Planning Interventions
for First Nations students
with special needs:
A teacher resource

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May, 1999

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First Nations Education Steering Committee/First Nations Schools Association

Special Needs Project

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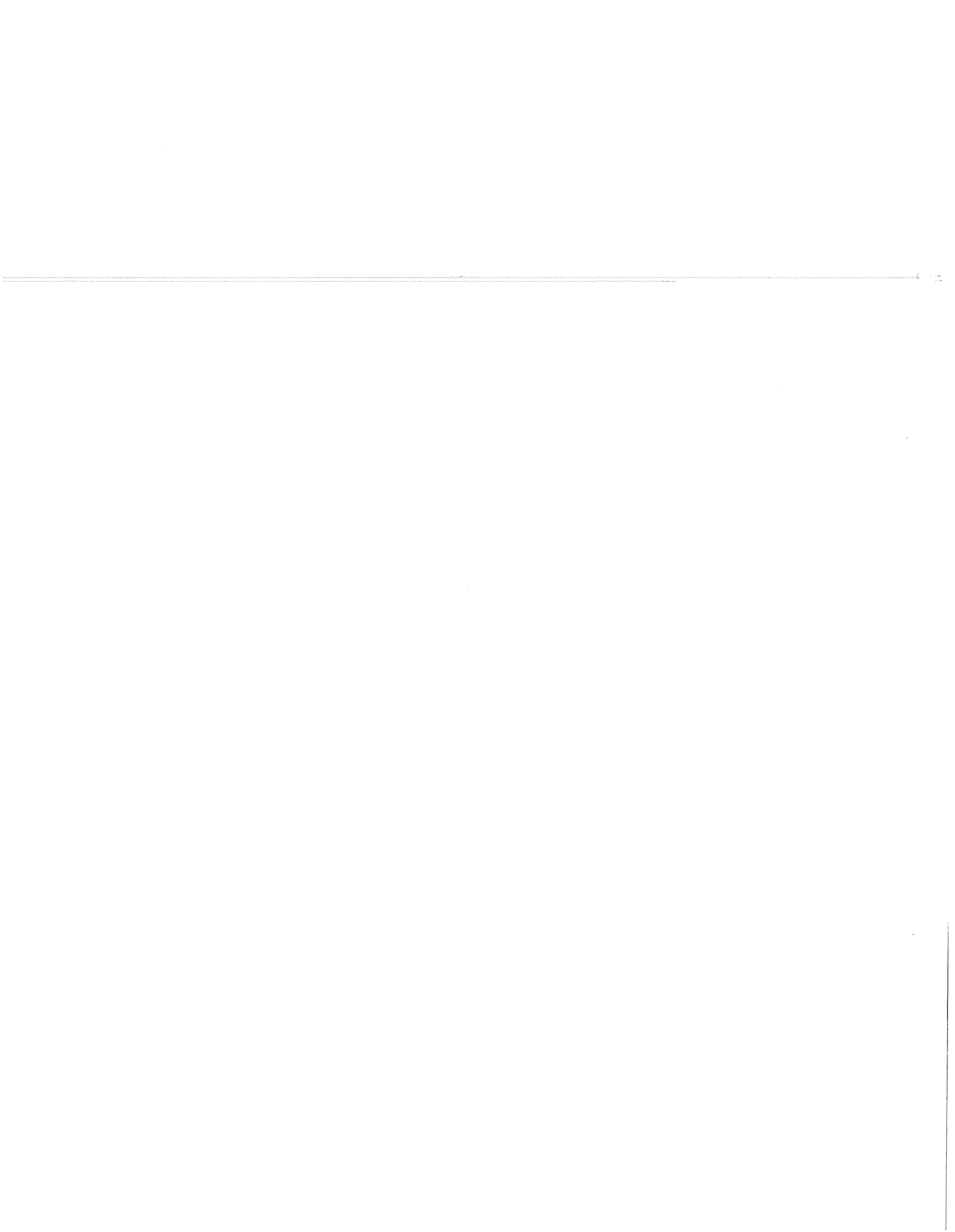Arthur J. More, Ph.D., Special Needs Project Coordinator

INTRODUCTION

This Teacher Resource is just one component of the Special Needs Project of the First Nations Education Steering Committee and the First Nations Schools Association.

The Special Needs Project involves determining the type and number of students with special needs in First Nations schools in BC. It includes screening, referrals and psycho-educational assessments of a sample of students, followed by development of intervention plans for these students. The three main documents for the Project are: the Screening Resource, this Interventions Planning Resource and the Final Report.

For more information: see the Project Website at http://216.23.147.80/artmore/specialassess.htm; contact Dr. Art More, Project Coordinator, 604-822-2338, e-mail art.more@ubc.ca, or contact Barbara Kavanagh, Director of Research and Policy Development, First Nations Education Steering Committee, 207 – 1999 Marine Drive, North Vancouver, BC, V7P 3J3, 604-990-9939.

Purpose

The purpose of this Teacher Resource is to provide guidelines and suggestions for planning interventions for First Nations students with special needs.

These guidelines and suggestions are designed for schools which have very limited special needs support services, as is currently the case in most First Nations schools in the province.

This resource:
- explains how to develop intervention plans for your students with special needs, including the concept of the Individual Education Plan (IEP);
- provides general guidelines and ideas to include in those intervention plans, some of these are especially designed for First Nations students, others are specific to particular special needs;
- provides references to more detailed, "teacher-friendly" information for developing the intervention plans;
- is based on the assumption that the student's difficulties have been identified through use of the Screening Resource and/or formal assessment

GENERAL GUIDELINES

There are some general guidelines for planning interventions, that can be effective over a wide range of special needs. They are listed below. A later section describes more ideas and guidelines for specific special needs.

Main guideline

The main guideline for developing intervention plans is this: *Build the interventions on the fact that the students are First Nations students in First Nations schools.* This opportunity is not usually available to other students in other schools and it provides one of the reasons for the existence of First Nations schools. Use of this guideline can greatly enhance the effectiveness of special needs interventions.

Many helpful ideas for working with students with special needs come directly from the First Nations cultural and community settings, for example:
- talking circle, healing circle; smudge, talking stick;
- the traditional emphasis on story-telling and imagery;
- possible differences in ways of knowing and ways of learning;
- the relatively small size and closeness of many First Nations communities;
- the importance of extended families;
- the generally high regard for elders; and
- the concepts of balance and connectedness which are important parts of most First Nations cultures.

The specific guidelines, given later in this Resource, should be applied in the context of this main guideline. The *combination* of aspects of culture with techniques for dealing with specific special needs will greatly enhance the effectiveness of the interventions and support.

Traditional and contemporary cultures

When First Nations cultures are discussed, it is often assumed that the discussion is only about *traditional* cultures. But *contemporary* First Nations cultures are equally important. Both aspects of culture are essential parts of the life experiences of the student; both can be useful in helping the student. For example, traditional fishing methods and coming-of-age ceremonies are part of many First Nations traditional cultures. Television, pick-up trucks and dating are important parts of most First Nations contemporary cultures. Aspects of both traditional and contemporary cultures can be used to help students understand a new concept in school. This is not to trivialize traditional cultures in any way; they are extremely important. But so are the contemporary cultures of the students. Both must be used!

We highly recommend *Shared Learnings: Integrating BC Aboriginal Content K-10* and *Counseling of First Nations Students* produced by the Aboriginal Education Initiative section of the BC Ministry of Education [also available at http://www.bced.gov.bc.ca/abed/]

Ways of Learning and Learning Strengths

One way of incorporating culture and experience is to consider the "learning styles" of the individual students (we prefer to use "ways of learning" and "learning strengths" because of the confusion around the term "learning styles"). There is increasing evidence that when First Nations students begin school they often have learning strengths that differ from those of many Non-First Nations students. And these differences are probably related to differences in cultural and experiential background.

All students use a range of different mental processes to learn (also called "ways of learning"). These ways of learning develop as the child grows from infancy into early childhood and beyond. Mother, father and other caregivers play an important role in the development of these ways of learning. As a result, when children arrive at school, they have developed a variety of ways of learning, some stronger (learning strengths) and some weaker (learning weaknesses).

If learning strengths are learned from those who are important to the child and from life experiences, then they are clearly influenced by culture. If a child comes from a background in which imagery is used regularly (as in many traditional First Nations cultures), then the child is more likely to develop a learning strength using images. However, if a child comes from a culture in which the spoken or written word is used a great deal more than images, that child will be more likely to develop a learning strength using verbal processes. If a child comes from a culture in which children learn mainly by listening and not interrupting (many First Nations cultures), that child will be more likely to develop a reflective learning strength. However, if the child comes from a culture which encourages interruption and questioning (Western, middle-class cultures), then the child will be more likely to develop a learning strength which uses "trial-error-feedback".

Some recurrent learning strengths are more likely to appear among First Nations students. Similarly there are recurrent learning strengths which are more likely among Non-First Nations students. There are also wide variations amongst individuals within all cultural group and this must be taken into account.

Two dimensions in which significant differences often occur between First Nations and Western students are the Global – Analytic and the Verbal – Imaginal dimensions.

First Nations students are more likely to have a strength in global ways of learning (tend to learn best when the overall concept is presented first and is emphasized, and when context is important). Western students are more likely to have strength in analytic ways of learning (tend to learn best when learning is presented in small parts which are gradually built up to the whole, when context is less important, even confusing). For example, in learning latitude and longitude, the more global student will learn best when the *overall idea* of both longitude and latitude are presented with meaningful examples right at the beginning. A summary chart may be particularly helpful for this student. The more analytic student works best if *one* term is presented first and fully understood, then the second term, then the examples and functions.

First Nations students are more likely to have a strength in using imagery (tend to learn best using mental images and learn more effectively from images and diagrams). Western students are more likely to have a strength in using verbal processes (tend to learn best from highly verbal explanations or from dictionary-style definitions, rely more on words and labels, code concepts verbally)

It is important to avoid the notion of First Nations learning strengths as a new way of stereotyping First Nations students. Rather, the approach must be used as one way of building on the strengths of individual students. So be sure that you include a great deal of global, holistic teaching every day and use images constantly. This will likely help many of your students. But don't assume that *all* your students have strengths in these areas. See the box at right for a four-step process for applying these ideas to the classroom..

Classroom applications:

1. Identify learning strengths of individual learners and your own teaching strengths. Inventories are available
2. Match ways of teaching to learning strengths for difficult learning tasks.
3. Strengthen weaker ways of learning
4. Help students learn to select effective ways of learning or strategies.

Building on the positive

Another important guideline involves building on the positive. A common problem with the design of special needs interventions is focussing too much on overcoming student weaknesses rather than building on their strengths. For example, with behaviour problems, when energy is put into halting misbehaviour rather than developing acceptable behaviour the results will be very limited. In reading, when most of the remedial time is spent on letter/sound correspondence (perhaps the student's weakness) and virtually no time on sight word recognition (which might be a strength) the child will show limited progress and will become very discouraged. It is important that the intervention plan has an emphasis on positive components.

THE INDIVIDUAL EDUCATION PLAN (IEP)

[The IEP section is an adaptation of *Individual Education Planning for students with special needs*, BC Ministry of Education, Skills and Training. Special Education Services (1997), which is also available at http://www.bced.gov.bc.ca/specialed/adhd/toc.htm].

1. What is an IEP?

The most common type of plan for intervention and support is called the Individual Education Plan or IEP. It is a written plan which describes program changes and services that are to be provided for individual students with special needs. It serves as a tool for collaborative planning among the school, the parents, the student (where appropriate) and/or community agencies. It is a concise and usable document which summarizes the plan for the student's educational program.

Some students require small adaptations and minimum levels of support; other students with more complex needs may require detailed planning for educational modifications, adaptive technologies, or health care plans. The IEP reflects the complexity of the student's need and, accordingly, can be brief or more detailed and lengthy.

A variation on the IEP is the Group Intervention Plan (GEP). It is used when a group of children exhibit similar special needs. When this occurs, a teacher may find it helpful to follow the same process as outlined below for the IEP, but plan it for the whole group.

2. Why is an IEP used?

The IEP serves a number of purposes.
- It formalizes planning decisions and processes, linking assessment with program planning.
- It provides teachers, parents, and students with a written educational program for the student with special needs, and serves as the basis for reporting the student's progress.
- It helps to track individual student learning in terms of agreed-upon goals and objectives.
- It can provide parents and students with a way of being involved in the individualized planning process.

3. What must an IEP contain?

The IEP document (a sample IEP form appears on the next pages) does not describe every aspect of the student's program. It *only* makes reference to those aspects of the education program that are modified[1] or adapted[2], and identifies the support services to be provided.

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[1] Modified program – has learning outcomes which are substantially different from the prescribed curriculum, and specifically selected to meet the student's special needs. In some cases a student's program includes courses which are modified and some which are adapted.

[2] Adapted program – retains the learning outcomes of the prescribed curriculum but adaptations are provided so that the students can participate in the program. Students on an adapted program are working towards regular high school graduation.

INDIVIDUAL EDUCATION PLAN

School _____

Student Name	Birth date	Grade/Class

Parents/Guardians	Address	Home Phone
		Work phone

Assessment/Planning Information
Assessment results: _____

_____

_____

Strengths:	Needs:

Goal:	Date established:	Team member responsible:

Short term objectives	Strategies and resources	Assessment procedures

Results: _____

_____

Team members (Name, position and signature acknowledging agreement with the goals and objectives)

_____ /School administrator	_____ /Teacher
_____ /Parent	_____ /
_____ /	_____ /

Review Date:	Comments: _____
	_____
	_____

Recommendations: _____

_____

_____

Additional goals and objectives

Goal:	Date established:	Team member responsible:

Short term objectives	Strategies and resources	Assessment procedures

Results:

Goal:	Date established:	Team member responsible:

Short term objectives	Strategies and resources	Assessment procedures

Results:

Goal:	Date established:	Team member responsible:

Short term objectives	Strategies and resources	Assessment procedures

Results:

The IEP sets out:

- the present levels of educational performance of the student;
- the learning outcomes for that student for that school year if the learning outcomes are different from the regular outcomes for that grade level;
- all the required adaptations to educational materials, and instructional and assessment methods;
- all the support services to be provided;
- a description of the place where the educational program is to be provided;
- the names of all personnel who will be providing the educational program and the support services for the student during the school year; and
- the period of time and process for review of the IEP.

In addition, the IEP should include, when applicable, plans for the next transition point in the student's education, including transitions beyond school completion.

> *The IEP may be brief, or it may be more detailed and complex, depending on the complexity of the student's needs.*
>
> *For example, the IEP for a student who needs adapted examinations and support with note-taking can be relatively simple. In contrast, a student with multiple disabilities who requires the involvement of a variety of professionals, adaptive technologies and major curricular modifications will require a much more extensive IEP.*

Where the goals established for the student are different from the expected learning outcomes for the age or grade, these should

- be set at a high but attainable level to encourage parents, students and staff to hold high expectations.
- be accompanied by measurable objectives developed for each goal to enable IEP review and evaluation.

4. Who develops the IEP?

In most of the First Nations schools in BC, the principal and teachers (and the learning resource teacher, if the school has one) are responsible for developing the IEP. Though planning occurs collaboratively, the principal of the school should ensure that for each such special needs student, one person is appointed to co-ordinate development, documentation and implementation of the student's IEP.

Parents must be given the opportunity to participate in the planning process, and should receive a copy of the IEP. To the extent possible, the student should also participate in the process. For many schools the policy is that the IEP *must* be signed by a parent or guardian before it is valid.

As necessary, other staff from community agencies may be involved in the development and have a role to play in its implementation.

The IEP should also document instances where services are offered but the parent or the student refuses them.

5. Program Support and Implementation

Program support and implementation is putting into practice the plans, strategies and support agreed upon in the IEP.

Prior to implementation:
- plans need to be understood and supported by all of those involved, including the student. This is particularly critical in secondary schools.
- every effort should be made to ensure resources are in place, including inservice in which teachers participate actively (e.g., recommended teaching strategies).

Program support and implementation works best when:
- it is based on the IEP;
- it is sensitive to cultural, linguistic and experiential factors, as described in the general guidelines;
- it incorporates observation, assessment and evaluation to refine and/or validate goals, strategies, etc.;
- it is carried out through collaborative consultation within the school, and/or with other ministries and/or community agencies; and
- the student with special needs is seen as another student and not defined exclusively by those special needs.

6. Planning considerations for students from minority cultural or linguistic backgrounds

Learning another language and new cultural norms, adjusting to a different social and physical setting, or overcoming homesickness or trauma can affect a student's school adjustment and learning. These factors, when combined with a special educational need can significantly undermine school achievement. Assessing and planning for students with special needs becomes more complex when language or cultural factors are involved.

Teachers should fully consider cultural, linguistic and/or experiential factors that can affect learning before assuming the presence of a disability or impairment. Consideration should be given to prior educational experience, and the student should be allowed sufficient time for second-language, or second dialect, learning and social adjustment. Students who have had breaks in their education often need additional support for language development, or academic upgrading (e.g., math), without necessarily presenting with a disability.

7. Writing the IEP

The IEP guides the implementation of adaptations or modifications to the instructional program. It must be written in such a way that it can be understood by all current and future team members.

The IEP should contain:

- essential information about the student including relevant medical, social and education background
- information about the student's current learning strengths and needs
- degree of participation in the regular program
- the areas in which a student may need program adaptation and / or modification
- goals appropriate to the student in one or more of the following areas: intellectual, social/emotional and career/work experience
- required classroom accommodations (changes to expectations, instructional and assessment strategies, material and resources, facilities or equipment)
- names of personnel responsible for the implementation
- information on where the educational program will be provided, and plans for implementation and review
- plans for the next transition in the student's education
- adaptations for evaluating student progress
- the date for the annual (or more frequent) review.

> **The IEP should describe:**
>
> - what the student now knows and can do
> - what and how the student should learn next
> - instruction plans:
>   - who will provide instruction?
>   - where it will take place?
>   - for how long?
> - what the student will do to demonstrate learning

To write the IEP, the following steps are suggested:

❑ Identify strengths, needs and priorities for the student

❑ Determine long-term goals from the priorities

❑ Break the goals down into short-term objectives

❑ Determine what strategies will be used and what resources will be required

❑ Establish ways of assessing student progress and dates for review

For most students with special needs, priorities are quite evident and setting goals and objectives is not difficult. More information on how to establish and implement goals and objectives is included in Appendix B.

8. Reviewing the IEP

Part of the IEP are the decisions about when and how to monitor the student's progress and the appropriateness of the Plan. The most efficient way of monitoring may be to tie in with the regular reporting procedures in the school. This avoids meeting twice – for report cards *and* for IEP reviews.

9. Level of support for special needs

At this point (April, 1999) there is virtually no support beyond the classroom teacher for First Nations students with special needs in First Nations schools. Very few of the schools have learning assistance teachers or special needs resource teachers available to help the class room teacher. The IEP should be written with this in mind. There is no point in planning for support that is not available. However a long-term outcome of the Project will, hopefully, be the availability of increased funding. Therefore information on effective approaches that are beyond present resources shouldn't be completely discarded. The information should be saved to use if additional funding becomes available.

10. More information on IEPs

There is a great deal of very useful information, including sample IEPs, in *Individual education planning for students with special needs* (produced by the BC Ministry of Education). *Special education in multicultural contexts* (Winzer, 1998) is also useful.

GUIDELINES AND SUGGESTIONS FOR SPECIFIC SPECIAL NEEDS

This section provides guidelines and suggestions for planning interventions once the student has been diagnosed. It is intended to be used along with the general guidelines, described earlier. Most of the information in this section is adapted from the teacher resources developed by the Special Education section, BC Ministry of Education (see references, p. 28-29 for more detail).

1. Mild intellectual disabilities

a. Adapting presentations

Pre-organizing
- Highlight key points in the textbook. Student reads just these points.
- Give a structured overview at the beginning of the lesson.
- Prepare summary of important information with blanks for the student to fill in while listening.
- Photocopy information before it is presented in class.

Giving Instructions
- Provide a visual cue (e.g. picture or diagram) with the written instructions
- Write oral instructions down and always keep in one place.
- Ask the student to repeat directions to strengthen understanding.
- Complete the first example with the student.
- Act out/model the activity to clarify instructions.

Other Suggestions
- Adapt your pace, allow extra time.
- Use both auditory and visual presentation.
- Use hand signals or signs to augment oral information.
- Speak clearly, loudly or quietly, change tone of voice to cue student and sustain attention.
- Break information into steps and monitor comprehension at small stages.
- Use concrete examples; use multi-sensory examples.
- Use different colour chalk/pens for emphasis or coding.

b. Adapting representation of knowledge

animated movie	comic strip	timeline	charades
song	visual art form	game board	portrait
bulletin board	diorama	poster	television show
poem	brochure	book	pantomime
puzzle	brainteasers	speech	invention
telephone talk	collage	display	play
map	diary	mobile	radio
cartoon	newspaper	scavenger hunt	model
show case	video recording	tape	radio commercial
magazine	mural	tour	skit
banner	sculpture	interview	puppet show

c. **Adapting the classroom environment**
- seat away from noises (e.g., lights, street, hall, computers).
- locate near teacher.
- use carrel/screens (the small cardboard screens used for voting during federal elections are excellent and they are usually thrown away after elections; ask around)
- seat with back to window.
- use large table instead of desk,
- soup cans for pencils or tie a pencil to the desk,
- reduce excess materials on the desk.

d. **Adapting materials**

- Draw pictures
- Use the computer
- Enlarge/shrink materials
- Use manipulatives
- Line indicators
- Sections on paper (draw lines, fold)

- Have more white space for answers
- Highlight or colour code (directions, key words, topic sentences)
- Put less information on a page
- Use high contrast colours

e. **Adapting evaluation**

- Keep evaluation strategies simple:
  - Set small goals
  - Keep work samples
  - Do spot checks
- Vary strategies:
  - Self-evaluation (What have you learned?)
  - Observe demonstrated knowledge
  - Use individualized criteria

- Tests:
  - Conduct an oral test
  - Read test questions
  - Use picture drawing
  - Permit open-book test
  - Use concept maps, webbing
  - Remove time limit
  - Provide more space to record
  - Enlarge print

2. Moderate to severe or profound intellectual difficulties

Students in this category often need very specialized planning for their IEP. If at all possible, the teacher should get assistance from a person with expertise in this area to assist in developing the plan.

Students with moderate to severe/profound intellectual disabilities can usually learn many appropriate skills and behaviours, and can benefit from being with students without disabilities. However, they require additional intervention beyond integration and socialization. In preparation for an IEP, teachers may want to consider implementing a planning mechanism such as the McGill Action Planning System (MAPS). This procedure is effective in identifying the student's strengths and needs and in eliciting involvement and commitment from peers.

As these students proceed through elementary school, their IEPs should specify modified curricula, adapted materials and measures of progress. Some of the life-skills training for

elementary students with moderate to severe/profound intellectual disabilities may take place in other environments, including outside the regular classroom. However, care should always be taken to ensure maximum opportunities for social integration with their classroom age peers.

If a student with a severe to profound intellectual disability has a sensory impairment, physical disability or medical/health needs, support services from a teacher assistant as well as the expertise of an occupational therapist, a physiotherapist, a speech-language pathologist, or an itinerant specialist may be required. These may be available through Medical Services or Children's Hospital.

At the secondary level, a student should have access to a range of meaningful educational and social experiences within the school and community. Many of these students will benefit from participating in elective areas. The extent of the student's participation should be determined with reference to the goals in the student's IEP. In a school with a "home room" mechanism, students should be included in a home room, even if they spend much of their school day receiving more specialized services such as intensive work experience. Care should be taken to ensure maximum opportunities for social integration.

The older the student or the more severe the disability, the greater the need for functional educational objectives. Since the skills taught should be those that afford many opportunities for practice, and since teaching should be in *preparation for adult life* in the community, the student will need an increasing percentage of educational instruction in community environments.

A student with a moderate, severe or profound intellectual disability should participate in work experience/job training, with support where required. Generally, job training and pre-employment skills should begin at an earlier age than for age peers. For these students particularly, the involvement of parents in life/vocational planning is essential.

3. Learning Disabilities

Students with severe learning disabilities require an educational plan which builds on their strengths while remediating or compensating for their area of disability. Their IEP should reflect these.

Students with severe learning disabilities should be supported on a regular basis by a specialist teacher. Typically, the program for a student with a severe learning disability includes, but is not limited to, one or more of the following:
- direct remedial, corrective, tutorial or skill-building instruction;
- adapted, modified or supplementary curriculum and materials;
- alternate instructional and/or evaluation strategies, including adjudicated provincial examinations;
- use of equipment, including computer and audio-visual technology;
- social skills training; and
- learning strategies.

There are so many types of learning disabilities (LD), that it is very difficulty to deal with each one effectively in this teacher resource. The section on reading and language difficulties, later in this section, contains additional information. Teachers are also referred to Levine's book (1994),

Educational care: a system for understanding and helping children with learning problems at home and in school as an excellent source of information on working with students with LD and other learning difficulties.

4. Gifted

Schools should provide differentiated services to meet the needs of gifted learners. Since students who are gifted vary considerably, their individual needs, experiences, aptitudes and interests will also vary.

Programs for students who are gifted often require a blend of opportunities available both in the school and in the community. The more extraordinary the abilities of the student, the more necessary it becomes to expand the options beyond the regular classroom. Differentiated curriculum opportunities need to be designed and programming needs to be varied and flexible (classroom-based, school-based, district-based). Since no single program modification model can provide strategies that will apply to content, process, product, pacing, and learning environment, teachers of gifted students will need to draw from one or more models in order to provide an appropriate educational program that meets the individual needs of the student. This should be reflected in the student's IEP.

Regardless of how services are delivered, there are some common elements which characterize an individualized program appropriate for a student who is gifted:
* it is different in pace, scope, and complexity, in keeping with the nature and extent of the exceptionality;
* it provides opportunities for students to interact socially and academically with both age peers and peers of similar abilities;
* in many cases it provides development of leadership skills for the community;
* it addresses both the cognitive and affective domains;
* it incorporates adaptations and/or extensions to content, process, product, pacing and learning environment; and
* it goes beyond the walls of a school and into the larger community.

Supplemental services for a gifted student should contain some of the following elements, but are not limited to these:
* independent guided education;
* specialist teachers in resource centres or resource rooms;
* district and community classes;
* special groupings which provide opportunities for learning with intellectual peers;
* mentorships;
* consultative services to assist teachers in expanding experiences in the regular classroom;
* accelerating/telescoping/compacting some or all of the student's program;
* opportunities to challenge courses when appropriate; and
* opportunities to take enriched courses and to participate in Advanced Placement, International Baccalaureate, or honours courses.

5. Moderate to severe behavioural disorders

[This section was written by Stan Auerbach, Faculty of Education, University of BC]

Students who are classified as having moderate or severe behaviour disorders are a very mixed group. Some students within these categories have a diagnosis of Attention Deficit/ Hyperactivity Disorder or Fetal Alcohol Syndrome/Effect. Other students within these categories have been labelled conduct disordered, or oppositional defiant. Often times students who are classified as moderately or severely behavioural disordered live in families experiencing both economic and social stress.

Students with moderate and severe behaviour disorders exhibit behavioural, social and emotional problems *more often* and *more intensely* than other students. The frequency or intensity of these students' behaviours usually present significant challenges to effective classroom management.

Proactive classroom management

All students learn best when classroom management is proactive rather than reactive. Proactive classroom management is *preventive*, it is a perspective that considers possible problems *before* initiating an interaction with a student or a lesson with the class. The key characteristics of proactive management are:

- A positive, warm, and supportive classroom environment
  - The teacher greets students at the classroom door before class begins
  - The teacher acknowledges appropriate behaviour often and enthusiastically
  - Physical space and materials are arranged to maximize student engagement and prevent disruption and distraction
- Clear expectations
  - Classroom rules are positive
  - Students are *taught* the appropriate behaviour for following classroom rules and routines
- Accommodation is made for student needs
  - Student assignment and schedule are adjusted to student abilities and needs.

Students with moderate and severe behaviour disorders need a proactively managed classroom environment to learn both academic and social skills. These students also need an individualized plan to teach them socially appropriate behaviours as alternatives to their problem behaviours.

Planning

The first step in developing an effective classroom plan for students who present persistent behaviour problems, is to make sure that the assigned work is not beyond the students academic skills level. A mismatch between student skill and assignment can cause students to act out or withdraw as a response to feelings of inadequacy.

The second step in developing an effective classroom plan is to examine the relationship between the classroom organization, the teaching plan and the students' troubling behaviours. Kameenui& Darch (1995) recommend that the following questions should be pursued.

1. Are persistent behaviour problems being fostered by the organization of the classroom?

2. Are the problem behaviours specific to a particular person or more than one person?

3. Are the problem behaviours specific to a particular time of day? Setting?

4. Are the problem behaviours specific to a particular instructional task? Response form? Problem type? And so forth.

5. Are the problem behaviours specific to a particular sequence of events?

6. Do the problem behaviours usually surface during instructional activities?

7. Are certain types of reinforcers or reinforcement schedules more effective than others in managing the persistent behaviour problem?

The answers to the above seven questions provide valuable information for building an effective individualized classroom plan.

Behavioural programs

Three behavioural programs that provide an effective structure for developing plans that make a difference are:

- Contracting

- Response cost

- Self-monitoring

'Contracting' is a behaviour modification program where planned and agreed upon consequences follow appropriate and inappropriate behaviour. More specifically, a behavioural contract is an *agreement* between a teacher and a student which specifies:

- Both the behaviour that needs to be changed and an acceptable alternative behaviour

- The reward that will be earned for engaging in appropriate behaviour, and the consequences that will occur for engaging in inappropriate behaviour, and

- A clear and simple recording system for tracking behaviour

'Response Cost' is a behaviour modification program that "fines" students for inappropriate behaviours. The problem with most response cost approaches is that a teacher can only take away a privilege, like recess, once. However, problem behaviour generally occurs more than once. The 'Response Cost Lottery' overcomes this difficulty by starting with a pre-set number of lottery tickets for a daily draw. Each time the student behaves inappropriately, a lottery ticket is taken away. The more tickets a student has at the end of the day, the better their chance of winning the lottery.

'Self-monitoring' involves students keeping track of their own behaviour. The long term goal of self-monitoring is for students to manage their own behaviour. The steps to implement self-monitoring are:

1. Define the behaviour the student will keep track of;

2. Design a simple means for counting and recording the behaviour;
3. Set a specific time period for the student to self monitor;
4. Check the student's accuracy;
5. Give the student positive feedback for both accurate recording and improved behaviour.

For clear and useful strategies for developing individualized plans for students classified as behaviour disordered see Ch. 9 "Managing persistent behaviour problems" in Kameenui & Darch (1995), *Orchestrating positive and practical behaviour plans* by Reithaug (1998b), and *The Tough Kid Book* by Rhode, Jenson and Reavis (1993).

Severe behaviour disorders

Most often students who are classified as moderately or severely behavioural disordered, present significant problems both at home and in the community, as well as at school. Joint planning with families and community agencies can build effective plans beyond the classroom, and hence positively effect more areas of the student's life. In fact, some of these student will require community based service provided by the Ministry for Children and Families, or the Bands' Social Support Network, to support both their living arrangements and educational programs.

> [The key distinction between students who are classified as Severe Behaviour rather than Moderate Behaviour is the need for jointly planned services from other community agencies such as Band Social Services or Ministry for Children and Families Services to support the student].

Confrontation and acting-out behaviour

Proactive management and individualized planning provide a foundation for integrating students classified as moderately and/or severely behavioural disordered in regular classroom. However, most of these students are confrontational and lack both impulse and anger control. Effective management of confrontation and anger are key elements in maintaining these students in an integrated setting. See *Antisocial Behaviour in School* by Walker, Colvin & Ramsey (1995) - Ch. 3 "The acting-out behaviour cycle" and Ch. 4 "Strategies for managing phases of acting-out behaviour". They present both a clear model for understanding the cycle and useful strategies for dealing with each phase in the cycle. The acting-out behaviour cycle (sometimes called the "anger mountain" has seven phases:

Figure 1: The acting-out behaviour cycle or "anger mountain".
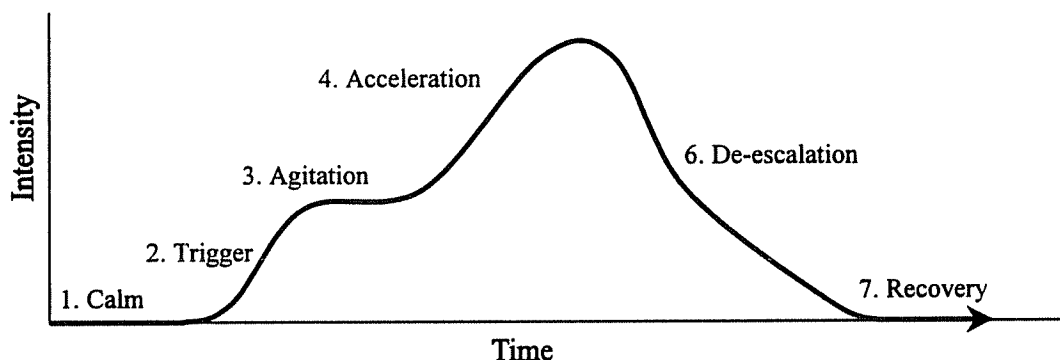
For each phase of the cycle, the key student behaviours and suggested teacher responses are described in the following table.

PHASE	STUDENT BEHAVIOUR	SUGGESTED TEACHER RESPONSE
Phase 1: Calm	*On task, following rules, completing assignments*	Continue to provide instruction, praise both work completion and appropriate social behaviour
Phase 2: Trigger	*Conflict, pressure, change in routine*	Lessen curricular expectation, encourage individual problem solving
Phase 3: Agitation	*Off task, darting eyes, busy hands (or contained hands)*	Acknowledge agitation, provide space, provide a preferred activity
Phase 4: Acceleration	*Questioning/arguing, non-compliance, whining*	Remain calm & respectful, but use the pre-established plan to send the student to the office
Phase 5: Peak	*Tantrums, hits others, or destroys property*	Remove <u>other</u> students from the classroom, make sure they are safe, have the student removed from your class
Phase 6: De-escalation	*Confused, blames other & is withdrawn*	Isolate the student and provide time for the student to calm down, restore your class and resume teaching
Phase 7: Recovery	*Quiet & subdued, wants to go back to work*	Focus on normal routines & on easy assignments, debrief and have the student develop a plan

It is often possible to prevent a student from entering into the more destructive phases of the acting-out cycle, when triggers occur and/or students are agitated:
- by providing positive acknowledgement when the student is calm and working,
- by changing curricular expectations,
- by encouraging problem solving and
- by providing space,.

6. Multiple disabilities - Physically Dependent

In providing services to a student with dependent needs, unique issues around seating, lifting, positioning, movement, feeding, toileting, medication, hygiene and safety will have to be addressed by the school-based team. Many of these can be carried out in a classroom environment, but others, for reasons of privacy and dignity, require a more secluded space. The student will also require adaptations to the learning environment to participate in school life and to maximize independence. The student should have access to as many parts of the school as possible, to increase opportunities for participation. Equipment accessibility in these areas will also have to be addressed. Adaptations to facilities or equipment to allow access to school areas and programs should be made as quickly as possible where physical barriers exist.

Recent and ongoing technological advances in adaptive devices related to computer access, environmental controls and augmented communication have greatly enhanced learning opportunities for students with dependent needs. It is expected that specialist staff will stay informed about current developments and introduce new technology as appropriate.

A student with a degenerative and/or terminal condition who is or becomes dependent should have normal routines maintained as long as possible. Health care plans will need regular updating and will need to include emergency procedures to meet individual needs and circumstances.

7. Multiple disabilities - Deafblind

The needs of students who are both deaf and blind (deafblind) are varied. Therefore instruction should be adapted and the curriculum modified to reflect individual needs. Many students who are deafblind have potentially useful hearing and/or vision which enhances their potential for integration into the classroom. However, specific intervention and appropriate support should be available in order for each student to develop and learn. The student's educational requirements and any special measures that are to be taken in order to help meet those requirements must be documented in a formal Individual Education Plan.

When an IEP is developed, the following needs should be considered:
* communication skills;
* social skills;
* orientation and mobility skills;
* visual skills;
* auditory skills;
* daily living skills;
* academic skills;
* specialized skills in reading (e.g., Braille, large print, closed captioned TV [CCTV]);
* specialized skills in mathematics (e.g., abacus, Nemeth Code);
* access to technology (e.g., tape recorders, microcomputers); and
* study skills and note-taking strategies.

8. Students with physical disabilities or chronic health conditions

Medical diagnosis, by itself, does not determine the special educational services required by a student with physical disabilities or chronic health impairments. It is the extent and impact of the physical/medical condition, and the consequent need for services which enable the student to access an educational program and participate in a meaningful way, that are the determinants.

For some students, increasing dependence is expected due to degenerative conditions or terminal illnesses. It is important that these students be encouraged to maintain normal routines as long as possible. At the same time, it is essential that the educational system affirm the rights of students and families to participate meaningfully in the individualization of the student's educational program. Health care plans will need regular updating and will need to include emergency procedures to meet individual needs and circumstances.

Students with physical disabilities or chronic health impairments should have opportunities to participate in school activities to the greatest extent possible. Adaptations to facilities or equipment to allow access to school areas and programs should be made as quickly as possible where physical barriers exist.

There are so many types of chronic health conditions that interventions for each one cannot be provided here. Instead the reader is referred to two volumes of a teacher resource produced by the BC Ministry of Education, *Awareness of chronic health conditions: what the teacher needs to know.* Volume 1 deals with Allergies, Asperger's Disorder, Asthma, Attention Deficit/Hyperactivity Disorder, Autism, Cerebral Palsy, Crohn's Disease and Ulcerative Colitis, Diabetes, Down Syndrome, Epilepsy, Fetal Alcohol Syndrome/Effects, Muscular Dystrophy, Spina Bifida, and Tourette Syndrome. This volume is also on the internet at http://www.bced.gov.bc.ca/specialed/awareness/contents.htm. Volume 2 deals with AIDS, cancer, chronic fatigue syndrome, eating disorders, Rett Syndrome, traumatic brain injury and Williams Syndrome. It is not yet available on the internet

9. Students with visual impairment

An essential component for services to students with visual impairment is the availability of qualified, experienced teachers who have regular classroom experience and in addition are competent to adapt materials, teach Braille, use visual aids and technological devices and plan, develop, deliver, and monitor all aspects of schooling affected by visual impairment.

With appropriate support services, many students can follow the curriculum with adaptation of learning resources or instructional methods. When necessary, however, the curriculum should be modified to reflect individual needs.

When an IEP is developed, the following needs should be considered:
- orientation and mobility skills;
- visual skills;
- specialized skills in reading (e.g., Braille, taped books, enhanced print, CCTV);
- specialized skills in mathematics (e.g., abacus, Nemeth Code);
- access to technology (e.g., Braille 'n Speak, tape recorders, computers);
- daily living skills;
- social skills;
- vocational planning and skill development;
- study skills and note-taking strategies; and
- concept development.

Orientation and mobility (O&M) is an essential component of the curriculum for students with severe visual impairments. It provides students with the skills necessary to know where they are in the school or community, where they want to go and how to get there in a safe and efficient manner with as much independence as possible. Orientation and mobility training should not be restricted to the school environment but should include other environments in which the student is required to function at different times of the day. For additional information contact the Canadian National Institute for the Blind (CNIB) at http://www.cnib.ca/sandp/index.htm. or the

BC-Yukon division at http://www.cnib.ca/BC_Yukon/index.htm. The CNIB also has offices in Kamloops, Kelowna, Nanaimo, Prince George, Vancouver and Victoria

At the secondary level, school districts may develop and approve orientation and mobility programs or Brailling programs for visually impaired students as locally developed or independent study courses for credit toward graduation.

Most students with visual impairment require specialized equipment (e.g., Braillers, closed-circuit televisions, cassette recorders, optical aids) and adapted learning resources (e.g., Braille texts, enlarged print books, tapes). These tend to be very bulky. Schools should ensure there is adequate, accessible storage available to the student.

A working or instructional area for instruction in specific skill development by the itinerant or resource teacher should also be provided. This instructional area should be conducive to effective instruction (i.e., in compliance with health and safety codes, quiet, adequately lit, ventilated and free from distractions).

10. Students who are deaf or hard of hearing

The educational program for a student who is deaf or hard of hearing should not be confined to the regular program but should also include specific instruction in:
- language development;
- auditory management;
- speech development;
- speech reading;
- sign language as required; and
- deaf culture when appropriate.

In addition to addressing the direct effects of hearing loss and language development, the IEP should address the social and vocational needs which arise as a result of the hearing loss and which are known to be significant.

Most students who are deaf or hard of hearing can and should be educated in their local school. Ideally, programming for students with hearing loss involves one or more of the following services:
- a regular class with direct, frequent support from a qualified itinerant teacher of the deaf and hard of hearing;
- a resource room staffed by a teacher of the deaf and hard of hearing;
- a self-contained class staffed by a teacher of the deaf and hard of hearing who has access to the appropriate support services; and/or
- an individual program for students with hearing loss and additional special needs.

Schools are encouraged to collaborate to provide regional programs that serve the needs of students in several schools. In particular, the social and emotional needs of adolescent students who are deaf or hard of hearing may require more than itinerant services. Where there are a sufficient number of students, local or regional school programs for the deaf and hard of hearing should be developed to launch a flexible and comprehensive program complete with qualified staff and the appropriate support services.

11. Autism

Autism is a lifelong developmental condition that is treatable in varying degrees with early diagnosis and intervention. Autism is caused by an underlying physical dysfunction within the brain or central nervous system, the exact nature of which is yet unknown. The result is unusual or abnormal behaviour, ranging from passivity to aggression. It is usually diagnosed in pre-school years but may be confused with mental disability, deafness, epilepsy and/or other disorders.

The chief difficulty for a child with autism seems to lie with processing information. Abnormal responses to sensations as well as hearing irregularities may trigger unusual behaviours. It may require extreme efforts to make sense of a world that is not understood, to seek structure and routine in the midst of a confusing muddle. If the individual experiences confusion, the result may be withdrawal or an emotional outburst. Similarly, children with autism experience difficulties in communication and in establishing social relationships as they try to respond to overlapping messages. Any change to a known routine constitutes a challenge, and the individual may panic in an attempt to cope with sensory overload.

A student with narrow interests or a preoccupation with one topic can be guided to use that interest to learn new skills. A strong focus on increasing communication skills and promoting a structured, organized environment increases the potential for children with autism to grow to their full potential.

Classroom strategies:

- Keep in touch on new medication and possible side effects, and on mood, personality and environmental changes.
- The student with autism, like any other student, may be more alert either in the morning or the afternoon. Use this in planning the day for the student.
- Whenever possible, structure the learning period according to the student's pattern of response.
- Allow the student time to become familiar with routines and environments. Try to maintain these with as few variations as possible.
- Understand that the student has unique ways of learning and gear activities to the individual child, e.g., modify time limits.
- Choose activity-based learning; use concrete, tangible and visual aids. Processing abstract concepts is frequently very difficult.
- Help the student focus on learning: pre-teach, teach and post-teach.
- Strengthen communication skills. Focus on language processing in an ongoing language training approach.
- Help the student organize: use calendars, timetables, photos or pictures of activities in sequence.
- Remind the student what comes next.
- Cue changes to new activities: help the student anticipate changes *before* they take place.
- Incorporate and understand behavioural methods as learning strategies.
- Allow time to process information.
- Teach from a functional point of view, avoiding abstracts.

- Watch for over-stimulation: help the student settle down. This may require the substitution of an equally stimulating activity or a change of environment. If necessary, arrange for "time out."
- Integrate social skills, self-control and social problem-solving. Repeating a routine of chosen behaviour is your best resource.
- Incorporate a system of tangible rewards, e.g., a social outing.
- Encourage social interaction with peers, while still allowing access to "time alone" if necessary.
- Establish expectations and consequences. Expect acceptable and appropriate behaviour.
- Be realistic in your expectations. The student will function better in a structure common to home and school.
- Plan for success, constantly reinforce small steps, but be prepared for long periods with no apparent progress.
- Talk to the class about autism and have the student or parent explain any needs. Encourage other students to find out how they can assist and how they should assist.

12. Reading and language difficulties

According to many of the teachers involved in this Project, reading and language are the areas in which their students face the most difficulty. They suggest that most of their students are significantly behind their grade level in reading. They also see that this difficulty, in turn, affects achievement in other subject areas as well as motivation and behaviour.

However, while the assessment results for the Special Needs Project confirm that this is a very serious problem, not all students who need help meet the [BC Ministry of Education] criteria for special needs categories on the basis of their low achievement in reading and language, especially in the early grades. In other words, this is a serious problem but not serious enough for categorization.

Teachers clearly need assistance in improving the language and reading achievement of their students.

Two approaches may be taken to this problem. One is to develop language and reading programs across the school for all children (whole class programs). The other is to identify the students who are having the most serious difficulties and to develop a plan for them individually.

The following are some suggestions and guidelines which should help with either approach.

Oral language

1. Listening comprehension. Reading and rereading as well as telling and retelling simple, short and predictable stories is one very effective technique for developing listening comprehension.
2. Sound acquisition. Students need to be able to accurately imitate spoken words. This can be done with action verses, choral speaking, verse chanting and singing.
3. Creating the need for speech. One of the most important uses of speech is to affect the people around oneself, such as asking for things (information, directions, materials), giving

directions or making requests. There are many group games which do this (e.g. "Who took the cookie from the cookie jar?").

4. Talking. This seems obvious, but one of the best ways to improve talking is to talk! Encourage the students to talk and increase the times during which talking is acceptable in the class. Encourage children to talk about their experiences.
5. Vocabulary. This must be taught in meaningful context if it is to be understood and retained.
6. Grammar. Drilling grammar is ineffective. Instead provide for practice in using English for a purpose. Meaningful content is primary, form will follow. Expose the students to examples of accurate use of grammar so they have models to follow (use "Active Listening")
7. Integrate language into all parts of the school day, don't teach it in isolation.
8. Accept, encourage and build on all attempts at oral communication.

Speech and language therapists also can be particularly helpful with oral language development.

Reading

The great debate between whole language (which emphasizes meaning) and phonics (which emphasizes breaking the phonetic code) continues. Meanwhile most teachers agree that a combination of many strategies works best for their students. These teachers are looking for practical, effective suggestions. An approach which integrates both meaning and phonics-based methods is advocated here.

In order to read, children need:
- A well developed oral vocabulary, both receptive and expressive;
- effective word attack skills;
- the ability to hear individual sounds within words (phonemic awareness);
- to understand the alphabetic principle – that the letters the children see correspond to the words they hear;
- to develop their skill at hearing individual sounds that make up the words they hear (phonemics);
- letter/sound correspondence (phonics);
- sight-word vocabulary
- internalized reasons for reading (such as enjoyment, obtaining information, learning)

There are many helpful references for reading instruction.

A recommended video series is *Classroom impact: an early literacy staff development.* The eight videos are: [1.] Facilitator's video; [2.] Assessment : the teacher's tool; [3.] A balanced approach to reading : becoming successfully and joyfully literate; [4.] Developing oral language and phonemic awareness through rhythm and rhyme; [5.] Reading strategies and skills; [6.] Solving the classroom management puzzle; [7.] Teacher's tool kit for beginning reading : applying reading research to classroom practices; [8.] Teaching the language of print : second language learning. Videos 5 and 7 are particularly useful.

The "Reading" chapter of *Orchestrating academic success by adapting and modifying programs* (Reithaug, 1998a), is also recommended as a very teacher-friendly guide. See also the early reading series by D. & J. Silvey (1994, 1996) and the Queen Charlottes Readers (Adams and Markowsky, 1985).

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APPENDIX A

ESTABLISHING AND IMPLEMENTING GOALS AND OBJECTIVES

[from BC Ministry of Education teacher resource *Individual education planning for students with special needs: a resource guide to support teachers*, 1996, pp 16-19].

Identify priorities

Based on the information gathered the teacher can determine the student's strengths, needs and interests, and from these can clarify priorities.

Factors which

should be

considered when

choosing priorities

- parents' values and goals
- student's values and goals
- immediacy/urgency of need
- contribution to overall intellectual achievement
- contribution to social and career development
- contribution to independence
- transferability to other curriculum areas
- age appropriateness
- usefulness in other environments

Determine goals and break them down into objectives

Long-term goals address the prioritized needs of the student and indicate the trend (e.g., increase, improve) in learning the student is expected to demonstrate.

Goals should:

- challenge the student but be achievable
- be relevant to the individual student's actual needs
- focus on what will be learned rather than what will be taught
- be stated positively, i.e., state what the student will do.

Examples
of
goals:

(Student's name) .. will use money accurately as a form of exchange

.. will use time measurement skills to estimate time needed for activities

.. will demonstrate an understanding of reading materials beyond literal meaning

.. will demonstrate competence in multiplication and division with one and two digit numbers

.. will use sign language to communicate personal needs to teacher and teacher assistant

.. will engage in personal research as an extension of topics in social studies

.. will master the reading of all symbols in the Braille alphabet

.. will increase appropriate classroom participation

The core of the plan develops as the goals are broken down into short-term objectives. These represent intermediate steps between the student's present level of performance and the established goals for the student. They are the specific statements which describe observable, measurable behaviours and provide indicators of student progress.

As a teacher, you may wish to consider the following steps when writing objectives:

- identify the various steps involved in achieving the intended goals

- organize the tasks into sequential components

- screen out unnecessary steps and focus on essential components

- describe how the student can demonstrate that the objective has been achieved.

Examples of short-term objectives (for the goal: will demonstrate competence in multiplication & division with one and two digit numbers).

- give oral answers to multiplication facts up to 10 x 10 with 100% accuracy

- multiply two-digit numbers by one-digit numbers with 95% accuracy

- give oral answers to basic division facts with 100% accuracy

- divide two-digit numbers by one digit numbers with 95% accuracy

- multiply two-digit numbers by two-digit numbers with 95% accuracy

- complete 20 multiplication and division questions within 20 minutes with 100% accuracy, using a calculator

Examples of short-term objectives (for the goal: will use money accurately as a form of exchange).

- recognize and name the value of coins: pennies, nickels, dimes, quarters and loonies

- recognize and name the value of paper currency: two, five, ten, twenty, and fifty

- create equivalent sets of coins up to $1.00 in value with various coins

- create equivalent sets of paper currency up to $200 with various bills

- create accurate combinations of paper currency and coins up to $200 (i.e. $126.52)

- practice use of money in class activities

Factors which should be considered when choosing goals and objectives	• age of the student and the appropriateness of the proposed activities
	• student's present level of functioning
	• student's past achievement and rate of progress
	• student's transition plans and student learning plans
	• practicality of chosen goals and objectives
	• difficulty of the task compared to the skills of the student
	• sequencing of objectives
	• priority of needs
	• amount of time available for instruction
	• availability of community support, if needed.

The IEP planning team should reach consensus on a manageable number of goals and objectives for the student, and assign responsibility for their implementation to individual members.

Parents have the right to be consulted in the process of determining the educational goals and services provided for their children. However, they also have to recognize the teacher's right to exercise professional judgement in providing instruction to students.

Determine instructional and assessment strategies and identify required resources

Team members implementing the various objectives should determine the strategies that they will be using and the resources needed for the student to achieve the objectives.

In many cases, resources are already available in alternate formats, or assistance is available in reformatting them. Teachers may wish to include resources from several of the following media: software, video, print, manipulatives and optical formats such as CD-ROM and laser discs.

Instruction and assessment procedures should be considered together. These procedures can be used to evaluate the effectiveness of the instructional plan and the strategies, as well as provide an indication of student progress. If the student is progressing slowly toward the stated objectives, alternate instructional strategies should be employed before revisions to the goals and objectives are made. If the use of various teaching strategies and resources fails to result in satisfactory progress by the student, the IEP team should then consider revising the goals and/or objectives initially set for the student.

APPENDIX B

GLOSSARY OF SPECIAL EDUCATION TERMINOLOGY

Arthur J. More, University of British Columbia

Albinism - A congenital condition marked by deficiency in, or total lack of, pigmentation. People with Albinism have pale skin, white hair, eyebrows, and eyelashes; and eyes with pink or blue irises.

Aphasia - loss of speech functions; often, but not always, refers to inability to speak because of brain lesions.

At risk - a term used to refer to children who are not currently identified as handicapped or disabled but who are considered to have a greater than usual chance of developing a handicap.

Attention Deficit / Hyperactivity Disorder (ADHD) - Diagnostic category of the American Psychiatric Association for a condition in which a child exhibits developmentally inappropriate lack of attention, impulsivity and hyperactivity.

Autism - a severe behaviour disorder usually characterized by extreme withdrawal and lack of language and communication skills. Lack of affect, self-stimulation, self-abuse, and aggressive behaviour are also common in autistic children.

Behavioural Disorder - A handicapping condition characterized by behaviour that differs markedly and chronically from current social or cultural norms and adversely affects educational performance.

Blind - having either no vision or only light perception; learning occurs through other senses.

Cerebral Palsy - motor impairment caused by brain damage which is usually inflicted during the prenatal period or during the birth process. Neither curable nor progressive.

Conductive Hearing Loss - hearing loss caused by obstructions in the outer or middle ear or malformations that interfere with the conduction of sound waves to the inner ear. Can often be corrected surgically or medically.

Cystic Fibrosis - an inherited disorder that causes dysfunction of the pancreas, mucous, salivary, and sweat glands. Cystic Fibrosis causes severe, long term respiratory difficulties. No cure is currently available.

Deafness - Inability to use hearing to understand speech, even with a hearing aid.

Diabetes - a hereditary or developmental problem of sugar metabolism caused by the failure of the pancreas to produce enough insulin.

Down Syndrome - a chromosomal anomaly that often causes moderate to severe mental retardation, along with certain physical characteristics such as a large tongue, heart problems, poor muscle tone, and a broad, flat bridge of the nose.

Dyslexia - a disturbance in the ability to read or learn to read. This term has many different meanings depending on the user of the term.

Echolalia - the repetition of what other people say as if echoing them; characteristic of some children with delayed development, autism, and communication disorder.

Electroencephalogram (EEG) - a graphic recording of the brain's electrical impulses.

Epilepsy - Convulsive disorder characterized by sudden seizures of varying degrees; can usually be controlled with medication, although the drugs may have undesirable side effects; may be temporary or life long.

Fetal Alcohol Syndrome (FAS) - a condition sometimes found in infants of alcoholic mothers; can involve low birth weight, developmental delay, and cardiac, limb, and other physical defects. Defects range from mild to severe, including brain damage, mental retardation, hyperactivity, and heart failure. The syndrome involves very specific criteria which must be evaluated by a professional.

Fetal Alcohol Effect (FAE) – a term which has been used when there is documented history of prenatal alcohol exposure and the presence of some, but not all, of the diagnostic criteria for FAS.

Glaucoma - an eye disease characterized by abnormally high pressure inside the eyeball. If left untreated it can cause total blindness, but if detected early, most cases can be arrested.

Grand Mal Seizure (Generalized Tonic-Clonic Seizure) - the most severe type of epileptic seizure in which the individual has violent convulsions, loses consciousness, and becomes rigid.

Hearing Impaired - describes anyone who has a hearing loss significant enough to require special education, training, and or adaptation; includes both deaf and hard of hearing conditions.

Herpes Simplex - a type of venereal disease that can cause cold sores or fever blisters; if it affects the genitals and is contracted by the mother-to-be in the latter stages of fetal development, it can cause mental subnormality in the child.

Hydrocephalus - a condition present at birth or developing soon afterward; involves an enlarged head caused by cerebral spinal fluid accumulating in the cranial cavity; often causes brain damage and severe retardation. Sometimes treated successfully with a shunt.

Hyperactive - describes excessive motor activity or restlessness.

Hypoglycemia - a condition characterized by abnormally low blood sugar.

Individualized Education Program (IEP) - a written document usually required for every child with a disability; includes statements of present performance, annual goals, short term and structural objectives, specific educational services needed, relevant dates, regular education program participation, and evaluation procedures; normally must be signed by parents as well as educational personnel.

Intellectual disability (also referred to as mental retardation) - significantly below-average general intellectual functioning resulting in or associated with deficits in adaptive behaviour and manifested during the developmental years. **Mild intellectual disability** involves intellectual functioning 2 to 3 standard deviations below the norm on an individually administered, standardized intelligence test and delayed adaptive behaviour on and functioning of a similar degree. **Moderate to severe/profound** disability involves more than 3 standard deviations below norms and adaptive behaviour to the similar degree.

Learning Disability (LD) - a disorder in which one or more of the basic psychological processes involved in understanding or in using academic or related skills is substantially delayed. It may manifest itself in a limited ability to listen, think, speak, write, spell, read or do mathematical calculations.
The **three criteria** for diagnosis of Learning Disability are usually:
- (discrepancy) a discrepancy between the child's potential and actual achievement;
- (exclusion) cannot be explained by mental retardation, sensory impairment, emotional disturbance or lack of opportunity to learn
- requires special educational services.

The specific definition varies among the provinces and among various organizations which work with LD students. Selection of a specific learning disability definition is often highly controversial.

Least Restrictive Environment (LRE) - the educational setting in which a child with disabilities can receive an appropriate education and which is most like the regular classroom.

Legally Blind - visual acuity of 20/200 or less in the better eye after the best possible correction with glasses or contact lenses, or vision restricted to a field of twenty degrees or less. Acuity of 20/200 means the eye can see clearly at 20 feet what the normal eye can see at 200 feet.

Meningitis - an inflammation of the membranes covering the brain and the spinal cord; can cause problems with sight and hearing and or mental retardation.

Metacognitive Skills - those abilities that people use to know their own cognitive processes. Metacognition refers to ones understanding of what strategies are available for learning and what strategies are best used in which situations.

Multiple Sclerosis - a chronic, slowly progressive disease of the central nervous system in which there is a hardening or scarring of the protective myelin sheath of certain nerves.

Muscular Dystrophy - a group of diseases that gradually weaken muscle tissues; usually becoming evident by age of four or five.

Myopia - near-sighted; results when light is focused on a point in front of the retina resulting in a blurred image for distant objects.

Neurosis - a condition marked by anxiety, inability to cope with inner conflicts; doesn't interfere as seriously with everyday activity as does psychosis.

Neurologic Impairment - any physical disability caused by damage to the central nervous system (brain, spinal cord, ganglia, and nerves).

Otitis Media - an infection or inflammation of the middle ear that can cause a conductive hearing loss.

Paraplegia - paralysis of the lower part of the body, including both legs; usually results from injury to or disease of the spinal cord.

Petit Mal Seizure (absence seizure) - a type of epileptic seizure in which the individual loses consciousness, usually for less than half a minute; can occur very frequently in some children.

Poliomyelitis (polio, infantile paralysis) - an infectious disease that infects the nerve tissue in the spinal cord and or brain.

Postlingual - occurring after the development of language; usually used to classify hearing losses that begin after a person has learned to speak.

Psychosis - a major mental disorder exhibited in seriously disturbed behaviour and lack of contact with reality; childhood schizophrenia and autism are forms of psychosis.

Quadriplegia - paralysis of all four limbs.

Schizophrenia - describes a severe behaviour disorder characterized by loss of contact with one's surroundings and inappropriate affect and actions.

Scoliosis - curvature of the spine, either congenital or acquired from poor posture, disease, or muscular weakness caused by certain conditions such as cerebral palsy or muscular dystrophy.

Sheltered Workshop - a structured work environment where persons with disabilities receive employment training and perform work for pay. May provide transitional services for some individuals, and permanent work settings for others.

Shunt - tube inserted in the body to divert fluid from one body part to another.

Signing English Systems - used simultaneously with oral methods in the Total Communication approach to teaching deaf students; different from American Sign Language because it maintains the same word order as spoken in English.

Sign Language (or American Sign Language - ASL) - A visual-gestural language with its own rules of syntax, semantics and pragmatics; does not correspond to written or spoken English. ASL is the language of the deaf culture in Canada and the United States.

Socialized Aggression - a group of behaviour disorders, including truancy, gang membership, theft, and delinquency.

Spasticity - a type of cerebral palsy characterized by tense contracted muscles.

Spina Bifida - a congenital malformation of the spine in which the vertebrae that normally protect the spine do not develop fully; may involve loss of sensation and severe muscle weakness in the lower part of the body.

Stuttering - a complex fluency disorder of speech, affecting the smooth flow of words; may involve repetition of sounds or words, prolonged sounds, facial grimaces, muscles tension, and other physical behaviours.

Time-out - a behaviour management technique that involves removing the opportunity for reinforcement of any sort for a specific period of time following an inappropriate behaviour; results in a reduction of the inappropriate behaviour.

Token Economy - a system of reinforcing various behaviours by delivering tokens when specified behaviours are emitted. Tokens are accumulated and turned in for the individual's choice of items on a "menu".

Total Communication - an approach to education of deaf students that combines oral speech, sign language, and finger spelling.

Tremor - a type of cerebral palsy characterized by regular, strong, uncontrolled movements. May cause less overall difficulty in movement than in other types of cerebral palsy.

Visual Acuity - the ability to clearly distinguish forms or discriminate details at a specified distance.