a tune to be our primary song leader or expect the child with the broken leg to be able to run. In the same way, not accepting the legitimate limitations of those with neurodivergence is demoralizing and unloving.
- When it comes to learning disabilities, recognize that there is a range from mild to moderate to severe to profound.
- In order for an individual to be diagnosed with a learning disability, it needs to be significantly impacting their functioning in life or their performance in the classroom (compared to typical development).
- Be aware of how you use labels. Labels don't limit an individual or capture the whole person. They don't define the entirety of who they are or enable them to have an excuse to not reach their full potential. However, labels are a beneficial tool to describe the reality of what is going on. It helps you to understand the student better and know where to look for resources to help them. Labels can be a profound relief to a student, giving an explanation to the incredible challenges a student may be facing and providing hope for a way forward.
- Early warning signs that a child might have a special need:
 - Delayed language—by the time a child enters school, they should be able to speak in complete sentences and answer basic questions.
 - Delayed physical development—this can take on multiple forms, such as the following:
 - Impulsive/overflow movements such as head-banging desk when fatigued or other repetitive behaviors
 - Infant-like behaviors such as finger-sucking, drooling, easy startling, etc.
 - Ungraceful movements such as difficulty navigating stairs, unusual stiffness/rigidity, whole-body turns for balance, etc.
 - Gross motor gaps such as inability to skip, hop, bike, or swing by school age
 - Unmastered preschool concepts—if a child is struggling significantly with counting, sequencing, or basic concepts such as less and more, it may signal a deeper issue.

ADHD

- What ADHD is:
 - A persistent pattern of inattention
 - Hyperactivity or impulsivity that interferes with functioning or development
 - Ongoing, continual, and interfering with the ability to complete daily responsibilities
 - A physical difference in some people's brains that can be seen with brain scans
- What ADHD isn't:
 - An occasional feeling of restlessness you get after you've sat for too long or the reason why you feel like you need to fidget with your pencil
 - Regular forgetfulness, like not being able to remember what you wanted to get at the grocery store
 - A term to be thrown around jokingly (for some people, it is a real and serious issue that affects their lives deeply)
- There are three main types of ADHD:
 - Inattentive—the individual is distractable, whether with external things or internal things. People with the inattentive style of ADHD will struggle with working memory, making it very difficult for them to remember what tasks they are supposed to complete.
 - Hyperactive/Impulsive—the individual is restless and keeps moving around or cannot stop talking. People with the hyperactive style of ADHD will make impulsive, rapid decisions without weighing consequences first.
 - Combined—the most common type, where the individual struggles with both the inattentive and the hyperactive components of ADHD.
- It can be challenging to know if a child's inattentive or hyperactive behavior is a part of typical childhood development or a symptom of ADHD. An assessment by a family doctor is required to diagnose someone with ADHD. Additionally, the following checklist could be used as a tool to help give you a frame of reference: [ADHD Checklist - The Dock for Learning](#)
- ADHD is highly hereditary (75%). The other 25% is environmental, particularly triggered by stressful or traumatic experiences when a child is very young.
- Some things that can help students with ADHD:
 - Provide a structured and routine classroom environment
 - Provide a few minutes of advance notice when an activity or location will change
 - Put a checklist on students' desks that give a list of the tasks they need to complete
 - Incorporate regular times of movement into the flow of your day
 - Products such as a kick fix, wobble cushion, or time timer
 - Provide the option of "two offices," one in a regular desk and one at an alternate spot in the classroom
 - Wearing earmuffs can help block out distractions
 - Reward good behavior and shower them with positive feedback
 - Plan to check in with them more regularly to monitor their work
 - Make curricular adjustments as needed

Dyslexia

- Dyslexia is diagnosed when an individual has an average or above-average IQ, but below-average ability to read and write and spell.
- Dyslexia is caused by a physical difference in how the brain processes language. This has been viewed using fMRI imaging.
- Dyslexia is caused by a lack of phonological awareness, which is the ability to hear and manipulate sounds in spoken language. Children with dyslexia struggle to break the sounds of language into each of its individual pieces, right down to the individual sounds that make up words.
- How to help children with dyslexia (this will vary based on the severity of the dyslexia):
 - Teach phonics very explicitly in the lower grades
 - Read tests aloud for students with dyslexia—this ensures you are testing their knowledge, not their reading ability
 - Provide one-on-one instruction with a tutor
- Curricula that can help students with dyslexia learn to read:
 - Heggerty (whole-class instruction)
 - All About Reading (one-on-one for younger students)
 - Barton Reading and Spelling (one-on-one for older students)
- Myths about dyslexia:
 - Students with dyslexia see things backwards. This is not the case, as dyslexia is caused by a problem with the way the brain processes sounds, not anything to do with the vision portion of the brain. Students with dyslexia may read *saw* for *was*, but they will also read *house* instead of *home* or *horse*. The problem lies with their difficulty in applying phonics to sound out the words.
 - Confusing *b* and *d* is a sign of dyslexia. Actually, when a child is first learning to read and write, it is normal to display some *b/d* confusion. This can persist through their first two or three years of learning letters, even for children without dyslexia. The time to get concerned is if they cannot verbally answer the question, “What is the first sound in *ball*?” by saying “*b*.”
 - Students will outgrow their dyslexia. Actually, as students get older, the gap between their reading abilities and their peer’s reading abilities will only continue to grow. The reading difficulty you are seeing in a young student will not miraculously disappear.
 - Students with dyslexia will always be poor readers. While it is true that those who start out struggling significantly compared to peers will always struggle compared to peers, this is only the case if they are given the same instruction their peers are given. That ends up being a key distinction, as there are many research-proven interventions that can help those with dyslexia learn to read. Brain scans have shown that Orton-Gillingham based programs (such as Barton or All About Reading) can actually rewire the brain and strengthen reading skills.

- Often students with dyslexia have internalized lies about themselves such as “I’m stupid” or “I’m different in a bad way.” They may benefit from watching the following video that explains dyslexia in child-friendly language. [Dyslexia: An Explanation for Kids - The Dock for Learning](#)

Autism

- Autism is a well-documented physiological disorder in which distinct changes in the neurons, gray matter, and white matter of the brain have been viewed with MRI brain images.
- Autism is a spectrum disorder, meaning there is a continuum of ability levels within individuals with the disorder.
- Every child with autism is different, but in general, individuals with autism might struggle with the following:
 - Difficulty reading social cues
 - Little to no eye contact when talking to someone
 - Repetitive behaviors
 - Sensory overload leading to overwhelm
 - Intense interests in specific areas
 - An unusually strong ability to remember information and share it
- If a child with autism exhibits the same challenging behavior often or has outbursts at predictable times, start by thinking about what is happening before the behavior. Is it happening in a certain place, at a certain time, or when they’re encountering a certain challenge? If you can identify what is triggering the unwanted behavior, you know how to help the child work through it.
- Children with autism benefit greatly from one-on-one teaching of specific skills. They often need to be explicitly taught how they ought to behave in social settings.
- Suggestions for sensory therapy that may be able to be implemented at school: [Sensory Therapy at Home - The Dock for Learning](#)

Down Syndrome

- Resources compiled by a educator and mother of a child with Down syndrome: [Teaching Resources for Children with Down Syndrome - The Dock for Learning](#)

Trauma

- Trauma is when a person experiences or observes an event that triggers emotions like intense fear, helplessness, or terror. This could be from a singular event or ongoing circumstances.
- Risk factors of a trauma response include difficult pregnancy or birth, early hospitalization, neglect, abuse, or separation trauma (such as from birth parents in adoption).
- A traumatic event can significantly impact brain development.
 - The upper part of the brain, the cerebrum, is not wired at birth. It allows us to think, remember things, plan, regulate our emotions, and learn. It develops as we grow.
 - The lower part of the brain, the limbic system, is wired at birth, allowing a newborn to eat, sleep, drink, stay warm or cool, and respond using reflexes.

- If a child experiences trauma, the lower part of the brain overdevelops and the upper part of the brain remains underdeveloped.
- Particularly in the first year of life, if the child experiences trauma, their brain will develop a survival mode of operation in which they're never really at rest and able to do the upper brain activities of thinking and learning.
- Trauma memories can be triggered, activating the limbic system and causing the brain to go into survival mode. When this happens, the child is physically unable to use the rational, thinking part of their brain, instead responding with fight, flight, or freeze.
- Children who have experienced trauma are often living in a state of constantly being on edge, meaning their emotions are much more difficult for them to regulate.
- Tips for helping children with trauma:
 - Recognize the root cause of many of their challenging behaviors as being due to the way their brains are wired, not deliberate disobedience or rebellion.
 - Create a sense of belonging and community. Teach students to care for and listen to each other.
 - Keep a high level of structure and routine. Warn students about upcoming changes to schedule. This helps them to feel safe.
 - Communicate often with parents. Find out what are common triggers for the child and how you can help them de-escalate.
 - Administer consequences consistently and calmly. Once the child is in a workable frame of mind, require them to right their wrongs (e.g. if they destroyed property, they need to fix it; if they scribbled on their desk, they need to clean it off; if they threw things across the room, they need to pick them up, etc.)

General Resources

- Guidance in creating an individualized Learning Support Plan for a struggling learner: [Learning Support Plans - The Dock for Learning](#)
- An article on the whole range of learning disabilities a child may encounter: [Specific Learning Disabilities - The Dock for Learning](#)
- Bibliography of resources for learning disabilities: [Bibliography of Resources for Learning Disabilities - The Dock for Learning](#)
- Resources for understanding and helping struggling learners:
 - [Resources for The Exceptional Learner - The Dock for Learning](#)
 - [Resources and Ideas for the Special Ed Classroom - The Dock for Learning](#)

Sources

- Introduction to Diverse Learners: Part 1 of 5 by Becky Bollinger: [Introduction to Diverse Learners: Part 1 of 5 - The Dock for Learning](#)
- The World of the Exceptional Learner by Lynell Nissley: [The World of the Exceptional Learner - The Dock for Learning](#)

- History and Frequency of Special Education by Lynell Nissley: [History and Frequency of Special Education - The Dock for Learning](#)
- Identifying Special Needs by Aquilla Martin: [Identifying Special Needs - The Dock for Learning](#)
- Introduction to Diverse Learners: ADHD by Becky Bollinger: [Introduction to Diverse Learners: ADHD - The Dock for Learning](#)
- Helping Students with ADHD: The Anabaptist Advantage by Austin Shenk: [Helping Students with ADHD: The Anabaptist Advantage - The Dock for Learning](#)
- Blessed with ADHD, Part II by Arlene Birt: [Blessed With ADHD, Part II - The Dock for Learning](#)
- Introduction to Diverse Learners: Autism Spectrum Disorder by Becky Bollinger: [Introduction to Diverse Learners: Autism Spectrum Disorder - The Dock for Learning](#)
- The Gift of Neurodivergence by Trent Clugston: [The Gift of Neurodivergence - The Dock for Learning](#)
- Introduction to Diverse Learners: Trauma by Becky Bollinger: [Introduction to Diverse Learners: Trauma - The Dock for Learning](#)
- To the Teacher of the Difficult Student by Carolyn Martin: [To the Teacher of the Difficult Student - The Dock for Learning](#)
- Introduction to Diverse Learners: Dyslexia by Becky Bollinger: [Introduction to Diverse Learners: Dyslexia - The Dock for Learning](#)
- Myths about Dyslexia by Lynell Nissley: [Myths about Dyslexia - The Dock for Learning](#)