|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exceptionality Name** | **Definition and AB Ed Code** | **Characteristics and Observable Behavior** | **Teaching Strategies and Resources** | **Links and Resources** |
| **Anxiety** | **ECS: Code 30** **Grades 1-12: Code 53** Anxiety disorders are characterized by an excessive and persistent sense of apprehension along with physical symptoms, such as sweating, palpitations, stomach aches and feelings of stress. Anxiety disorders have biological and environmental causes, and are usually treated with therapy and/or medication. Anxiety disorders can coexist with many other disorders and disabilities. | * Can be internalized (ex. Excessive worry or negative thoughts)
* Or Externalized (ex. Frequent outbursts, running away)
* May complain of feeling ill particularly when they feel tasks are too difficult or other triggers exist (ex. Sudden change, nosy environments, presence of phobia)
* Panic attacks
* Social anxiety - easily embarrassed, shy, fearful of judgement and evaluation.
* Prolonged sense of tension
* Sleep deprivation
* over/under arousal
* Students may have poor study habits and a difficult time retaining difficult information and organizing it
* Have trouble making wise choices (chose tasks that are too easy or hard)
 | * Develop realistic goals and chart student progress
* conduct reality checks with the student to avoid unrealistic expectations
* Help the student to accept and prepare for setbacks
* Teach the student positive self-talk, and affirmations
* Allow for extra time for assignments and tests
* Provide a routine, and predictable environment
* Use visual cues/ prompts
* Allow the student to move to a quiet place if needed
* Provide a selection of sensory tools that are available to the student at all times (ex. stress ball, string, stretch objects, quiet corner etc.)
* Allow the student to listen to music
* Reduce threatening situations (such as test taking), find other ways to summatively assess, or adjust the environment to be more comfortable (perform the test outside of the classroom, isolated space etc.)
* Avoid having the student stand/ present in front of the classroom

Distract the student from worry by engaging them with positive tasks, or humour to reduce the anxiety | **Information on Anxiety for Teachers:** <http://www.learnalberta.ca/content/inmdict/html/anxiety_disorders.html>**Worry Wise Kids.org:** <http://www.worrywisekids.org/schools/index.html>**Positive Behavior Support; resource for teachers:**<http://www.sbbh.pitt.edu/files/other/Anxiety_LNG_newsletter.pdf>**Canadian Mental Health Association Anxiety Resource:**<http://www.cmha.ca/mental_health/understanding-anxiety-disorders/#.VLsviYeTYoY> |
| **Autism** | **Code: 44 (Physical or Medical Disability)**A medically diagnosed neurological disability that interferes with the child’s ability to communicate, coordinate movement, and conform to social norms and expectations. It is a large umbrella term that includes Autistic Disorder, Asperger’s, Rett’s Disorder, Childhood Disintegrative Disorder and Pervasive Developmental Disorder | * Overstimulated by sights, sounds
* Possibly non-verbal and will rely on behavior to communicate (sometimes destructive)
* Overly focused on one interest or activity (usually excel in visual skills, math, music and art)
* Repetitive behaviors

May be unable to read social cues (i.e. Facial expression or tone of voice) | Social Behavior:* Teach and practice social skills (ex. Social stories, role playing)
* Provide consistent reactions to negative behavior and positively reinforce desired behavior

Visual Supports:* Color co-ordinate subjects or timetables (i.e. visual cuing boards)
* Provide visual and kinesthetic activities over writing activities *(Writing with symbols 2000* is a word processing program that creates visuals to correspond with words)
* Reduce stimuli and organize areas of classroom to focus students (i.e. Clear desks, buckets for objects, highlight key words, headphones to muffle sound)
 | Alberta Education Resources for Teaching Autistic Children: <http://education.alberta.ca/admin/supportingstudent/diverselearning/autism.aspx> Autism Speaks Canada (Resource for parents and teachers): http://www.autismspeaks.ca/about-autism/what-is-autism/Ontario’s Guide for Teachers of Autistic Children<http://www.edu.gov.on.ca/eng/general/elemsec/speced/asdfirst.pdf> |
| **Behavior Disorders** | **ADD/ADHD** | **No Code**A disorder associated with the brain and nervous system that leads to difficulty rationalizing decisions and inability for sustained attention. 2 types:* Hyperactive and impulsive
* Inattentive
 | * Prefrontal lobe inactive (can’t focus and plan)
* Basal ganglia inactivity (braking system)
* No set tests but diagnosed with a series of interviews with child, parents, and teachers
* Medication stimulates the activities in the brain that are underactive
* Medication (Ritalin, viterra)
* Often suffer from lower self-esteem because they get more negative feedback
* Hard to copy stuff down
* Is genetic
* Often students with ADHD can be coded ODD or CD

Inattention* Have trouble focusing but no hyperactivity
* Doesn’t retain anything
* Looks like their working, but not getting anything
 | * Fidget toys:
* Nail files, stretchy things across the bottom of desks to play with, play dough, gum, hard candies, pipe cleaners, squishies, thread, Velcro, yarn
* Ongoing positive reinforcement
* Strictly enforced routine
* Write routine on the board
* Advance notice of transitions
* Keep on task, remind often
* Give notes ahead of time, reduce amount of written output
* In high school setting, talk across curricular areas for the specific student
* Give only 2 or 3 steps at a time
 | Video on ADD: <https://www.nfb.ca/film/struggle_for_control_child_and_youth>5 videos on ADD: <http://canlearnsociety.ca/resources/take-ten-series/>More sources and strategies on ADD:<http://education.alberta.ca/admin/supportingstudent/diverselearning/adhd.aspx> |
| **Conduct Disorder (CD)** | Code: ECS: Code 30; Grades 1–12: Code 53Severe and persistent defiant behavior in children including deceitfulness, violence, aggression all in a 12 month period. | * Can be aggressive towards peers, parents and pets
* Develops over time, not sudden
* Often home schedules are erratic, or parents are absent or negligent
* Often end up in psych wards or criminal facilities
* Result of multiple factors
 | * Consistent supervision and support – Build and maintain a relationship
* Systemic intervention: provide supports around the child
* Be the child’s advocate
* Role plays
* Don’t lower expectations
* Positive feedback
* Focus on life skills
* Given a purpose (given a job or a role)
 | Chapter 2 in course pack |
| **ODD (Oppositional Defiant Disorder)****(Note: ODD is not a precursor to CD)** | Code: ECS: Code 30; Grades 1–12: Code 53Frequent and persistent pattern of anger, irritability, arguing, defiance or vindictiveness towards parent and other authority figures. | * Not neurologically based
* Do the opposite of what they are told to do
* Often ADHD medication will help, but sometimes not
* More common in certain ages of development
* Parents feel like they are in a power structure
 | * Advise the parent to take parenting classes; not because they are bad parents but because you want to be the best parent you can be (there is a lot you can do to make in worse) – provide parent resources
* Don’t argue back
* Provide choices (ex. Math or science first) 🡪 sometimes works to empower the child
* Don’t take it personally
* Structure helps
* Find what they like and try to incorporate it in the class
* Be consistent: talk to the parents and see what they are doing to use the same in the classroom
* *Social Stories*: write a story of a stressful situation and have it played out in a safe and manageable way (way of pre-reasoning)
 | See Above |
| **Deaf and Hard of Hearing** | **Code**:* Deaf: Code **45** for students ECS-Gr.12
* Hearing Disability: Code **55** for students Gr. 1-12,
* Code **30** for students in ECS (Alberta Education, 2012/2013, p. 5 & 9).
* May also be coded for multiple disability code **59** (Gr.1-12)

Severe to profound hearing loss at a level which will interfere with the use of oral language as the primary form of communication. Deafness is diagnosed by a clinical or educational audiologists based on tests and the decibels they are capable of hearing. | * Ability to hear and communicate varies on the student and whether they are
* “culturally deaf” = born with no hearing
* “late-deafened” = lost hearing later in life
* May have speech impairments
* difficulty with speech, reading, and writing skills
* may be skilled lip readers
* may use American Sign Language as a primary mode of communication
* Tend to have higher rates of:
* inattention
* aggression
* non-compliance
* depression
* may use hearing aids or other sound amplification devices

\* Cochlear implant does not guarantee that the student will be able understand and communicate well 🡪 it allows them to perceive sound, not understand it | * Use multimodal teaching instructions: Create visuals that are clearly displayed
* Ensure that the speaker is clearly displayed so the student can read lips and physical expression
* Repeat questions comments that the students have by putting them on the board (ex. Padlet) or repeating them orally 🡪 allow him to participate in the classroom
* Circular seating arrangement
* Portable white boards to write down the student’s answer
* Swivel chair 🡪 move to see the teacher
* Cues for transitions
* Touch students to gain attention
* Reduce background noise
* Inclusion ideas: sign language books, sing the anthem in sign language
 | **Alberta Education. (2012/2013). *Special*** **Canadian Association of the Deaf. (2012, July 23). *Definition of Deaf.* Retrieved from** [www.cad.ca/definition\_of\_deaf.php](http://www.cad.ca/definition_of_deaf.php)**Johns Hopkins University: Student Disability Services. (2014). *Deaf/Hard of Hearing.* Retrieved from www.** <http://web.jhu.edu/disabilities/faculty/types_of_disabilities/deafness.html>**Deaf Alberta. 2014. *Deaf Population.*** Retrieved from [www.http://deafalberta.ca/information-resources/deaf-population/](http://www.http://deafalberta.ca/information-resources/deaf-population/)**University of California San Francisco. (2014). *Instructional Strategies for Students Who are Deaf or Hard of Hearing.***Retrieved from <http://sds.ucsf.edu/sites/sds.ucsf.edu/files/PDF/hearing.pdf>**Brice, Patrick. Gallaudet University. (2013). *Raising and Education Deaf Children.* Retrieved from** [**www.raisingandeducationgdeafchildren.org**](http://www.raisingandeducationgdeafchildren.org) |
| **Depression** | **Code**: 53 (best fit)An imbalance of serotonin in the brain which results in feelings of sadness, despair loneliness, low self-esteem, withdrawal, and isolation. Often victims struggle with severe despair over an extended period of time.**Types of depression:*** *Clinical depression*: a minimum of 5 symptoms, depressed mood or loss of interest for at least two weeks
* *­Depressive Symptoms*: symptoms of depression are present but child does not meet criteria
* *Dysthymic Disorder*: mild/moderate depression for at least 1 year
* *Adjustment Disorder with Depressed Mood:* Depressed mood as a result of a negative experience ­­this lasts up to six months
 | * Expressed in different ways ranging from withdrawal to rage
* changes in eating and sleeping habits (either too much or too little), withdrawal
* loss of interest in activities
* frequent absences from school
* agitation
* self bullying
* anxiety
* difficulty concentrating/remembering details
* Extreme sensitivity to criticism
* Vague aches and pains
* Often linked with genetic factors

Affected by environmental factors such as: school performance, social status, family life and sexual orientation | * Increase positive formative feedback with the student
* Meet with the student and parents to discuss how the school can better support them
* Set small attainable goals
* Teach a lesson on positive self-talk and positive self-esteem
* Create a safe a predictable classroom 🡪 work hard to organize with the student
* Set up a relaxation station where students can go to unwind and gather energy

ResourceGrip Magazine: A magazine on mental health for teens | Alberta Health: Depression [http://www.health.alberta.ca/documnts/AHTDP­rTM S­ResistantDepression­U ofC.pdf](http://www.health.alberta.ca/documnts/AHTDPrTM%20SResistantDepressionU%20ofC.pdf) **Alberta Health: Unlocking Potential** [http://www.education.alberta.ca/admin/supportingstudent/diverselearning/unlocki ng.aspx](http://www.education.alberta.ca/admin/supportingstudent/diverselearning/unlocki%20ng.aspx) **Students with Mental Disorders, Resources for Teachers, Volume 2 ­ Depression:** [http://www.bced.gov.bc.ca/specialed/docs/depression \_resource.pdf](http://www.bced.gov.bc.ca/specialed/docs/depression%20_resource.pdf) **Depression: Helping Students in the Classroom** <http://www.nasponline.org/communications/spawareness/depressclass_ho.pdf> **Healthline** http://www.healthline.com/health/depression/genetic# OtherFactors3 **Mind Your Mind:** http://www.mindyourmind.c a/illnesses/depression Parent’s Guide to Teen Depression [http://www.helpguide.org/articles/depression/teen­dep ression­signs­help.htm](http://www.helpguide.org/articles/depression/teendep%20ressionsignshelp.htm) **PEERS Program Mental Health Roundtable Sessions for Teachers: Mental Health Consultation Team** <https://education.alberta.ca/media/448831/journey.pdf>  |
| **English Language Learners (ELL)** | English as a Second Language (ESL) students are students who first learned to speak, read, and/or write in a language other than English. Their language proficiency excludes those from full participation in learning experiences provided in Alberta schools. They often have grown up in homes where another language is spoken, or they have recently immigrated to Canada. ESL is used interchangeably with ELL (English Language Learner).In Alberta schools, 40 out of 500 students’ first language is not English or French.\*There is **no exceptionality code** for English Language Learners.  | Some ELLs have no formal education, such as refugee children, so they may not be socialized in a school setting. These students have significant gaps in their learning and have had limited opportunities to develop age- appropriate language and literacy skills.ELLs needs may extend beyond schooling. They may have experienced great difficulties, and may still carry the burden of separation and loss. Interpersonal communication skills take about 2-3 years to develop. Academic language proficiency can take 5-7 years to fully develop. You need to identify the proficiency of language to accurately identify and assess the student’s learning needs. This can be done at: <http://www.learnalberta.ca/content/eslapb/>  | **1)** **Use visual aids\*** – flow charts, graphic organizers, Venn diagrams, tables, wordless picture books**2) Guided reading\*** – practice reading skills in small groups of same level**3) Cooperative learning** – have ELL students work with those who have English as their first language**4) Provide a safe, welcoming environment\*** - provide opportunities to learn the cultural practices and beliefs of the ELL and their English peers. Provide opportunities for students to continue to develop their home language. **5) Differentiation of assessment** – use a variety of assessment strategies to emphasize the student’s strengths**6) Instruction should be predictable** – teachers should try to maintain a routine to lower anxiety**7) Parent workshops and family events\*** – make the school an open, welcoming environment**8) PD Sessions** – open conversations and collaboration among teachers**9) Scaffolding** – building vocabulary and then expanding to include comprehension and beyond. Content and vocabulary should be taught simultaneously. **\*More information below on these strategies** | Alberta Education. (2010). English Language Learners (ELL) Retrieved from <http://education.alberta.ca/media/1234005/12_ch9%20esl.pdf> Alberta Education. (2007). English as a Second Language: Guide to Implementation Kindergarten to Grade 9. Retrieved from <http://education.alberta.ca/media/507659/eslkto9gi.pdf> Alberta Education. (2010). Alberta Initiative for School Improvement (AISI) Project Synopsis. Retrieved from <http://education.alberta.ca/aisi/cycle4pdfs/40180.pdf> Alberta Education. (2008). A Review of the Literature on English as a Second Language (ESL) Issues. Retrieved from <http://education.alberta.ca/media/903123/esl_litreview.pdf> Teaching Refugees with Limited Formal Schooling | Toward a Brighter Future. (n.d.). Retrieved from <http://teachingrefugees.com/> Ontario Ministry of Education. (2009). Supporting English Language Learners with Limited Prior Schooling. Retrieved from <http://www.edu.gov.on.ca/eng/document/manyroots/ell_lps.pdf>  |
| **Fetal Alcohol Syndrome (FASD)** | **Code**: **42** (more severe) and **44** (less severe)FASD is caused by mothers who drink during pregnancy (and as a result is underdiagnosed). It creates many physical changes, and brain damage that results in a range of structural, physiological, learning and behavior disabilities in individuals.  | (Varies from case to case)Physical Attributes:* Delayed growth, intellectual abilities, facial characteristics (small eye slits, thin upper lip).
* High threshold for pain

Behavior Attributes: * Difficulty sequencing, with memory, difficulty understanding cause and effect relationships, and they have weaker generalizing skills.
* Low-self esteem
* Trouble with transitions
* Physical or verbal outbursts
* Trouble controlling impulses
* Fidgety, uncoordinated
* Struggle in determining right and wrong (and often is unaware that what they are doing is wrong)
 | * Establish routine
* Scaffolding learning
* Keeping instruction learning periods shorts
* Explicitly teach socializing skills
* Usually benefit from tactile and kinesthetic strategies (ex. Have students model or act out behaviors, fidgets, use movement in lessons)
* Specific praise (because they have trouble with cause and effect relationships)
* Example personal behavior contracts
* Reward systems must be immediate
* Use concrete language
* Slow down instruction (ex. Advanced warning of transitions, homework checklists)
* Establish a routine

Highly sensitive to body language and less to words 🡪 maintain a good social relationship with students | Links: Chapter 1: What is FASD? <https://education.alberta.ca/media/414085/fasd1f.pdf>**FASD** <http://specialed.about.com/od/disabilities/a/FAS.htm>Woolfolk, A.E., Winne, P.H., & Perry, N.E.(2010). Educational psychology (5th Canadian ed). Upper Saddle River, New Jersey, USA. Pearson Education, Inc.**Chapter 2: Key concepts for planning effective education program**s<http://education.alberta.ca/media/414088/fasd2.pdf>**Chapter 3: Organizing for instruction** <http://education.alberta.ca/media/414096/fasd3.pdf>**Professional Development Day Worksheets for FASD**:<http://education.alberta.ca/media/352722/masters.pdf>**Interactive website:** <http://www.pbsc.info/education/>**FASD Alberta:** <http://fasd.alberta.ca/> or<http://www.knowfasd.ca/> |
| **Gifted** | **Code**: 80**Incident Rate**: 9.5% diagnosedA student showing achievement beyond their years in one or several areas. **Twice-exceptional**: students with learning disabilities that also show giftedness. | * Bored or off-task
* Finished work fast
* Often self-taught
* Advanced comprehension of words, metaphors, abstract ideas
* Excellent memory
* Can display giftedness in one subject or all
 | * *Alternative Learning Environment*: pursuing interests outside the classroom (i.e. shadowing a mentor, going to a different math class, pursuing a sport or trade)
* *Flexible pacing*: compacting areas of the curriculum and moving faster or slower when they need to
* *Independent Study*: Pursuing own interest in a particular subject
* *Tiered Assignments*: offering multiple difficulty level in assignments and projects (ex. Points system)
* Have them mentor younger students
* “Did you know board” for the high achieving students; have them research something new every week and put the information up on the board for the rest of the students
* GATE Program works with U of C 🡪 Gifted school
 | **The Journey: A Handbook for Parents who children are gifted:** <https://education.alberta.ca/media/448831/journey.pdf>**Planning For Students Who are Gifted:** <https://education.alberta.ca/media/525558/ipp92.pdf>**National Association for Gifted Children:** <http://www.nagc.org/>**National Society for the Gifted and Talented:** http://www.nsgt.org/giftedness-defined/#1 |
| **Learning Disabilities** | **General Knowledge** | Code 54 | * Not a visible difference
* Experience frustration anxiety and tension🡪 affects performance
* Looks away from teacher (source of anxiety)
* Pace of class seems too fast🡪 takes twice as long to process
* *Distractible*: Pays attention to everything (differs from attention span where they don’t pay attention to everything)
* Don’t like surprises therefore they don’t volunteer a lot
* Will get into trouble and not know what they did wrong
* Can only do one task at a time (ex. Can’t listen and write at the same time.)
* Dysnomia: word finding problems
* Often are tattle tales 🡪 want to prove that there is something wrong with other students as well
 | * Slow down to allow students to process
* Come back to students if they need more time to think of an answer instead of just moving on
* Establish a signal for the student when you are going to call on the student to reduce anxiety (ex. Put questions from the lesson on a sticky note and place it on a desk so that the student knows that they would be answering that question in the lesson)
* Give timely positive feedback and do not negatively reinforce wrong answers (embarrassment, etc.)
* Avoid:
* Making comments on the students’ motivations (ex. They are lazy)
* the phrase “this is easy” 🡪 if they can’t do it it’s just discouraging
* Be careful with sarcasm
* Require more direct instructions applied in multiple modes to engage all senses and learning style
* Be open to different perceptions of your students
* Because comprehension has a lot to do with background and not vocabulary, pre-assess students for prior knowledge 🡪 will help with motivation as well
 | Ch. 1 in course pack |
| **Dyslexia** | Code 54 | * Use the right side of the brain and the frontal lobe for reading more than the left side of the brain, which is usually what we use for reading
* Trouble with visual processing
* Trouble Decoding the words
* Takes more time in writing and reading
 | * Tahoma Font easier for dyslexic students to read
* Visual aides
* Large print
 | Video and Questions on dyslexia: <http://ed.ted.com/on/QEYl7S6Z#watch> |
| **Selective Mutism** | **Code: 53**Mutism is linked with anxiety disorders. It is not caused by a single traumatic event, but rather, is an accumulation of behavior patterns over time. In certain situations, children with mutism can and will speak, but they have trouble speaking in large social groups. Often they rely on siblings or parents to speak for them.  | * Head down, avoiding eye contact
* Seldom speak (but may speak in a whisper, or with a trusted adult or peer)
* Can experience physical discomfort i.e. Headache, stomach ache, etc.
* Appear in distress or uncomfortable when in large groups (ex. fidgeting, defiant)
* On the other hand, they may be motionless and expressionless
* Some students may also have a sensory processing disorder
 | * Offer a safe place 🡪 Secluded, quite, task to occupy student
* Partner them with a friend or buddy that they trust
* Slowly integrate the student:
* Have them working with a partner/small group before entering the class
* Have them skype into the classroom if they feel unable to leave the home (with the goal of inclusion always in mind)
* Have student arrive early before all the people get there
* Give different tools for communicating 🡪 offer personal whiteboard/notepad, use writing assessments, classroom pointer
* Positively reinforce communication in the classroom
 | **Learn Alberta Medical/Disability Information for Classroom Teachers**: <http://www.learnalberta.ca/content/inmdict/html/selective_mutism.html>* **“What you need to know about helping children and youth with Selective Mutism: Information for Parents and Caregivers”CHEO:** <http://www.cheo.on.ca/uploads/Selective%20Mutism/Selective%20Mutism%20ENG.pdf>
* **Learning Challenges: Selective Mutism: Suggestions for Teachers (Association of Chief Psychologists with Ontario School Boards):** <http://www.acposb.on.ca/LearnChall/MUTISM.html>
* **Selective Mutism Organization: “Classroom Strategies for Teachers of Selectively Mute Children” Gail Kervatt** [http://www.selectivemutism.org/resources/library/School%20Issu](http://www.selectivemutism.org/resources/library/School%20Issues/Classroom%20Strategies%20for%20Teachers%20of%20SM%20Children.pdf)
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