Guidelines & Strategies
For Children With Special Needs

Dr. Clarissa Willis
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Introduction

Preschool provides opportunities for children to learn, grow, and develop. However, all children do not learn, grow, and develop at the same rate. When development falls significantly below that which is expected for a child of that age, you may suspect that the child has a special need.

Some children may have a recognizable special need (e.g., a child with Down syndrome or a child who wears a hearing aid). Some young children are diagnosed with developmental delays, meaning that a physician believes the child’s abilities may improve as the child has more opportunities to learn and develop. With time and practice, many such seemingly delayed children will ultimately catch up in their development. In other cases, children may be at risk of developing a disability because of their particular environmental conditions or perhaps due to a chronic health condition, such as untreated ear infections or a depressed immune system.

Children with special needs have strengths and weaknesses, and, just like their peers, they enjoy playing, exploring, and experiencing new things. Regardless of the challenges children may face, all children can learn, and all children should have opportunities to participate in everyday routines and activities to the best of their capabilities. Research confirms that children learn best in natural environments with typically developing peers. This interaction not only benefits the child with special needs, but it also teaches the typically developing child about tolerance and acceptance of others.

The information in this resource is intended for preschool teachers who may be asked to serve children with special needs. It is not an attempt to comprehensively describe how all children learn, nor is it meant to imply that all children have all the characteristics of any one disability. Depending on the type and severity of the special need, a child may exhibit one or more of these characteristics. This resource, while designed to offer assistance and helpful information, is not intended to diagnose or to take the place of any diagnosis that may be made by a professional special educator or a medical practitioner.
Guidelines and Strategies

This section contains a valuable overview of guidelines and strategies for creating a positive environment in which all learners will succeed, identifying and developing essential social skills, working with families, and teaching children about important safety practices.

Creating a Positive Environment

Value Each Child

Children in your classroom look to you as a role model. They watch what you say, what you do, and how you act. It is important that the other children in your class see that you view all children, especially children with special needs, as valuable class members who are not only important to you but important to each other.

Demonstrate this concept in the following ways:
♦ Speak to children with respect and patience.
♦ Plan activities that include all children and that encourage collaboration.
♦ Select books and materials that depict persons with special needs as active and productive members of society.

Use People-First Language

When choosing words that describe a child with special needs, refer to the child first, not the disability. In this way, the emphasis is placed on the person rather than the disability. For example, Carl is a child with a vision loss. He is not a blind child.

Demonstrate this concept in the following ways:
♦ Avoid talking about the child with disabilities as if the child does not exist.
♦ Encourage children to refer to each other by first names.
♦ Remind others in your classroom (such as your assistant or parent volunteers) that it is important to use people-first language.
♦ Make sure all written communication to a child’s family and any notes that you make about the child reflect people-first language.
**Answer Questions Honestly and Openly**

Children are naturally curious and will ask questions. Sometimes those questions will concern children with special needs. Provide enough information to help the typically developing children see that while other classmates are similar to them in many ways, they learn differently or may need extra help doing some things.

Demonstrate this concept in the following ways:
- Explain that we all need special help sometimes.
- Encourage acceptance and tolerance for differences.
- Read books about people who accept and learn from those who are different.

**Foster Full Inclusion**

Plan activities that include all children. Look for ways to help the child with special needs participate in everyday activities and routines. If the child cannot fully participate, or is unable to do the activities in the exact same way as his or her peers, look for ways to adapt an activity so the child can partially participate.

Demonstrate this concept in the following ways:
- Encourage children to work together on an activity whenever possible, allowing each child to make a contribution, whatever it might be.
- Make sure that toys and games are adapted as much as possible to accommodate those with special needs. For example, additional direct or indirect lighting might be necessary to help a child with a visual impairment play with a particular toy or participate in a game.
- Demonstrate the importance of children helping others when a task is too difficult.

**Enforce a Zero-Tolerance Policy for Bullying**

Keep in mind that bullying can take on many forms. It can include teasing, laughing at others, and excluding others from social activities. Teach strategies that enable children to walk away from situations where they are being bullied or teased.

Demonstrate this concept in the following ways:
- Make sure that each and every instance of bullying is immediately addressed.
- Help children understand that others have feelings and that everyone wants to be included.
- Recognize and praise children who help others feel part of the group.
Developing Social Skills

Preschool is a time when children learn the fundamental skills that they will need to get along with others. There are five social skills that are critically important for all children to develop.

Making and Keeping Friends

Learning the skills needed to make friends is very difficult for many children with special needs. While typically developing children learn social skills through observation, experience, and play, children with special needs often struggle with social cues. For example, they may not know how to ask how to join in a game or understand why someone gets angry and won’t play with them when they grab a toy. This inability to understand some of the actions or reactions of those around them, and the importance of such actions socially, can be a reason why children with special needs are frequently unable to establish lasting friendships.

Developing Social Competence

One of the primary goals of most early childhood classrooms is for children to learn to be socially competent, which allows them to interact successfully with others in a variety of situations. Socially competent preschoolers have learned through play and observation what it takes to be liked by others, and how to adapt and control their own behavior so that others will want to be their friend. Socially competent preschoolers have confidence in their own skills. As a result, they try new things and experiment with novel situations. A child with a special need is less likely to observe the behavior of others and imitate that behavior in an effort to be accepted socially by others.

Managing Behavior in Social Settings

Research has shown that children are more likely to play with children who they perceive as being able to behave appropriately in social situations. And, as children grow older, there will be increased social demands placed upon them. This will require that they be able to even better manage their behavior toward others in order to participate successfully in social situations.
Working Collaboratively with Others

The purpose of collaboration is to enable groups to work together as a team. Therefore, when encouraging collaboration, it is important that the activity you select be one in which the child with special needs can participate in while still feeling comfortable and confident.

Generalizing to Apply Learning to New Settings

When children are able to generalize, they have the ability to apply what they learned in an earlier situation to a similar one that is currently occurring. Generalization is very difficult for children with special needs. For this reason, it is important that you provide clues or cues to assist a child with special needs. For example, in a situation where a child is throwing a tantrum because another child will not allow him to participate, you might say, "Juan, remember last week when you asked Robert if you could help him build with blocks? Let’s ask him that now rather than screaming at Robert and knocking over his tower."

Set up situations that encourage peers to work together. Provide activities that are designed for both the age and the stage of a child’s development.

- Help children feel in control of their environment by allowing them to make choices. However, provide no more than two choices at one time. Too many options may be confusing.
- Give children assigned tasks to do. Even if a child can’t complete a whole class job, have the child “job share” with a peer. For example, one child might hold the trashcan while another child empties it.
- Acknowledge children’s accomplishments with specific feedback.
- Model how to greet others. Say Good morning and Good-bye, and ask questions that show children you are interested in what they are doing.
- Review the rules for using words and soft touches rather than fists.
- Practice turn-taking, and let children see that waiting for a turn is often necessary.

Select Peer Buddies

Select a peer to be a buddy to a child with special needs. Explain to the peer that you are inviting him or her to be a peer buddy for _______ (use the child’s name). If the peer accepts the invitation, he or she will be the peer buddy for just one specific activity. Tell the child how pleased you are that he or she has decided to help you.
♦ Pair children carefully, considering the maturity level and the communication skills of each child.

♦ Inform the peer buddy about the behavior and communication skills of the child with disabilities. If the child with special needs has specific issues (e.g., behavior outbursts, severe speech delays), explain this to the peer buddy in simple, concrete language.

♦ Use the stay-play-talk method.

STAY: Buddies greet their friend by name and stay very close to their friend.

PLAY: The child with special needs follows the buddy around and joins in activities. Even a very young child can learn partial participation.

TALK: Peer buddies talk about what is going on and describe things to the child with special needs.

♦ Practice in class, and remember that it may be necessary to model for both buddies what you want them to do.

♦ Start buddy sessions during snack time or free choice time. Start with four- to six-minute sessions and gradually increase the time.

♦ Encourage the relationships through positive support. Keep in mind that relationships take time. The goal of this activity is to help both children learn to be friends.

♦ When you observe enjoyable interactions between children, expand to a more structured activity that requires higher skill development.

♦ As the children become more comfortable with each other, you will need to remind them less and less about the rules for social interaction.

♦ If one peer buddy does not work out, don’t give up. Keep trying. Assign another buddy, and start the process over.

Use Social Stories™ or Social Scripts

Social Stories™ present appropriate social behaviors in the context of a story. Carol Gray, a special educator, developed this concept. Although the stories were intended for and have been used primarily for children with autism, other children may benefit from them as well. Each story
includes answers to many of the questions that children need to know to interact successfully with others. They help children learn to predict how others might act in a social situation by giving them a better understanding of the thoughts, feelings, and points of view of other children.

Social Stories™ are made up of four types of sentences:

**DESCRIPTIVE SENTENCES** address the “who, what, where, and why” of a social situation.

**PERSPECTIVE SENTENCES** give information about the thoughts, feelings, and emotions of others.

**DIRECTIVE SENTENCES** tell children how they might respond to a situation by suggesting specific actions.

**CONTROL SENTENCES** serve as a cue or hint to remind children how to react in a social setting. Control sentences are generally not appropriate for preschool children. They are typically used only with high-functioning children. If they are used with younger children, they should be short and easy to remember. For example, after learning about conversation, the child might remember to “stop, look, and listen”—stop after speaking, look at the other person, and listen to what the other person is saying.

According to Carol Gray, it is important that for each directive sentence there are at least three descriptive or perspective sentences. Later, as the child becomes more socially competent, stories can be written with no directive sentences. Children can learn to decide for themselves how to respond or react. Gray also recommends replacing absolute statements for children (e.g., I will ask for a turn. I will sit in the circle.) with statements that are more flexible (e.g., I will try to ask for a turn. I will try to sit in the circle.).

Once you have determined which social skill to focus on, it is time to buy a book about Social Stories™ or to write your own. If you choose to write your own, keep in mind that Social Stories™ are:

♦ short in length
♦ written in first person
♦ usually in present tense
♦ designed to help children learn how to act in a social situation

For more information about Social Stories™, how to purchase them, and how to write your own, see Resources (page 16).
Parents have the unique perspective of truly understanding the day-to-day realities of living with and caring for a child with special needs. For the family of a child with special needs, their child is not just a child who is disabled. He or she is special and valued.

**Show Respect**

- Be respectful of family opinions. Parents often agree that the one thing that a teacher can do to understand their perspective is to be respectful of their opinions and treat them as valued contributors.
- Ask families what they think and then respect what they say.
- Develop a rapport with families by trusting what they tell you. You work with a child for a few hours per day. They likely spend far more time with the child and have valuable insights to offer.
- Refer to their child as having challenges not weaknesses.
- Use the child’s name when you talk about him or her.
- Ask about the family’s priorities. What would they like to see their child accomplish this year? What was their child’s biggest accomplishment last year?

**Become a Team Member**

- Demonstrate to the parent or caregiver that you are a team member who values their child.
- Use words like we and us instead of I and you.
- Acknowledge and value input when it is given. You and the parent are much stronger as a team working toward the common goal of helping their child reach his or her full potential.
Communicate Regularly

♦ Communicate frequently and positively. Make it a rule to never tell a parent what a child can’t do until you have told the parent something the child can do.

♦ Make meetings a positive experience.

♦ Schedule conference times at parents’ convenience. Take into account their work schedule. If parents have not attended previously scheduled conferences, consider the reason. It may not be because they don’t want to attend but, for example, that they might lose their job if they take off more time.

Empower Families

Disability literature is full of information about the value of enabling and empowering families to become self-advocates. When you enable a family, you give them the tools they need to make informed decisions. When you empower them, you show them how to use those tools. You become an avenue through which parents learn to use the resources and tools available to them in order to advocate for what is in the best interest of their child. Be a resource parents can count on. Make sure parents or guardians know about resources that may be available to them.

♦ Provide access to specialists, such as physical therapists, speech-language pathologists, early intervention specialists, or special education teachers.

♦ Offer information about local support groups for families of children with disabilities. Sometimes, just knowing that they are not alone can provide tremendous support for a family.

♦ Make suggestions about where parents can go to obtain adaptive equipment or specialized materials for their child, such as eyeglasses or hearing aids.

♦ Help families gain access to government resources, which they may be entitled to receive.

♦ Locate respite care (a place where the child can go for a day or two so parents can have a break).
Teaching Safety

Children with special needs must learn about safety. While most adults care about children and seek their best interest, there are exceptions. Sometimes the adults who require caution are people that a child knows and trusts, such as a relative or a neighbor. Unfortunately, sexual assault is ten times more likely for a child who has a disability. Help children with disabilities learn how to be safe.

♦ Teach children that an adult should never ask them to keep a secret. Instruct children to tell someone they trust if this happens. Tell children it is right to tell someone even if the adult said it was a secret or that they would hurt the child if he or she told.

♦ Teach children how to dial 911. Practice dialing and explain to children why they would do this in an emergency situation.

♦ Teach children to never get into a car with anyone other than their parent or guardian. If someone grabs them, tell children it is okay to scream, yell, and kick.

♦ Teach children to always play with a friend and never to play in a secluded place or an abandoned building.

♦ Teach children what to do in an emergency situation, such as a fire or bad weather. Practice the routine often, and review with children what they should do, where they should go, and how they should respond.

♦ Teach children that they should never put anything in their mouth without first checking with an adult. Some children with disabilities cannot discriminate between food that they can eat and substances that are poisonous. For example, if a child’s favorite drink is lime punch, the child may see a green liquid in the garage and drink it.
Everyone is a member of the class. Each member of the class has the same rights and responsibilities as his classmates; the expectations for him are matching to his abilities.

Treat others the way you want them to treat you. Model how to be a friend and how friends act toward each other.

Consistency and structure work best for children with special needs. While flexibility is very important, it is also important to remember that children with special needs can become very upset and frustrated when people are inconsistent with them and when schedules are disrupted.

Everyone can participate in some way. Even students with severe disabilities can partially participate in activities.

All children have strengths and weaknesses. Learn to identify a child’s strengths and plan activities that are geared to enhance his or her strengths.

Nothing is free and no one is automatically entitled to anything. Communication is perhaps the most important social skill of all. Teach children how to ask for what they want and need verbally, by using signs, or with gestures.
Learned helplessness cannot be tolerated. In other words, just because a child has a disability or is challenged in some way does not mean that he cannot learn to be as independent as possible. When everything is done for child, she will learn how to be helpless and automatically expect the adults in her world to do things for her.

Children learn from each other. Arrange the environment so that children have many opportunities to practice new skills, work in groups, and depend on each other to help solve problems.

Aggression, bullying, and making fun of others are never acceptable. What may seem like simple childish teasing can soon become bullying, which can be frightening for a child with special needs.

Many times, misbehaviors are just misdirected attempts to communicate. When a child throws an object or has a tantrum, look at the reason behind the action. While the behavior is not acceptable, the reason for the behavior may be explainable, and is oftentimes avoidable.

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Resources

The Gray Center
The official home of Carol Gray and Social Stories™
Phone: 616-748-6030
E-mail: info@graycenter.org
Website: www.thegraycenter.org

Books


The term visual impairment describes the severity of a vision loss not the specific eye condition that resulted in the loss. Children with visual impairments may be diagnosed in terms of their residual vision. The most common terms used to describe residual vision are partially sighted, low vision, legally blind, and totally blind.

Children with visual impairments

♦ learn best through their other senses and will learn faster when something is presented with touch or sound.

♦ need to be able to hear what is being said or described since this is the sense they depend on the most.

♦ often use touch to learn about someone. Teach peers to use soft touches.

♦ learn to recognize books that have been labeled on the cover with a small tactile object.

♦ enjoy being engaged in story activities that involve movement, such as finger plays.

♦ respond best to simple pictures drawn with bold lines.
Characteristics

The effect of visual problems on a child’s development and learning depends on several factors, including the severity of the loss, the type of loss, the age at which the condition first appeared, and the overall developmental level of the child.

Objects in the environment and novel experiences will not be enticing for children with visual impairments unless they are presented in a way that allows them to explore. If these new experiences require children to see and discern small details, they may miss opportunities to learn. In addition, visual impairments may hinder children as they strive to become more independent. Instead of an exciting world to explore, children with visual impairments find themselves in a world full of obstacles and challenges.

A visual impairment diagnosis will usually come from a developmental pediatrician working with an ophthalmologist (a doctor who specializes in the treatment of the eye and eye conditions). The visual impairment will be labeled by the degree of residual vision.

**Partially sighted** indicates that a child has been diagnosed with some type of visual problem, and as a result of that problem will need special education and/or special adaptations made to the environment.

**Low vision** generally refers to an impairment that is severe enough to warrant extensive adaptations and special services. This diagnosis is used to describe a condition that is more involved than just the inability to see objects at a distance. Low vision applies to all individuals with some sight who are unable to read a book at a normal viewing distance, even with the aid of eyeglasses or contact lenses. Children with this diagnosis will probably use a combination of all their senses to learn. In order to use vision, they may require adaptations in lighting, enlarged print, and sometimes the use of Braille.

**Legally blind** indicates that a child has less than 20/200 vision in the better eye or a very limited field of vision (20 degrees at its widest point). A child diagnosed as legally blind will require very specialized help that could include working with an orientation and mobility specialist. The child may use a cane to navigate and will learn via Braille or other non-visual media. A child who is legally blind may or may not be able to perceive the presence of light.

Many children with vision problems who are served in a regular early childhood classroom are diagnosed with low vision. These children need help using their residual vision more efficiently.
Children with low vision may wear glasses or have certain types of corrective surgery. Although in most cases, children with low vision have difficulty with central vision or reading vision, there are other types of low vision:

- partial peripheral vision
- partial color vision
- inability to adjust to different light settings
- inability to adjust to different contrasts
- vision that seems to be too bright (often called glared vision)

It is helpful to understand conditions that result in vision loss. Some of the causes of severe vision loss in young children include the following:

**CORTICAL VISUAL IMPAIRMENT (CVI)**

Damage occurs in the visual cortex of the brain despite the fact that the tissues within each eye develop normally. Limitations in vision can range from mild to severe, and in severe cases, the child has no light perception at all.

**RETINOPATHY OF PREMATURITY (ROP)**

This condition is often found in infants who are born prematurely. The results in vision loss can range from mild to quite severe.

**OPTIC NERVE HYPOPLASIA**

This is a congenital condition that occurs in the womb and results in under developed optic nerve tissue. This underdevelopment of nerve tissue may result in damage to one or both eyes.

**MICROPHTHALMIA**

This is a congenital condition that causes malformations in the eyes and may result in very poor vision.

**ANOMPHTHALMIA**

This is a very rare condition in which the child is born without an eyeball in one or both eyes.
GLAUCOMA

This condition can be successfully treated if diagnosed early. However, increased pressure in the eye caused by untreated glaucoma will eventually cause damage to the optic nerve, ultimately leading to potential loss of peripheral vision and blindness.

REINTOBLASTOMA

This condition is caused by cancer of the eye and can result in severe vision impairment.

CONGENITAL CATARACTS

This is a treatable condition in which the lens of the eye becomes clouded. This condition can be corrected with surgery.

Adaptations

With today’s technology, such as computers and low-vision optical and video aids, many children with partial sight, low vision, or blindness are able to participate in regular preschool classrooms. In addition, large print materials, books on tape, and Braille books are available for children of all ages.

An orientation and mobility specialist (a person who is specially trained for planning the programming and training of the visually impaired) or a teacher of the visually impaired can help determine if a young child with visual impairments needs additional help with special equipment and modifications. Modification may emphasize listening skills, communication, orientation and mobility, and functional skills (e.g., dressing, eating).

Some children benefit from special vision equipment called low-vision devices. Often, these devices magnify an object or enhance it in some way. Low-vision devices fall into two categories: optical and nonoptical.

Optical

Optical low-vision devices use a special lens to improve vision. This is usually accomplished through magnification. Examples of magnification devices include magnifying eyeglasses, hand magnifiers, magnifying lamps, telescopic viewing devices, and closed circuit television (CCTV). A closed circuit television uses enlarged images, exaggerated contrasts, and adjustable magnification.
Nonoptical

Nonoptical low-vision devices bring an image closer to the child’s eyes. Examples of nonoptical devices include larger print books, computer programs with sound systems, and writing guides. Writing guides are made of a solid material, such as cardstock, and have a window cut out of them. The child lays the guide on the written words. Only the portion that shows through the cutout is visible.

Teaching Suggestions and Strategies

It is important that assessment take place as early as possible. With early intervention programs and specialized instruction, children with visual impairments can learn to function in and adjust to their environments.

Stimulate Residual Vision

Children with visual impairments often need the opportunity to learn how to use their available vision to their advantage. An orientation and mobility specialist or a teacher for children with a visual impairment can help you determine how this is best accomplished in your individual setting. The following are things you can do to help a child effectively learn to use residual vision:

♦ Stimulate the child’s vision. If the child is not used to being asked to use his residual vision, he may need a lot of encouragement. In most children with residual vision, the vision can be optimized through training and effort. However, the child’s overall visual acuity, or field of vision, will not change.

♦ Look for ways to change the environment by using lighting and low-vision devices such as magnifiers.

♦ Try ways to make an object more easily seen by the child by enlarging it or placing it closer to the child.

♦ Contact a professional, such as an orientation and mobility specialist, to help determine what the child can do.

♦ Try to make vision training part of the everyday schedule.

♦ Provide variety so the child does not get bored with the same activities every day.

♦ Remember to train his other senses as well. Ultimately, the child may come to depend on his other senses or sensory clues.
♦ Use a dark pen for writing.
♦ When the child gets tired, quit. Becoming too upset or frustrated will not help the child and might make him less willing to try new activities.

**Incorporate Safety and Environmental Training**

Learning to move in a new environment is very important especially as a child begins to attend school and explore what is going on around him. Environmental training includes using methods that allow children with visual impairments to orient themselves to new environments, and may include mobility tools, such as long canes (for object detection when walking) or using seeing-eye dogs. A trained specialist can implement the use of mobility tools.

**Teach Social Skills**

Learning how to be a friend and have a friend is also very important. Children who are able to involve themselves with other children learn to “read” the body language of others for social cues. Children with visual impairments will need to learn alternative ways to know what to do in social situations (e.g., verbal cues).

**Teach Acceptance**

Children are naturally curious and will ask questions. Teach a child with a vision loss how to answer questions that other children might ask. Help children with a vision loss recognize that while they may not see everything, they can use their other senses to help them.

**Teach Functional Skills**

Incorporate activities that teach functional skills. These are the skills that children will use throughout their life, such as dressing, brushing teeth, feeding, toileting, and bathing.

**Understand the Child’s Limitations**

Find out as much as you can about a child’s visual limitations. The child may have an orientation and mobility specialist or a teacher for children with a visual impairment who will help plan activities best suited for the child.
Adapt Instruction

Provide the child with time to experience new concepts by touch or sound. Help children orient to new concepts by giving them a frame of reference, such as, “Yesterday, we talked about things we eat for breakfast. Today, we are going to talk about things we eat for lunch.”

Use simple line drawings with a minimum of background clutter. For example, a simple line drawing of a cow will be more effective than an entire farm scene with a barn and many animals.

If children have peripheral vision, make sure they are seated so that their peripheral vision is optimized and so that lighting is appropriate and does not cause a glare effect.

The purpose of any program for a child who has visual challenges is to provide multiple opportunities to explore, experience, and feel safe in the daily environment.

Resources

American Foundation™ for the Blind (AFB)
Phone: 800-AFB-LINE (800-232-5463)
E-mail: afbinfo@afb.net
Website: www.afb.org

National Federation of the Blind
1800 Johnson Street
Baltimore, MD 21230
Phone: 410-659-9314
Fax: 410-685-5653
Website: www.nfb.org

Carolyn’s Low Vision Products
3938 South Tamiami Trail
Sarasota, FL 34231-3622
Phone: 941-739-5555
Toll-free: 800-648-2266
Fax: 941-739-5503
E-mail: support@carolynscatalog.com
Website: www.carolynscatalog.com

Clarity
6776B Preston
Livermore, CA 94551
Phone: 800-575-1456
Fax: 925-449-2605
Website: www.clarityusa.com

Dazor Manufacturing Corporation
4483 Duncan Avenue
St. Louis, MO 63110
Phone: 314-652-2400
Toll-free: 800-345-9103
Fax: 314-652-2069
E-mail: info@dazor.com
Website: www.dazor.com
Books


Hearing Impairments

A child’s hearing loss is generally defined by when the loss occurred. The loss may be classified as congenital or acquired. A congenital hearing loss is caused by things that happen before or at birth. Examples include a hereditary hearing loss or a hearing loss caused by things that happened in the womb. An acquired hearing loss appears after a child’s birth and may be the result of a specific disease or an injury.

Children with hearing impairments

♦ depend on all of their senses, especially vision, to learn new concepts
♦ will understand less (not more) when you exaggerate lip movements or speak overly loud
♦ should always be seated where they can see your face
♦ often pretend to understand something by nodding their head
♦ may depend on sign language as a method of communication
♦ may or may not benefit from a hearing aid
♦ may read lips for clues about what you are saying
Characteristics

The most common acquired hearing losses in children occur because of the following:

♦ common childhood diseases (e.g., measles, chicken pox, flu, or mumps)
♦ exposure to loud noises over time
♦ ear infections known as *otitis media*. While *otitis media* can be cured with medication, if left untreated, it can cause permanent hearing loss.
♦ Encephalitis
♦ a blow to the head, such as a closed head injury
♦ medications that damage the ear
♦ a prolonged period of high fever

Many states now have laws requiring that newborns receive a newborn screening test to help determine at birth if they have a hearing impairment. A preschool-age child may receive a hearing screening by a nurse or other health care professional. If the child does not hear sounds at specific noise levels, the child will be referred to a specialist, such as an audiologist (a specialist who works with sound and hearing) or an otolaryngologist (a doctor who specializes in the ear, nose, and throat). An audiologist may also give the child a series of tests to determine the extent of the hearing loss. One of the tests produces an *audiogram*. An audiogram is a chart or graph that provides detailed information about a child's ability to hear. Based on the audiogram, a professional can tell whether or not a child has a hearing loss and, if so, determine the extent of the loss. Hearing losses are usually defined as mild, moderate, or severe.

Mild

The decibel (dB) is used to measure sound level. Mild hearing loss means the quietest sounds that can be heard with the better ear are between 25 and 40 dB. Children with mild hearing loss have some difficulty keeping up with conversations, especially in noisy surroundings such as in a busy classroom or in the lunch room.
**Moderate**

Moderate hearing loss means the quietest sounds that can be heard with the better ear are between 40 and 70 dB. Those who suffer from moderate hearing loss have difficulty understanding conversations and may require the use of a hearing aid.

**Severe**

Severe hearing loss means the quietest sounds that can be heard with the better ear are between 70 and 95 dB. People who suffer from severe hearing loss will benefit from powerful hearing aids. However, they still rely heavily on lip-reading even when they use hearing aids. Some people with severe hearing loss will also use sign language.

**Profound**

Profound hearing loss, sometimes referred to as deaf, means the quietest sounds that can be heard with the better ear are from 95 dB or more. People who suffer from profound hearing loss are very hard of hearing and rely mostly on lip-reading and/or sign language.

**Adaptations**

**Amplification Devices**

Amplification devices are often recommended for children with certain types of hearing loss. While a hearing aid is the most common type of amplification device, there are other types as well. An auditory trainer is another type of helpful device. To use an auditory trainer, the teacher wears a microphone around her neck which transmits to a receiver worn by the child.

Amplification devices are usually prescribed by an audiologist or an otolaryngologist. Research has shown that the earlier a child receives a hearing aid, the better the child’s overall prognosis. Many audiology clinics have loaner programs that provide a hearing aid to a child so that families and caregivers are able to determine its effectiveness before they purchase it. This also helps by indicating whether that particular type of hearing aid is appropriate for the child and whether or not the child can tolerate wearing it. If a child in your class wears a hearing aid, the child’s speech pathologist or audiologist can give you basic instructions regarding its use and maintenance. You will need to know when and how to change the battery and how to adjust the volume to a level that is appropriate for the child.
Cochlear Implant

A cochlear implant is an electronic device that is surgically implanted under the skin. This device helps provide a beneficial level of sound to a person who is profoundly deaf or severely hard of hearing. The device has two components: a small microphone to pick up sound from the surrounding environment and a speech processing device that arranges or decodes sounds that are enhanced by the microphone. The speech processor then sends signals to a transmitter that converts them to electric impulses. These electric impulses are sent to various regions along the auditory nerve and results in a useful representation of sound, which in turn helps the user understand speech. A cochlear implant is not effective for all types of hearing loss nor does it restore normal hearing. It does improve how the child is able to hear and distinguish sounds. Cochlear implants have been given to children as young as two years of age. In most cases, the implant can improve the child’s chances for oral language development and help the child learn to communicate more effectively. Only a professional can help the child’s family know if receiving a cochlear implant will benefit the child.

Sign Language

Not all children who are hearing impaired will use sign language. However, if children in your class will be using sign language to communicate, it is important that you learn some simple signs to use with them. Sign language is fun and relatively easy to learn with a little practice. Encourage other children in the class to learn some functional signs as well. Visit www.deafness.about.com for some tips on using sign language with young children. This site also offers a visual model of how to properly form each sign.

If a child in your classroom uses sign language, display each letter sign on your alphabet wall cards. Many wall cards are available in English, Spanish, and sign language. In addition to providing young children who have a hearing loss with a way to communicate, sign language can also be effective for children who have language delays. Sign language is a fun way to encourage children to interact and communicate with one another.
The following list contains several books about sign language that are especially useful in the early childhood classroom.

**CHILDREN’S BOOKS ABOUT SIGN LANGUAGE**


**Teaching Suggestions and Strategies**

The American Speech-Language-Hearing Association (ASHA) is the professional organization for speech pathologists and audiologists. ASHA recognizes four major areas in which hearing loss affects young children:

**Communication**

Hearing loss causes delays in how well a child understands speech (receptive language) and how well a child is able to use language skills (expressive language). Both aspects impact the child’s overall ability to communicate with others. Depending on the type of hearing loss a child has, the child may be able to hear certain types of sounds. Some children have high-frequency loss, which means they can hear most speech sounds but not high-pitched sounds. Other children have low-frequency hearing loss, which means they have more difficulty hearing low-frequency sounds. Most speech occurs in low frequencies.
Academic Skills

While most children with a hearing loss are of average intelligence, their inability to process and learn from things they hear may impede their academic progress, especially in the areas of reading and writing. Since almost all activities in a preschool setting are based on using language, not hearing language or interpreting it clearly, may lead to the child falling progressively further behind.

Social Isolation

Preschool is the time when children learn the social skills they will use throughout their lives. Since most children with a hearing loss also have difficulties with communication, it is often difficult for them to talk to and interact with their peers. As a result of their inability to interact, they might feel alone and isolated.

Poor Self-Esteem

Young children with a hearing loss may not understand why they are being left out of activities or why they can’t seem to understand what to do or how to act. This sense of failure leads to their feelings of insecurity and can lead to poor self-esteem.

To increase your teaching effectiveness, use visual representations to introduce new concepts. Create picture cards (photographs are preferable), and label the cards according to their sequence (first, second, third). Use normal vocabulary, but be prepared to restate, point to, or demonstrate new concepts. And, most importantly, be sure children have all the necessary materials and are seated where they can see and hear you. If you know a child has some residual hearing, periodically ask the child questions to determine if the child understands what you are saying.
Resources

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA)

The American Speech-Language-Hearing Association is the professional association for audiologists; speech-language pathologists; and speech, language, and hearing scientists.

Website: www.asha.org

THE DEAF RESOURCE LIBRARY

This is an online collection of reference material and links intended to educate and inform people about deaf cultures in Japan and the United States.

Website: www.deaflibrary.org

TEACHERS FIRST

This professional resource list for parents and teachers is sponsored by the network for instructional TV, Inc. It provides many links to materials, ideas, and deaf culture information.

Website: www.teachersfirst.com/deaf.htm

HEAR-IT

This is an international site with good articles ranging from personal testimonies from parents to the newest trends in medical research.

Website: www.hear-it.org/index.dsp

HARD OF HEARING CHILDREN

This website, designed by Pam Candlish, is designed with many useful links for parents and teachers. It is easy to use and presents a well-rounded bibliography.

Website: www.hardofhearingchildren.com
Books and Articles


A child with cognitive challenges has delays due to limited skills in processing information, learning new concepts, or solving problems. The terms developmental delay and cognitive delay describe these same challenges. These terms are used interchangeably to describe a pattern of learning that is slower than that of typically developing children. This slower development may be in the areas of basic motor skills, speech and language skills, or self-help skills. Cognitive delays are not generally cured, but they can be minimized.

Children with cognitive delays

♦ may experience difficulty understanding new concepts
♦ function best when routines are maintained
♦ benefit from the repetition of lessons that present new concepts or tasks
♦ benefit when new concepts and activities are broken down into smaller steps
♦ function best with encouragement that motivates them to keep trying
♦ may need assistance to generalize information across various settings and environments
Characteristics

Children with cognitive delays can face many more challenges than their peers. They may feel isolated because they do not know how to interact with their peers. They may feel sad because they can’t seem to learn things as fast as others. They may have self-esteem issues if they are teased or bullied by their peers. How much they learn and how well they develop often depends on more than just the severity of their cognitive abilities. Sometimes it depends on other factors, such as how well they get along with others, how they are treated by family members, how well they adjust to new surroundings, how they feel physically, and how motivated they are to try new things. Cognitive challenges are further complicated if the child has other coexisting disabilities, such as motor impairments, speech and language delays, and behavior or emotional issues.

The terms developmental delay and cognitive delay describe much more than a child with an intelligence quotient (IQ) below 70. Just knowing how a child scores on a test reveals nothing about how the child learns, the child’s level of motivation, the child’s ability to retain previously learned information, and how well the child might apply past learning to new experiences.

Children with mild cognitive delays may not be diagnosed until they begin kindergarten or first grade. This is because some professionals may be hesitant to diagnose a child with a cognitive delay if they feel the delay may only be the result of a developmental lag and that given time and additional experiences the child will develop normally. Obviously, the more severe a child’s intellectual delay, the more difficult it will be for the child to learn.

Teaching Suggestions and Strategies

Because children with cognitive challenges require extra help and more time to learn simple concepts, it is important to plan their educational goals carefully. Select concepts that are progressively easier for the child to master and which are the most beneficial for the child to learn.

♦ Present new concepts in short segments and use as many of the child’s senses as possible.
♦ Let the child know what is going to happen next. Tell the child before the routine is changed.
♦ Plan activities that encourage opportunities to practice a new concept repeatedly.
♦ Use short sentences when explaining something new.
♦ Concentrate on what the child can do rather than what the child cannot do.
♦ Help everyone who works with the child understand that while the learning may not be in the same manner as others, the child can and will learn.
Develop Functional Skills

Focus your attention on developing functional skills. These skills have many names: self-help skills, everyday skills, and independent living skills. They are aptitudes that will not only assist children in managing activities, but that are necessary in helping a child to become more independent. It can be difficult to know where to begin with respect to teaching these functional skills. Always keep in mind that success often depends on both the child’s readiness and the family’s willingness to reinforce the skill at home. Therefore, work with the child’s family to help determine what functional skills to teach first. If the skill is a high priority skill for the child’s family, they are more likely to work with the child at home to learn it. These are some general things to keep in mind when teaching functional skills:

♦ The teacher and the child’s family should use the same words and encourage the child to practice the skill in the same way.

♦ Functional skills are learned best in the environment in which they naturally occur. In other words, teach children to brush their teeth in the bathroom not at their desk.

Preschool functional skills fall into the following categories:

**FEEDING**
- Asking for more
- Using utensils to eat
- Simple table rules, such as passing a dish
- Drinking from a cup
- Chewing with mouth closed
- Social context of meal time

**TOILETING**
- Asking to go to the toilet
- Taking care of own toilet needs
- Knowing how to avoid accidents
- Washing hands after toileting
- Handling unplanned situations
Teach Safety Strategies

PERSONAL INFORMATION

The objective of this strategy is to teach children to provide their personal information upon request. This is a safety strategy that teaches children what to do should they ever become separated from their family. Show the child pictures (preferably photographs) of community helpers, such as emergency medical technicians, doctors, nurses, police officers, and firefighters.
Teach the child the following song. Practice it repeatedly.

My Name

_Sung to the tune of “The Farmer in the Dell”_

My name is ______ (child’s first name)

My name is ______ (child’s first name)

My name is ______ (child’s first name) and I live on ______ (child’s street)

After the child has become familiar with the first verse, teach the second verse:

My ______ (mom, dad, grandmother, etc.)’s name is ______.

My ______ (mom, dad, grandmother, etc.)’s name is ______.

My ______ (mom, dad, grandmother, etc.)’s name is ______.

We live at ______ (street number and street name).

Send a copy of the song home, and encourage the child’s family to talk about and practice the song. Remember, it is more likely children will have an emergency when they are away from school, so make sure all of the people who know and work with the child use the song often. Review regularly both the song and the community helpers who might help in an emergency.

**IDENTIFICATION CARD**

Conference with parents to determine if an identification card is appropriate. If so, place the child’s picture on the front of a 5” x 7” index card. Write the child’s first name, phone number, and parents’ or guardians’ names on the card. Laminate the card. Encourage the child to carry the card at all times. Look for opportunities throughout the day to ask the child to show you the identification card. Ask other people around school to ask the child to show the identification card. The more the child practices using it, the easier it will be for the child to remember to use it when it is most important.
Plan for Instruction

The following guidelines will help as you plan for effective instruction when teaching a new skill.

Step 1

BEGIN WITH THE SKILL THAT IS MOST IMPORTANT

♦ Make this determination based on the developmental level of the child, the child's general ability to learn new concepts, and the skills that are important to the child's family.

♦ Carefully observe to make sure the child is ready to learn the new skill. Trying to teach a functional skill before a child is ready can be confusing, frustrating, and frightening for the child and can sometimes delay the child's ability to learn the skill.

♦ Remember to inform everyone who works with the child that you will be teaching this new skill.

Step 2

ANTICIPATE THE CHALLENGES

♦ Look for factors that need to be addressed, such as hypersensitivity to touch, a short attention span, or a fear of trying new things.

♦ Children with cognitive challenges do best with concrete terms. Remember to use terms that are clear and simple.

♦ It is also very important that everyone use the same key or identifying words when communicating with the child. For example, the child may not understand that the words bathroom, potty, and toilet all refer to the same thing.

♦ Generalization, or applying the same skill to a new setting, is often very difficult. Don't be discouraged if a skill that the child has learned at school does not immediately transfer to another environment.
Step 3

MAKE A TASK ANALYSIS FOR YOURSELF

♦ A task analysis is a step-by-step guide, like a recipe, that you will follow each time you teach the functional skill.

♦ Write down each step, being sure you have not left off anything important. Be very detailed, and describe for yourself what you want the child to do.

♦ Practice the skill several times yourself using the list you have made.

♦ Watch yourself as you model each step. Remember, things that seem natural to you, like flushing a toilet or rinsing a toothbrush, may not be natural for the child.

Step 4

MAKE A TASK ANALYSIS FOR THE CHILD

♦ Make this list much less detailed than the list you made for yourself.

♦ Be very specific, concise, and clear about what the child is to do.

Step 5

MAKE SEQUENCE CARDS

♦ Use pictures (preferably photographs) to make a set of cards that show step-by-step the process the child will follow.

♦ Make a second set of sequence cards to send home. (Make a third set of cards as a backup.)

♦ Place the sequence cards in front of the child and talk about each step. Remember to use clear, concrete language.

♦ Model each step for the child before asking the child to begin the task.

♦ Give the child time to practice one step of the skill before going on to the next step. Expecting too much, too soon, can be overwhelming for both you and the child.
Resources


Delayed Motor Development

A child with delayed or atypical motor development may have difficulty with tasks that require motor skills, such as writing, grasping a paintbrush, walking, running, sitting upright, catching or throwing a ball, and standing. The causes of atypical or delayed motor development vary and can occur for many reasons, such as brain damage (occurring before or during birth), orthopedic problems, genetic defects, developmental delays, and sensory impairments.

Children with motor impairments

♦ require proper positioning in order to be physically comfortable enough to learn new concepts. If a child is uncomfortable, the child will not be able to concentrate.

♦ may fatigue more quickly because it takes more effort to accomplish a motor task.

♦ can usually participate in most activities with simple adaptations.
Characteristics

Problems in muscle development are usually grouped into categories that reflect how muscles perform: muscle tone, muscle control, and muscle strength.

Muscle Tone

Muscle tone is the degree of tension that exists in a muscle when that muscle is at rest. Generally speaking, there are three types of muscle tone that result in a child having atypical motor development:

HYPOTONIC

Children who are hypotonic have flaccid muscle tone, which makes them appear “floppy.” This flaccid tone is often evident in their shoulders, hips, and ankles. This low muscle tone results in movements that are “rag-doll like” in nature. Because it requires so much effort for children to move their muscles, they fatigue easily and can be less physically active than their peers.

HYPERTONIC

Children who are hypertonic have stiff and rigid muscles. Children who are hypertonic (sometimes referred to as spastic) have difficulty with motor movements and the muscles appear to be “locked” in such a way that movement is slow and difficult. This is especially true when children are walking, bending at the knees, or bending the arm at the elbow.

FLUCTUATING MUSCLE TONE

When children have difficulty contracting and relaxing their muscles, they have fluctuating muscle tone. These children have a combination of both hypotonic and hypertonic muscle tone. When children’s muscles are relaxed, they appear very floppy. When children start to move their muscles, they become hypertonic and the movements are very jerky and stiff.

Muscle Control

Twitches, tremors, or writhing movements may result when children have difficulty controlling their muscles. These involuntary movements occur because of fluctuating muscle tone. Sometimes, poor muscle control can result in such characteristics as children having difficulty opening
and closing their mouth, which naturally affects eating. Children with very limited muscle control might use a wheelchair and need assistance with feeding, dressing, and toileting.

**Muscle Strength**

Muscle strength is a term used to describe what happens when the nervous system communicates a message to the muscle fibers to contract. Often, the force produced by a muscle contraction is against resistance. A child with strong muscles can pick up blocks, run and play outside, climb on a jungle gym, or play common games, such as Red Rover, Red Rover. A child with poor muscle strength has difficulty with these activities. Some degenerative conditions, such as muscular dystrophy, result in the child losing muscle strength over time. Eventually, the child will lose control of most voluntary movement.

**Cerebral Palsy**

The most common motor delay or impairment is cerebral palsy. Cerebral palsy is a broad term used to describe a variety of conditions that result in a child having permanent difficulty controlling the movement of his or her muscles. Most children with cerebral palsy are born with this neurological disorder or develop it at birth. A small number of children have cerebral palsy as the result of brain damage in the first few months or years of life. Brain infections, such as bacterial meningitis or viral encephalitis, a head injury from a motor vehicle accident, a fall, or child abuse can result in a child being diagnosed with cerebral palsy.

Cerebral palsy is caused by malfunctions in the parts of the brain that control muscle movements. While it is not degenerative, it will permanently affect body movement and muscle coordination.

Common characteristics of cerebral palsy include the following:

- ataxia or lack of muscle coordination when performing voluntary movements
- spasticity or stiff, tight muscles and exaggerated or jerky movement
- difficulty walking, such as walking with one foot or leg dragging, walking on the toes, or walking in a crouched gait or with a “scissored” walk
- muscles that are too stiff or too floppy
Adaptations

Consult with a physical therapist (PT) or an occupational therapist (OT) to learn about adaptive devices that will help children with simple tasks.

Handles and Page Turners

♦ Add metal nuts to a pencil to give it more weight.
♦ Attach a wooden clothespin to each book page. This gives the child a handle to hold when turning the pages.
♦ Place a dot of hot glue on the upper left-hand corner of each book page. (Wait for each dot to cool before placing the next.) Children can locate the dot by touch, making it easier to turn the page.
♦ Attach a metal paper clip to the upper left-hand corner of each book page. This provides something for the child to grasp.

Switch Adaptations

A single button switch is a large disk that can be used to interrupt the battery and allow a child to turn a battery-operated device (e.g., tape recorder or toy) on and off by pressing the button. There are toys that are designed especially for switch adaptations. However, you can purchase a pig-tail adapter, which is a single battery interrupter. Be sure to buy the interrupter that matches the battery output of the item being interrupted. For example, battery interrupters come in sizes for AA batteries, C batteries, and D batteries. Place the flat end of the interrupter on the positive connector (the part with the small bump on top). Then attach the switch to the interrupter.

If children have limited control of one or both of their hands, an adaptive technology specialist might work with you to design a switch that can be operated with a blink of the eye or by a turn of the head. If children have voluntary control of a single muscle, a specialist can devise a switch that will help them become more independent.
Teaching Suggestions and Strategies

Motor development includes two types of motor skills: fine motor skills and gross motor skills. A child who has difficulty with fine motor skills will have problems doing tasks that require detailed movement. A child who has difficulty with gross motor skills will have difficulty running, throwing a ball, or stacking blocks. Sometimes children with motor development challenges will be diagnosed as having an orthopedic impairment. This term refers to an impairment or a limitation of the child’s use of muscles to such a degree that it has an adverse affect on educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member), disease (e.g., poliomyelitis, bone tuberculosis), and other causes (e.g., cerebral palsy, amputation, and fracture). How you adapt your classroom to accommodate a child with motor impairments will depend on the type and severity of the impairment, as well as the need the child has for specialized equipment.

Consider these ways to adapt your classroom:

♦ Change the child’s position often so the child is comfortable.
♦ If the child becomes tired or fatigued by a new activity, allow time for rest.
♦ Try alternative seating arrangements, such as therapy balls or beanbag chairs.
♦ If the child is in a wheelchair, make sure all materials are easily accessible.

Resources

AbleNet, Inc.
This company provides technology to improve the lives of people with disabilities.
Phone: 800-322-0956
E-mail: customerservice@ablenetinc.com
Website: www.ablenetinc.com

Don Johnston, Inc.
This company offers effective programs and services to meet the needs of struggling students.
Phone: 800-999-4660
E-mail: info@donjohnston.com
Website: www.donjohnston.com
Dunamis, Inc.
This company offers technology products including curriculum products, testing and evaluations tools, and books.
3545 Cruse Road, Ste 312
Lawrenceville, GA 30044
Phone: 770-279-1144
Toll-free: 800-828-2443
E-mail: info@dunamisinc.com
Website: www.dunamisinc.com

R. J. Cooper and Associates
This company offers software and hardware for persons with special needs.
Phone: 800-RJCOOPER
E-mail: info@rjcooper.com
Website: www.rjcooper.com

TASH International, Inc.
This company offers assistive technology solutions.
Phone: 800-463-5685
E-mail: tashcan@aol.com
Website: www.tashinc.com

Enabling Devices
This company offers assistive technology.
Phone: 800-832-8697
Website: www.enablingdevices.com

Books and Articles


Communication Disorders

Communication is divided into receptive and expressive language. Receptive language describes how children receive messages and information. Expressive language describes how children deliver messages and express themselves. Children can receive messages much earlier than they can generate them. Therefore, children’s receptive language develops before their expressive language.

Children with speech and language delays

♦ understand directions best when they are communicated with short and simple sentences
♦ may require assistance understanding how to respond or what is being required so they will feel comfortable participating
♦ may require an alternative method of communication, such as a communication board
♦ benefit from feeling understood by others
♦ may require assistance to know which words to use and how to say them in a way that others around them can understand
Characteristics

Effective communication is more than just sending and receiving messages. It requires that one person, either the sender or the receiver of the message, interact with another. Actually, in order for the interaction to be successful, the other person must reciprocate in some way. In initiating an exchange of a message or information, the sender must be willing to approach the receiver.

In order to communicate, a child must have a way to communicate (form), a reason to communicate (function), and something to communicate about (content). For example, children talk, cry, laugh, gesture, and point as forms of communication. These forms may serve the function of saying the child wants attention or wants to tell you something. In order for children to have content to communicate about, they need experiences and opportunities to explore. Speech-language pathologists are specialists who work with children who have difficulty communicating.

Speech Disorders

Children with speech disorders generally have difficulty with the way they say words or sounds. It is important to know which sounds and at what point they occur in the developmental process. Knowing this will help you determine whether children’s speech is merely immature (baby talk) or if children have a significant delay in the way they say words that should normally be pronounceable at their age and stage of development. When a word or sound that should have already developed is said incorrectly, that child is diagnosed with an articulation disorder.

When the sounds within words cannot be understood, it is referred to as misarticulation. In fact, the most common speech delay seen in young children is an articulation delay, such as when a child says ink instead of drink. However, it is very important to recognize that as a child is learning to talk, misarticulating is a normal part of the process. For that reason, be knowledgeable about which sounds are typical for a child’s age and stage of development. Since all children do not develop at the same pace, there is a range in which specific sounds develop. When a child’s speech is developing more slowly than his or her peers, it is referred to as a speech delay or developmental speech delay. When these delays persist as the child matures, the child may be diagnosed with an articulation disorder.
A few early indicators that a child may have an articulation problem that is beyond the scope of typical development include the following:

- speech that is unintelligible or not clear enough to be understood
- inconsistent sound substitution (e.g., t for k) or omission of (leaving out) sounds
- inability to combine common sounds into words
- inability to produce enough speech sounds to combine them into words

An additional speech problem that is sometimes noticed in preschool is stuttering. While hesitation and repetition of sounds are normal, prolonged repetition and difficulty with airflow when speaking are not. A professional speech-language pathologist can help determine the difference. It is, however, important to note that stuttering is rarely diagnosed in preschool children.

**Language Disorders**

A language disorder is defined as a deficit in using language, developing vocabulary, understanding language, and using *pragmatic language*. Pragmatic language is using language appropriately in social settings. A pragmatic language delay is often seen in children with autism and in children with cognitive delays.

These “red flags” may be warning signs that a preschool child has a language problem:

- uses one word to express a concept or desire
- has difficulty following simple one- or two-step directions
- does not understand how to answer simple yes/no questions
- unable to begin conversations with adults or peers
- has limited vocabulary compared to peers
- unable to describe wants or needs
- is nonverbal (does not talk at all)

If you are concerned about how a child’s speech or language skills are developing, consult a speech-language pathologist.
Teaching Suggestions and Strategies

If you do not understand what a child is saying, do not look away or act frustrated. This only makes the child more anxious. When a child gets frustrated or starts to cry and throw objects, assess the situation and try to verbalize what the child might be feeling: “Austin, you are upset because you did not want to stop building with the blocks.”

When communicating with a child who may have speech or language delays, use simple sentences and ask the child to repeat what you say. Describe for the child what is going on in the classroom, and use picture clues to accompany what you are saying.

Create Simple Picture Schedules

Picture schedules help a child know what steps to follow to complete a task or what to do next. Frog Street Pre-K provides sets of sequence cards and rebus posters to support many daily activities. To make additional picture schedules:

♦ Draw or cut out simple pictures that show daily activities or the steps for completing a routine task, such as hand washing.
♦ Glue pictures onto construction paper.
♦ Laminate the pictures or cover them with clear contact paper.
♦ Use Velcro or tape to attach the pictures to a display area.
Encourage Language Development

♦ Ask children questions about things that interest them.
♦ Encourage children to use descriptive words (e.g., color words, size words).
♦ Don’t assume children know the name of something or its use.
♦ Use the slotting technique. Begin a sentence and leave a blank for the child to complete the sentence.
♦ Deliberately call an object by another name. For example, point to a book and say, “Jacob, hand me that puzzle.” Wait to see if the child corrects your mistake.
♦ Teach children some simple sign language to bridge the communication gap between nonverbal language (signs) and verbal language (spoken words).

Resources

American Speech-Language-Hearing Association (ASHA)
10801 Rockville Pike
Rockville, MD 20852
Phone: 301-897-5700 (Voice or TT)
Toll-free: 800-638-8255
E-mail: actioncenter@asha.org
Website: www.asha.org

Cleft Palate Foundation
104 South Estes Drive, Suite 204
Chapel Hill, NC 27514
Phone: 919-933-9044
Toll-free: 800-242-5338
E-mail: cleftline@aol.com
Website: www.cleft.com

Division for Children with Communication Disorders
c/o Council for Exceptional Children (CEC)
1920 Association Drive
Reston, VA 22091
Phone: 703-620-3660
Books and Articles


Emotional and Behavior Challenges

Many terms are used to describe emotional, behavioral, or mental disorders. Children with such disorders are categorized as having a chronic, ongoing behavior pattern in one or more of the following:

- behavior that interferes with learning that cannot be explained by other factors, such as sensory loss or health conditions
- inability to build or maintain satisfactory and meaningful relationships with peers and teachers
- behavior that is not appropriate under normal circumstances
- ongoing long-term mood of unhappiness or depression

Children with emotional and behavior challenges

- may benefit from extra assistance to participate in new activities so they do not feel overwhelmed
- understand information best when it is presented in smaller chunks
- function best when a task is manageable and offers success upon completion
- function best with encouragement that builds self-esteem
Characteristics

Children with emotional or behavioral problems may be without a specific diagnosis. Sometimes, children with extreme behaviors will be classified as having a pervasive developmental delay.

Behavioral problems may socially isolate children and further limit how others want to interact with them. Many times it is difficult to determine if a behavioral problem is the result of an ongoing chronic condition or if it is situational. Situational behavior is a behavior that is the direct result of a specific situation such as the following:

♦ being asked to stop an activity and come indoors
♦ feeling frustration over not understanding the expectations of a specific activity
♦ feeling inadequate compared to others
♦ lack of sleep

Because young children often lack the words to express what they are feeling, they use their behavior as a way to communicate. In general, if a behavior continues over an extended period of time and you can find no apparent reason for it, ask a school counselor or a behavior specialist to evaluate the child.

Prior to bringing in a professional, it is always a good idea to discuss your concerns with the child’s family. Sometimes you may find situations occurring within a family that impact the child’s behavior (e.g., a divorce, the death of a grandparent or pet, the deployment of a military family member, a family member losing a job, a child staying in a childcare situation for longer periods of time while a parent works overtime).

Teaching Suggestions and Strategies

A challenging behavior (or problem behavior) is defined as any action where children deliberately hurt themselves, injure others, or cause damage to the environment.

Regardless of the outside circumstances, challenging behavior may be the result of a child who is

♦ frustrated or confused by a new situation or activity
♦ afraid of something
From a teacher's perspective, challenging behavior is very frustrating, especially when typical methods, such as taking steps to help the child calm down or redirecting the child's attention, do not alleviate the behavior.

**Break the Action-Reaction Cycle**

When a child exhibits a certain behavior (acts), such as hitting another child or throwing an object, typically the teacher immediately addresses the situation (reacts). This action-reaction cycle is often ineffective in stopping the disruptive behavior. In fact, under some circumstances, this cycle may even make the behavior worse. By reacting, the teacher is feeding the child's need for attention even if that attention is negative. Common reactions to challenging behavior include the following:

♦ Trying to eliminate the behavior by offering praise when the child is not doing the challenging behavior.

♦ Enforcing a natural consequence for a specific action. For example, a natural consequence when a child throws a block at another child is to not allow that child to play with blocks again for a specified amount of time.

♦ Explaining to the child why the behavior is not acceptable after the behavior has occurred.

♦ Redirecting the child away from what is upsetting in an effort to focus attention on something new.

**Focus on the Function of the Behavior**

The typical action-reaction cycle is ineffective for many children because it focuses on the form of the behavior and not the reason for it. The form of the behavior tells what the child is doing but not why the child is doing it. And, knowing why a child behaves a certain way can be more important than how the child behaves. Understanding why will help you plan strategies that can often prevent the behavior from happening. The motivation (why) behind something the child does is the function of the behavior. For example, the form of Michael's behavior is that he hits himself
repeatedly. Michael may be hitting himself because he has been told to stop an activity he enjoys. This is the function of Michael’s behavior. The form of Kara’s behavior is that she throws a book. The function of her behavior is that she is frustrated and overwhelmed by all the noise in the room.

There are two basic functions or reasons behind challenging behavior. Either a child wants to avoid or escape from someone or something, or a child wants access to someone or something. The child wants an outcome and does not have the communication skills to ask for it.

The best way to understand why a child behaves a certain way is to examine what is going on just before or just after the child displays the behavior. This process is called a functional assessment, and it determines the relationship between events in a child’s environment and the occurrence of challenging behavior. This process involves:

♦ identifying and defining the challenging behavior
♦ identifying the events and circumstances that are happening or not happening when the child is behaving in a certain way
♦ determining the social reason behind the challenging behavior

For example, Demetri goes outside and stands watching, while two children toss a ball back and forth. They put down the ball and go to the swings. Demetri starts to scream and hit himself. Watching the children throw the ball was enjoyable for Demetri. When they stopped, he was angry because he wanted to continue watching them throw the ball. In this example, the screaming was the form or type of behavior and the children stopping was the function or reason behind the behavior. The event that he enjoyed (watching the children play ball) was taken away from him, so he responded as a way of protesting.

Prevent “Setting Events”

The events that relate to a behavior can often help determine why the behavior occurs. These are sometimes called setting events, and they are conditions that occur at the same time a challenging behavior occurs. These setting events often increase the likelihood of a challenging behavior occurring. Knowing what events or conditions cause a child to behave in a certain way can help you reduce or stop a challenging behavior before it starts. The best intervention is prevention! The following are examples of some setting events:

♦ staff changes or a preferred teacher being absent
♦ changes in medication
♦ sleep (too much or too little)
♦ sickness (many children with disabilities don’t express it in the same way as other children)
♦ situations that are new or demanding
♦ a chaotic and unorganized environment
♦ a disruption of the regular routine of the day (e.g., fire drill or a field trip)
♦ a change in temperature
♦ having to wait a long time for something
♦ waiting too long to eat or sleep
♦ placing a preferred toy or item somewhere different in the classroom

Plan a Positive Environment

While you may never be able to completely stop a child’s outbursts, you may be able to greatly reduce the challenging behavior, by creating an environment that is proactive (preventative) rather than reactive (only responds after the child misbehaves). One thing is certain: If you ignore outbursts, they will get worse. When planning for a positive environment, look at the following:

PLACEMENT

Look at appropriate placement options for the child. Sometimes, an environment or situation can be too stressful. There may be too many children in the setting or the activity level may be too intense. The school day may be too long for the child or the child may need to come to school later in the day or leave earlier in the afternoon.

CURRICULUM

Developmentally appropriate practice in early childhood involves learning how to interact and get along with others. Interaction with others involves using social skills. Peers will not easily accept a child with poor social skills. When peers socially reject a child, it reduces the natural opportunities for a child to learn social skills and may worsen the behavior problems.
MATERIALS

Materials can make it easier for a child to respond in a more positive manner. Select materials that encourage interaction (e.g., teeter-totter, ball, swing) and lessen the possibility of the child reacting in a negative manner. Make sure there are enough materials so the child does not have to wait too long for a turn.

RULES

Keep rules simple. Avoid too many rules or rules that are vague and abstract. Post the rules where all children can see them and refer to them often. Picture representations of the rules will help all children learn and keep the rules in mind.

CONSISTENCY

Make consequences natural and be consistent. Children quickly become confused when there are inconsistencies in how and when things happen.

The keys to a child with behavior challenges being successful in a preschool setting include the following:

♦ a physical environment that promotes interaction and that is neither too stimulating nor too overwhelming
♦ rules that guide behavior and that are simple and concrete
♦ materials that encourage persistence and attention
♦ routines that are easily followed and understood
♦ transitions that are clearly explained and organized

Incorporate Effective Strategies

REJECTING

A rejecting strategy teaches children an appropriate way of communicating that they do not want to participate in an activity. Children can use this strategy when they are given the option to choose between two activities. Instead of the usual way of responding, such as hitting or biting, children learn to respond by holding up a stop sign or simply shaking their head “no.” It is important for children to know, however, that they do not always have the option to use this strategy.

REQUEST A BREAK

Occasionally, a child may just need a quiet place to go to calm down and get away from the stress of the classroom. Provide such a quiet place with indirect lighting, comfortable seating, and
soft music. The rule for requesting a break must always be that once the break is over (usually signified by a timer going off or sand flowing through an hourglass), the child must return to the original activity. It is absolutely crucial that children return to the activity because if they do not, they will learn that requesting a break is a way to reject an activity altogether.

**TOLERANCE FOR DELAY OF REINFORCEMENT**

This strategy influences challenging behavior by giving children a cue that they will get some type of reinforcement only if they continue to participate in a requested activity without engaging in a challenging behavior. Cues to the child may include any of the following:

**Delay cue**
The delay cue is a verbal or graphic signal or a gesture that indicates to the child that participation in a task is about to be terminated and that a preferred item is about to be delivered contingent on continued socially acceptable behavior.

**Time-related delay cue**
This cue signals to the child that reinforcement will be delivered contingent on refraining from engaging in challenging behavior for a specified time, such as three minutes.

**Task-related delay cue**
This cue signals to the child that reinforcement will be delivered contingent on a certain amount of task engagement with no challenging behavior.

**Safety signal**
The safety signal is a verbal or graphic signal or a gesture that indicates to the child his or her release from a task and the delivery of a preferred item or attention.

**COLLABORATION**

Collaboration is a strategy in which the responsibilities of an activity are divided between the child and another peer or an adult. Collaboration is effective in reducing challenging behavior and increasing engagement because it decreases the task demands placed on the child. The person collaborating shares the responsibility for completing the task. It also creates opportunities to provide the child with social attention. The purpose of collaboration is to increase the probability of task completion and to give the child an opportunity to complete the task in a shorter amount of time. During a collaborative activity, you can also provide attention that offers positive reinforcement.
Resources


Autism Spectrum Disorder (ASD) is a complex biological disorder that lasts throughout a person's life. It is called a developmental disability because it starts before age three, in the developmental period, and causes delays or problems with many different ways in which a person develops or grows. Autism is considered to be a spectrum disorder because the characteristics range in severity and in type. They can be mild, such as in the case of some children with Asperger's Syndrome, or they can be quite severe.

Children with autism function best when they have

♦ structure and predictable routines
♦ environments that do not distract
♦ verbal reminders of what will happen next
♦ picture schedules to give them clues about what to do
♦ a quiet place where they can go to get away from light, noise, and other classroom distractions
Characteristics

A diagnosis of ASD requires that a child be tested by a medical practitioner. While ASD can be diagnosed by a pediatrician, in most cases a team of professionals is involved. There are at least five major types of autism. This resource includes the three types that are seen most often by early childhood educators:

♦ Autism
♦ Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)
♦ Asperger’s Syndrome

Autism

To be diagnosed with autism, a number of the following characteristics must be present:

♦ delay in social interaction (e.g., eye contact or facial expressions)
♦ communication delays (e.g., nonverbal or using fewer words than peers)
♦ intense, almost obsessive preoccupation with objects
♦ obsessive desire for routines that are nonfunctional and ritualistic (e.g., lining up books or food in a certain manner)
♦ repeating motor movements again and again (e.g., rocking back and forth, hand-flapping)

Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

PDD-NOS is a term used to describe a type of autism that is atypical or unusual in nature. This diagnosis is also used when the onset of the disorder happens after age three. Some medical professionals will use this term to describe a child with more severe impairments of social interaction, communication, and stereotypical behavior patterns or interest but who may lack other characteristics normally associated with autism. Of all the classifications used for autism, this is the most confusing for both families and teachers because it is so broadly used and often used differently by various health professionals. However, this classification allows a child with a few, but not all, of the characteristics of autism to be classified as having autism, so that he can receive the needed services.
Asperger’s Syndrome

Children with Asperger’s Syndrome traditionally behave much like children with other types of autism when they are young. They will have some difficulty with communication, social interaction, and behavior. However, as they grow into middle-school age or adolescence, they often learn how to socialize, communicate, and behave in a more socially acceptable manner. Most children with Asperger’s Syndrome have normal or above normal intelligence, so they learn new skills as soon as or, in many cases, earlier than their peers without autism. These children have been described as having difficulty with coordination, vocal tone (they tend to speak in a monotone), and depression. They can have violent reactions to change and have a tendency for ritualistic behavior. In addition, children with Asperger’s Syndrome may develop intense obsessions with objects or activities. Unlike other children with ASD, these children tend to develop normally in the areas of self-help and adaptive behaviors. However, the development of social skills is often delayed. Many children with Asperger’s Syndrome can and do function very successfully in blended or inclusive classrooms.

Children with autism have characteristics that appear in the following three areas:

1. Social Interaction

   Social interaction with other people, both physical (e.g., hugging or holding) and verbal (e.g., having a conversation), is either absent or greatly reduced. Children with autism do not interact with other people the way most children do or they may not be interested in other people at all. They may not make eye contact and may desire to be alone for long periods of time. Children with autism often have trouble understanding other people’s feelings or talking about their own feelings. They may not like to be held or cuddled and may not attach to or bond with other people.

2. Communication

   Approximately 40% of children diagnosed with autism will be nonverbal. Others will be very slow to communicate and often will only do so when they want or need something. Some children with autism may not understand gestures, such as waving good-bye. They may say I when they mean you or vice versa. Often their voices sound flat. Children with autism may stand too close to the people they are talking to or may continue with one topic of conversation for too long. They often do not understand abstract concepts, such as the difference between catching a cold and catching a ball.
3. Behavior

One of the defining characteristics of children with autism is their unusual behavior. A child may have many routines or repetitive behaviors. A child may repeat words or actions continually, obsessively follow routines or schedules, or have very specific ways of arranging belongings. In addition, children may want to maintain consistent routines so they know what to expect. One of the most common characteristics of autism is the consistency of the presence of one or more stereotypical behaviors. Examples of stereotypical behaviors include hand-flapping, hand-wringing, rocking back and forth, twisting hair, or extreme fascination with a moving object.

Teaching Suggestions and Strategies

Children with autism need an environment that is well-defined. They will need a place within the classroom that has indirect lighting and comfortable seating where they can go to temporarily get away from sensory stimulation. Clearly mark each center or learning area with a picture. Include a picture schedule (see page 50) and pictures that guide children through activities. Children with autism find comfort in knowing what they are supposed to do. Pictures clues help reduce their anxiety.

Making New Friends

Use this strategy to encourage children to make new friends.

Step 1

Prepare one cue card with the child’s picture and Hello! My name is _____ written on it. Prepare another cue card with a signal that reminds the child to wait (e.g., hand held out to mean stop). Laminate the cue cards.

Step 2

Explain to children that the cue cards will help them know what to do when they meet someone new.

Step 3

Ask several children to help you and the child practice meeting people.
Step 4
Sit in a circle and practice what to say and how to wait for the person to respond.

Step 5
Remind children that when you are meeting someone for the first time, it is a good idea to look at them.

Step 6
Look for opportunities to encourage children to practice using the cue cards to introduce themselves.

When the child is familiar with this routine, add additional cues. Cues can prompt children to communicate something they like to do or ask a new friend to play a game. Make a set of cue cards for the child to take home. Alert the family that the child is working on learning how to make new friends so that they can help the child practice introductions at home.

Hands at Home
In this activity, children learn to keep their hands “at home” to reduce behaviors such as hand-flapping and hand-wringing. Use this strategy when you want children to attend to what you are saying and during times of transition. This strategy is particularly effective when you are moving children from one setting to another. This strategy is least effective when children have already become so stressed they are tensing their bodies and preparing for an outburst.

Step 1
Outline the child’s hands on paper or fabric and cut them out.

Step 2
Using a hole punch, punch one hole in the bottom of each cutout near the palm.

Step 3
Use a long piece of yarn or ribbon to connect the hands so they will hang around the back of a child’s neck and fall to the child’s sides.
Step 4
Coach the child so that when you say, “Hands at home,” the child knows to place his or her hands on the cutout hands.

Step 5
After the child learns the activity, transition to just raising your hand slightly, such as when you wave at someone, to cue the child to put his or her hands on the cutout hands.

Remember that many children with ASD have difficulty touching certain textures and materials. Be sure to use paper or fabric that is a color and texture the child can tolerate.

Resources


Sensory Integration Issues

*Sensory Integration (SI)* is a process that occurs in the brain that allows us to take in information through our senses, organize it, and respond accordingly to the environment. Children with sensory integration issues have problems adapting to the everyday sensations that others take for granted. Children with sensory processing issues will either be overly sensitive or under sensitive to the stimuli they receive from their senses.

Children with sensory integration issues may

♦ feel overwhelmed by too much classroom noise
♦ respond well to items that calm them so that they can better organize the input they receive through their senses
♦ need a quiet place to desensitize and get away from noise
♦ be overly sensitive or under sensitive to smells and textures
♦ require indirect lighting rather than fluorescent lighting
Characteristics

The terms Sensory Integration Disorder, Sensory Integration Dysfunction, and Sensory Processing Disorder are all used interchangeably to describe a child who is unable to analyze and respond appropriately to the information received from the senses. In addition to the traditional senses of hearing, vision, touch, taste, and smell, there are two other senses included in sensory processing disorders: vestibular sense (movement) and proprioception (awareness of body position).

Vestibular Sense

The vestibular sense involves the sense of balance or equilibrium as well as the sense of spatial orientation. It affects movement, such as managing the way the eyes and hands work together to accomplish a motor task, using both sides of the body to walk or run, and the orientation of the head.

Proprioception

Proprioception involves knowing where the body is in space, such as understanding when you are prone and when you are sitting. It provides the nervous system with input that impacts the muscles and joints, the ability to judge distance, and the regulation of the amount of pressure that is comfortable, such as knowing when a pair of shoes is too tight.

Many experts believe that a sensory integration problem could be a major cause of many behaviors commonly seen in children with autism. However, it is very important to note that a child can have a sensory processing disorder and not have autism.

Children who are overly sensitive to stimuli are referred to as sensory avoiders. Children who are under sensitive or fail to respond to sensory input are referred to as sensory seekers. However, children are rarely exclusively one or the other. The following can serve as a guide for determining if a child is a sensory seeker or a sensory avoider.
<table>
<thead>
<tr>
<th>Sense</th>
<th>Sensory Avoider</th>
<th>Sensory Seeker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sight</td>
<td>♦ Covers eyes when lights are too bright</td>
<td>♦ Does not respond to light</td>
</tr>
<tr>
<td></td>
<td>♦ Overwhelmed by too many colors and objects in environment</td>
<td>♦ Holds items close to face as if unable to see them</td>
</tr>
<tr>
<td></td>
<td>♦ Rubs eyes or squints frequently</td>
<td>♦ Stares at flickering fluorescent lights</td>
</tr>
<tr>
<td>Sound</td>
<td>♦ Covers ears</td>
<td>♦ Speaks loudly</td>
</tr>
<tr>
<td></td>
<td>♦ Responds to sounds other children may ignore</td>
<td>♦ Turns up volume on TV or computer</td>
</tr>
<tr>
<td></td>
<td>♦ Seemingly doesn’t hear when name is called but responds when a toy is dropped</td>
<td>♦ Sings loudly</td>
</tr>
<tr>
<td></td>
<td>♦ Yells with fingers in ears</td>
<td>♦ Always plays with toys that make loud noises</td>
</tr>
<tr>
<td>Smell</td>
<td>♦ Holds nose at common odors</td>
<td>♦ Ignores bad odors</td>
</tr>
<tr>
<td></td>
<td>♦ Sniffs the air or other people</td>
<td>♦ May sniff people or toys</td>
</tr>
<tr>
<td>Touch</td>
<td>♦ Gets upset with a person’s touch</td>
<td>♦ Bumps into others</td>
</tr>
<tr>
<td></td>
<td>♦ Very sensitive to textures and materials</td>
<td>♦ Chews on items frequently</td>
</tr>
<tr>
<td></td>
<td>♦ Opposed to getting dirty or touching certain toys</td>
<td>♦ Unaware of temperature changes</td>
</tr>
<tr>
<td></td>
<td>♦ Scratches at skin or startles when touched</td>
<td>♦ Seemingly unable to recognize pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦ Does not cry when falls down</td>
</tr>
<tr>
<td>Taste</td>
<td>♦ Gags when eating</td>
<td>♦ Wants only spicy food</td>
</tr>
<tr>
<td></td>
<td>♦ Only eats food with a specific texture</td>
<td>♦ Adds lots of salt and pepper to food</td>
</tr>
<tr>
<td></td>
<td>♦ Sensitive to hot or cold foods</td>
<td>♦ Licks objects or toys</td>
</tr>
<tr>
<td>Movement</td>
<td>♦ Does not like to move, dance, climb, or hop</td>
<td>♦ Doesn’t get dizzy when whirling or turning around</td>
</tr>
<tr>
<td></td>
<td>♦ Sways</td>
<td>♦ Likes to move fast</td>
</tr>
<tr>
<td></td>
<td>♦ Seems to walk off balance</td>
<td>♦ Rocks back and forth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦ Moves body all the time</td>
</tr>
</tbody>
</table>
Adaptations

Children with sensory integration disorders sometimes respond well to items that calm them so that they can better organize the input they receive through their senses. Some examples of calmers and organizers include things to chew on (chewies), toys that vibrate, weighted vests, soft things that are squeezable, beanbag chairs or therapy balls to sit on, and stretchy material such as latex to make a body cocoon.

CHEWIES

For a child with issues relating to touch, chewing on something soft can be very relaxing. Purchase chewies from companies that specialize in sensory integration materials or inexpensively make them from the tubing used in ice makers.

VIBRATING TOYS

Vibration can be very calming to the proprioceptive system. Examples of vibrating items include pens, toothbrushes, toys, pillows, and cell phones.

WEIGHTED OBJECTS

A weighted object might be used to help a child who has difficulty with balance or with the proprioceptive system. Weighted vests, backpacks, fanny packs, and blankets can help children feel more grounded and less concerned about their sense of movement. Deep pressure helps children calm down.

ORAL MOTOR ACTIVITIES

Oral motor activities, such as blowing bubbles and eating crunchy foods, help children with issues related to their mouth and sense of touch. Blowing bubbles, eating crunchy foods, biting on a washcloth and blowing a cotton ball across the table with a straw can help the child satisfy the need for oral stimulation and movement.
Teaching Suggestions and Strategies

It is important to take precautions so that children with sensory integration issues do not go into sensory overload.

Adjust Lighting

One of the most important things you can do is to make sure that the light in the classroom is not too bright. Florescent lights can be especially distracting for children with autism. Look for ways that you can use indirect lighting, such as lamps or nonfluorescent overhead lighting.

Regulate Noise

Regulate the noise level so that it is not so loud that a child is unable to function. Watch for signs that the child is feeling overwhelmed by the classroom noise. This may be indicated by the child nervously looking around the room, fidgeting, or covering his ears with his hands. Provide a quiet place for the child to go to desensitize and get away from the noise. There are, of course, times when noise is unavoidable.

Consider Textures

Consider the texture of the materials in your learning centers, and use items with textures that you know children might enjoy. If experience has shown that a child seems to do better with soft textures, provide a softer surface for play, such as a mat or craft foam. Using something as simple as a foam hair curler for a pencil grip can make all the difference in whether a child learns to write or avoids it all together. A child who can never sit on a carpet square during circle time might be more content sitting on a beanbag chair or balancing on a large therapy ball.

Limit Smells

Be aware of the smells in your classroom. To you, the sweet smell of a rose-scented air freshener might be pleasing and enhance your classroom. However, it could interfere with the learning ability of a child with sensory integration issues. If you use scents in the classroom, use natural ones (e.g., peppermint, lavender, vanilla) that you have determined all children can tolerate.
Resources


Children are generally believed to be at risk for school failure if they are living in an environment or exposed to a situation that impairs their education. While the term may seem subjective in nature, there are some broad categories that most experts believe place children at risk for school failure. These categories include extreme poverty; homelessness; family factors; health-related issues; and emotional, sexual, or physical abuse.

Children who are living in situations that place them at risk may need additional support in order to be successful in school. Support might include

- extra help learning new concepts
- strategies that help children develop social skills and social interaction skills
- instruction to improve language development and/or communication with others
- learning how to manage their own behavior
- help in taking care of basic needs, such as feeding, dressing, and going to the bathroom
Characteristics

Extreme Poverty

While there are many formulas used to define poverty, generally speaking, extreme poverty refers to the lowest 10% of the population in per-capita income. There are other factors that influence the poverty level of a specific family, such as the number of wage earners and dependents in the household. Seventy percent of children living in extreme poverty have at least one family member who works full time (Children’s Defense Fund, 2005). A disproportionate number of these children are children of color and children who have one or more family members who do not speak English.

In addition to being at risk for school failure, children living in extreme poverty often do not receive proper medical care and are more likely than their peers to have experienced both hunger and homelessness. Children living in extreme poverty are more likely than their peers to be victims of physical abuse, witness violent crimes, and have a parent who is incarcerated. By the time these children are preschool age, they may have developed

- challenging classroom behavior (e.g., outbursts, aggression toward others, inability to sit in a group)
- poor self-esteem (e.g., sense of hopelessness and lack of importance)
- an inability to interact with others appropriately (e.g., stealing, poor communication skills)
- limited language skills (especially if the child is from a home where English is not the primary language)
- lack of exposure to early literacy activities and materials, such as books

Homelessness

Children are considered to be homeless if they do not have a permanent address. This includes children who move from relative to relative staying for a few weeks with one relative and for a few weeks or months with another. In addition, it includes children who live continuously in a car, in a homeless shelter, or in an open environment (e.g., under a bridge, in an abandoned building). Research consistently shows that homeless children have limited opportunities to interact with toys, books, and their peers. Therefore, homeless children may appear to be cognitively slow or unable to follow a simple directive when they simply have no past experiences that help them
know what to do. According to the National Child Traumatic Stress Network (2004), children who are homeless

- often live with a parent (usually a mother) who has experienced physical or sexual assault
- do not receive regular medical care and are twice as likely as their peers to get sick
- go without food much more often than nonhomeless children
- have very limited personal possessions
- have twice the rate of learning disabilities as their peers
- are much more likely to develop childhood psychological conditions, such as anxiety, depression, or withdrawal

**Family Factors**

Family factors that contribute to children being at risk for school failure include children who have an adolescent mother or an incarcerated parent(s) or who live in foster care.

**adolescent mother**

Children of adolescent mothers are at a higher risk than their peers for developing issues that may hamper their acquisition of important skills. Because an adolescent mother may have been forced to put her life on “hold,” she may even resent the child. In addition, since the teen mother is little more than a child herself, she may leave her child with inadequate or inexperienced caregivers. All of these factors result in a child who has limited opportunities for growth and development.

**incarcerated parent**

Children of parents who are incarcerated deal with unique issues as well, such as being separated from their parents. A child may have experienced the trauma of being present at the time the parent was arrested. The child may have been placed in foster care or with a relative who is living in poverty or in a high-stress environment. Children of parents who are incarcerated may be isolated or stigmatized by their community. This isolation can lead to difficulties with bonding, attachment, social skills, behavior, and learning. Well-meaning caregivers may attempt to protect the child by not being truthful about where the incarcerated parent is. Research shows that not telling children the truth can have a negative impact and result in the child not trusting any adult.

**Foster Care**

Children in foster care often develop both attachment issues and feelings of abandonment. In many cases, they are placed in foster care for reasons such as sexual abuse, chronic neglect, or physical abuse. They frequently have trouble trusting adults, understanding appropriate touching
of others, and knowing how to interact with other children. Because the nature of their lives is transient, they often lack personal possessions, experience anxiety, and have a difficult time developing and maintaining social relationships. The American Academy of Pediatrics (2000) makes note of some of the developmental issues that are often associated with children in foster care. These issues include the implications and consequences of abuse and neglect on early brain development, the challenges of establishing attachment to a caregiver, and the child’s responses to stress as a result of these experiences.

Health Issues

Children with ongoing health issues, such as a chronic illness, are at greater risk for developing emotional problems than their peers. Realizing that a child’s illness may not be temporary, and in fact could get worse, adds additional stress to the family. Since young children sometimes have difficulty understanding the reality of a chronic illness, they might feel that they are being “punished” for some imagined bad behavior. Children may react negatively to being pampered, being unable to participate in a given activity, or having to endure lengthy and sometimes painful medical treatments.

Because children with health issues may have many absences, they often do not achieve the same academic progress as their peers (or it is more difficult), have fewer opportunities to develop lasting social relationships and friendships, and feel isolated and alone. The child’s health issues may require that he or she have limited social contact with others. This isolation may foster the child’s inability to separate from family members and a fear of new environments and people. Mental health issues, such as depression and anxiety disorders, are common in children with chronic illness.

Teaching Suggestions and Strategies

Extreme Poverty

♦ Build self-esteem by giving children special responsibilities.

♦ Make extra snacks available and look for opportunities to send home food. Make sure children understand that you are giving them the food and they are not stealing it or taking it without your knowledge.

♦ Establish a rapport with the family so they feel comfortable accepting your help accessing community resources, such as free health care clinics and job training opportunities. Provide information about no-cost activities and community family events.
Homelessness

- Keep rules simple and remember that homeless children need extra support to feel like they are a part of the classroom.
- Enforce rules consistently while being flexible. Because homeless children may be hungry or not getting enough sleep, they may have a more difficult time following rules.
- Provide additional opportunities for children to interact with new toys, art activities, books, music, and computers. When possible, give children supplies they can take home.
- Model appropriate activities for making and keeping friends.
- Provide children with extra opportunities to wash their hands. Always keep an extra set of clothes on hand just in case a child may need them.

Adolescent Mother

- Encourage the child’s mother to participate in school activities.
- Provide information to the teen mother about parenting classes, local community resources, and government programs.
- Develop a rapport with the child’s mother without making judgments about the child’s home environment.
- Provide additional opportunities for the child to develop and practice new vocabulary.
- Read to children stories that encourage acceptance of others.
- Look for opportunities to help the child’s mother join a support group or continue her education.

Incarcerated Parent

- Look for volunteers, such as retirees, college students, and community leaders, to be role models for children.
- Give children opportunities to discuss their feelings and learn to ask for help.
♦ Model tolerance and acceptance in the classroom by adopting a no-teasing policy about anything.
♦ Involve children in activities that make them feel special and unique.
♦ Watch for signs that children are being bullied or stigmatized by other children. Adopt a zero-tolerance policy for such behavior.

**Foster Care**

♦ Find opportunities to place children in leadership roles and compliment them on their success.
♦ Encourage friendships with others and model how friends treat each other.
♦ Avoid talking about the circumstances that caused a child to be placed in foster care, unless specifically advised by a trained professional to do so.
♦ Recognize that the child may be suspicious of adults and have a difficult time trusting them. Help children learn that you can be trusted.
♦ Look for ways to give children books and art materials that they can keep.

**Health Issues**

♦ Establish a relationship with the family so that they are aware of what the class is doing when the child is absent.
♦ If the family is willing, talk to the child about the illness and answer questions as honestly as possible.
♦ Answer questions from peers with honesty.
♦ Build on children’s strengths and praise them when they learn a new skill.
♦ Establish classroom routines that make absent children feel connected even while away and certainly when they return.
Resources


Dr. Clarissa Willis

Clarissa Willis is currently an author and consultant living in North Carolina. She was formerly the Associate Director of the Center of Excellence in Early Childhood Learning and Development at East Tennessee State University. She has worked for the past 20 years on behalf of children with autism spectrum disorder and their families.