Exceptional Learners and Special Education

Approx. 10% of students receive Spec. Educ. (breakdown of the 10%)

<table>
<thead>
<tr>
<th>Disability</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific learning disabilities</td>
<td>51.1</td>
</tr>
<tr>
<td>Speech/Lang. impairments</td>
<td>20.8</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>11.6</td>
</tr>
<tr>
<td>Serious emotional disturbance</td>
<td>8.7</td>
</tr>
<tr>
<td>Visual impairments</td>
<td>.5</td>
</tr>
<tr>
<td>Autism</td>
<td>.5</td>
</tr>
<tr>
<td>Deaf-blindness</td>
<td>&lt; 0.1</td>
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</tbody>
</table>

- **Exceptional Learners:** approximately 10% of students (6 - 17).
- **Disability:** a functional limitation of an individual; not synonymous with handicap
- **Handicap:** effect produced by a disability; condition imposed on a person with a disability by society, the physical environment, or the person's attitude
- Correct terminology: child with a disability, individual with a disability. . .

Public Law 94-142 (1975) (Education for All Handicapped Act)
- prescribed services for all disabled children
- gave the children and their parents various legal rights.

P.L. 94-142 extended in two major pieces of legislation:
- 1986 - P. L. 99 - 457 extended to 3 to 5 y.o.
- 99 - 457 added prog. for infants & toddlers.
- 1990 the name changed to: Individuals with Disabilities Education Act (IDEA)

**Individuals with Disabilities Education Act (IDEA)**

Key Features:
- Zero Reject/Free Appropriate Public Education (FAPE)
- Nondiscriminatory Assessment and Multidisciplinary Evaluation Team
- IEP (Individualized Education Program)
- Due Process
- Least Restrictive Environment
Various Disabilities and Exceptionalities

**Mental Retardation**

Basic Definition
1. Significantly Subaverage Intelligence (benchmark is below 70 IQ)
2. Impairments in Adaptive Behavior (2 or more areas)
3. Manifested Before Age 18

*Note:* Cannot use IQ alone to diagnose MR

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**Categories of Mental Retardation**

**Mild (EMH & EMR)**
- IQ: 55 to 69
- Focus on basic academics, good vocational prognosis.

**Moderate (TMH & TMR)**
- IQ: 40 to 54
- Focus on self-help skills, low-level vocational training, sheltered workshops; some independence possible

**Severe/Profound (Custodial) (CMH & CMR)**
- IQ: less than 40
- Custodial care - basic living skills

**Non-Educational Settings**

<table>
<thead>
<tr>
<th><strong>Educational Settings</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwarf (EMH/EMR)</td>
</tr>
<tr>
<td>Moderate (TMH/TMR)</td>
</tr>
<tr>
<td>Severe (CMH/CMR)</td>
</tr>
<tr>
<td>Profound</td>
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</tbody>
</table>
Learning Disabilities (Largest Subgroup)
- Boys > girls by about 3:1
- assumed some type of dysfunction of the brain or central nervous system.
- Most LD kids do not show abnormalities on neurol. testing.
- Many people with abnormalities in neurol. testing don’t have LD’s.
- Increasing #’s due to shifts in def.

- normal to near normal cognitive ability
- intervention should be directly applied to the academic problems!
- why are many more 4th graders than 2nd graders are identified as LD??????

Emotional and Behavioral Disorders
- degree of beh. prob.
- over a long period of time.
- also show:
  - poor academic achievement
  - poor interpersonal relationships
  - poor self-esteem.
Attention-Deficit/ Hyperactivity Disorder (ADHD)

- 3-5% of child population (8-10%???)
- 1-3 kids per classroom
- 4:1 to 9:1 ratio of males to females
- Assessment – USM School Psy. Protocol
- Etiology (cause) unknown
- Types of ADHD:
  - Inattentive Type
  - Hyperactive-Impulsive Type
  - Combined Type

Meds typically used:
- Ritalin (Methylphenidate)
- Dexedrine
- Cylert
- Adderall

- NOT a paradoxical effect.
- Can’t use response to medication as diagnostic indicator.
- About 70-80% of kids 5-12 y.o. have positive response to stimulant med.
- For adolescents, lower (i.e., 60%).
- Most common side effects are insomnia and appetite reduction

Common Characteristics (ADHD)

- Problems with:
  - inattention
  - impulsivity
  - overactivity
- indep. seatwork may be quite inconsistent.
- may have problems with attention to instructions
- may be disorganized
- may disrupt classroom
Classwork and homework accuracy may be affected by careless response styles.

3 most frequent correlates of ADHD:
- academic underachievement
- noncompliance and aggression
- problems with peer relationships

Best Treatment: Behavior therapy (aka behavior modification) combined with Medication

Should NEVER use medication ALONE - individual may not learn alternative, more appropriate behaviors

Current view: ADHD is not outgrown

End of: Exceptional Learners and Special Education