

**Exceptional Learners  
and  
Special Education**

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

<u>Disability</u>	<u>%</u>
▪ Specific learning disabilities	51.1
▪ Speech/Lang. impairments	20.8
▪ Mental retardation	11.6
▪ Serious emotional disturbance	8.7
▪ Visual impairments	.5
▪ Autism	.5
▪ Deaf-blindness	< 0.1

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

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- 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.



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**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)**

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**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

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## 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

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#### **Severe/Profound (Custodial) (CMH & CMR)**

- IQ: less than 40
- Custodial care - basic living skills

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**Non-Educational**

**Settings**

Mild

Moderate

Severe

Profound

**Educational Settings**

Educable (EMH/EMR)

Trainable (TMH/TMR)

Custodial (CMH/CMR)

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***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.

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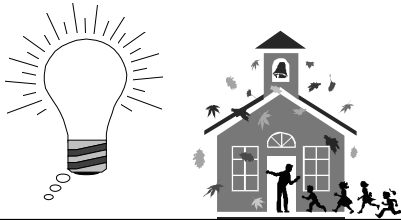
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- normal to near normal cognitive ability
- intervention should be directly applied to the academic problems!
- why are many more 4th graders than 2nd graders are identified as LD??????



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**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.

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***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

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- 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

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***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

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➤ **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**

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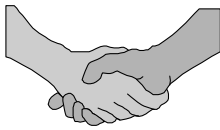
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- **Best Treatment: Behavior therapy (aka behavior modification) combined with Medication**
- **Should *NEVER* use medication ALONE - individual may not learn alternative, more appropriate behaviors**
- **Current view: ADHD is not outgrown**



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**End of:  
Exceptional Learners  
and  
Special Education**



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