

Learning Disabilities

A Manual for Parents

Includes a description of the nature of learning disabilities, how to obtain a diagnosis, and the process for translating test results into an educational plan.



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Learning Disabilities

Few topics have generated more controversy than a discussion relating to the definition of learning disabilities. It all began in 1962 when Dr. Samuel Kirk made the first effort to define the term. Since that time professionals, parents, and governmental agencies have tried to develop a definition that is valid, fair, and reliable in its interpretation. The use of a single term to describe this category of learning problems may help separate it from other types of special needs. However, there are many conflicting theories about the nature and causes of learning disabilities. The label “learning disabilities” is all-embracing. It describes a syndrome, not a specific child with specific problems.

A clear definition allows professionals to accurately identify, effectively treat or remediate and sufficiently motivate a student so that his or her quality of life is improved. At least that is the ideal. The problem is children with learning disabilities usually exhibit a combination of characteristics and traits. No two learners are the same. However, there are some common themes that run through this particular type of learning problem.

Definitions of Learning Disability

A common premise of many definitions is that an individual with a learning disability has more severe difficulty acquiring, applying, and retaining information than would be predicted from other information about the person. Most definitions of learning disabilities will emphasize a discrepancy between a person’s presumed intellectual capacity and their actual school achievement.

Learning disabilities arise from a deficiency in basic cognitive processes, which, in turn contribute to academic failure. A learning disability can be seen as the presence of one or more specific cognitive deficits that create unique educational needs for the student.

There are two definitions that have the most impact and utility in the field at this time. In 1977 a definition developed by the U.S. Office of Education (USOE) was published in the *Federal Register*. This USOE definition is the most widely accepted one because it is the definition used by most federal and state agencies to administer programs for students.

A set of operational criteria was included in the *Federal Register* to guide efforts to identify LD students. These criteria stated that a specific learning disability exists if two features are present. The first part is that the student is not achieving at the proper age and ability levels in one or more of several specific areas when provided with appropriate educational opportunities. The second aspect of the criteria is that the student must have a severe discrepancy between achievement and intellectual ability in one or more of the six areas of: (1) oral comprehension, (2) listening comprehension, (3) written expression, (4) basic reading skill, (5) mathematics calculation, or (6) mathematics reasoning.

Adopted in 1981 and modified in 1988, the National Joint Committee on Learning Disabilities (NJCLD), a consortium of eight national organizations with interests in learning disabilities, approved a definition that tried to improve on the USOE’s definition. The NJCLD thought an improved definition should reinforce the idea that learning disabilities could exist at all ages, distinguish between learning disabilities and learning problems, and make clear that learning disabilities could coexist with other handicapping conditions.

The NJCLD definition is commonly acknowledged because of its broad support by professional organizations. The USOE definition has high usage because of its official legislative status. Together these two definitions remain the most widely accepted definitions in use today.

Summary Definition

The best we can say at this point is that a learning disability is a problem of likely neurological origin that affects specific areas of learning and behavior in an otherwise competent person. A learning disability is not a result of emotional disturbance, mental retardation or hearing, vision or other sensory impairments such as cerebral palsy. Learning disabilities can, however, coexist with other handicapping conditions. It also is not a result of environmental factors such as inadequate parenting, poor teaching, economic disadvantages, neglect or abuse. Unfortunately, it may not be curable, and is therefore, a life long condition. And finally, we have to acknowledge, it is not completely understood.

The areas of learning that are affected may include the input, output, storage, retention, retrieval and processing of information. This means a student can have difficulty in acquiring, remembering, organizing, recalling, or expressing information.

Incidence of Learning Disabilities

Because specialists cannot agree on a definition, figures on the incidence of learning disabilities is confusing. Different definitions and ways of diagnosing disabilities make it hard to know just how many students exist in the schools and keep us from having an accurate understanding of the full scope of the problem. Most estimates suggest that from 5 to 10 percent of the school population have some type of learning disorder. The most recent figures available found almost two million students were receiving help in the schools for learning disabilities. Whatever the difference in numbers may be, the general impression is that learning disabilities are a problem of great magnitude and importance.

Boys versus girls

Boys identified as learning disabled outnumber girls about six to one. Estimates and studies of the difference have ranged from 5:1 to 9:1. Some experts believe this gender imbalance is a result of biased referrals. Boys are more likely to act out and cause problems when they are frustrated in the classroom. Girls with learning problems may tend to withdraw and not draw attention to themselves and therefore, not become identified as readily. Others researchers believe the higher male incidence has something to do with heredity and some of the basic causes of learning disabilities. The fact is, no really knows for sure if there really is a difference in incidence if all biases were removed. All we can say is, historically, boys have been identified more often than girls.

Causes of Learning Disabilities

Learning disabilities have no single or primary cause. Rather, they stem from a combination of biologic and environmental influences. The probable causes of learning disabilities most likely lie in the physiology and operation of the brain and neurological system. Brain structure, memory circuits, and the electrochemistry of the brain cells are all involved in the process of learning. Learning depends on the proper operation of defined circuits that transfer the information and ultimately store it in a form accessible for retrieval. Most researchers are looking at interference in the operations of these mechanisms to identify the causes of learning disabilities.

There is also evidence that biology plays an important role in causing learning disabilities. Researchers have known for a long time that some learning problems seem to be inherited. Studies suggest between 25 and 40 percent of children and adolescents have inherited their learning disability. Some studies have concluded that one out of three cases of inherited dyslexia can be linked to a defective chromosome. Scientist suspect that under certain conditions this defective gene can sometimes cause a specific brain malfunction.

In summary, learning disabilities are probably caused from a variety of sources. Inherited tendencies, biological factors, and immature development may all play a part. Environmental factors such as inappropriate schooling and harmful environmental may complicate a disability that is already present.

Checklist for Identifying Common Symptoms of Learning Disabilities

If your child is having learning problems, you begin the diagnosis process with some preliminary observations about the kind of difficulties the student is experiencing. Here is a general checklist of the most common symptoms of learning disabilities. This will allow you to obtain an overview of the type of symptoms often found in this type of disability.

- Poor letter or word memory
- Has difficulty sounding out words
- Confusion, transposition, or reversal of letters, words or numbers
- Problems in sequencing letters, words, numbers or ideas
- Difficulty with organizational skills
- Poor auditory memory
- Difficulty with long-and short-term memory
- Inability to discriminate between letters, number or sounds
- Poor handwriting and copying
- Difficulty with attention, concentration or distractibility*
- Restless, easily distracted*

- Impulsive*
- Doesn't listen well or remember
- Forgets often, loses things*
- Difficulty reading
- Cannot follow multiple directions*
- Difficulty taking tests
- Erratic performance from day to day
- Poor coordination
- Late gross or fine motor development
- Difficulty telling time or distinguishing left from right
- Late speech development, immature speech
- Trouble understanding words or concepts
- Trouble naming familiar people or things
- Tends to say one thing, means another
- Responds inappropriately in many instances
- Adjusts poorly to change
- Problems making and keeping friends
- Low self-esteem and lack of confidence
- Difficult to discipline

Did any of the previous items apply to your child? Two or three probably don't indicate a learning disability. If five or more are present, things begin to look suspicious and further investigation is warranted. The items marked with an asterisk (*) are often indicative of attention-deficit/hyperactivity disorder. If several of these items were marked for your child, you may want to take a closer look at the possibility your child may have ADHD. (See *The Attention Deficit Child*, in the resource section.)

Now let's take a moment and try to get an overview of the learning process and how learning disabilities can impact a student's ability to learn.

Description of Learning Process

Learning can be seen as a sequence of operations illustrated in the following diagram.

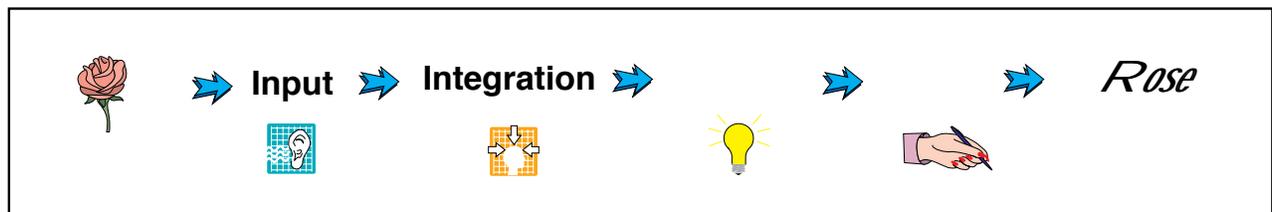


Figure 1. Sequence for Processing Information in the Brain

In this example a student is taking a spelling test. The teacher says, "Rose. The yellow *rose* looked beautiful in the garden." The student hears the verbalization from the lips of the teacher. The sound waves have gone from the teacher to the ears of the student and registered in the brain. This is the **input** or initial part of the sequence. The student begins to **integrate** or make sense of the particular sounds. The student recognizes the word "rose" as the word she is supposed to spell out of the other words the teacher used in the sentence. Integration can involve sequencing, abstraction and organization as the student translates the sound patterns into recognizable form, separates the target word from the other spoken words, and begins to search her **memory** for the right sequence of letter formation. The correct spelling for "rose" has previously been stored into the student's memory. The storage and retrieval process can consist of either short-term or long-term memory. In this case long-term memory is utilized to recall the letter formation and eye-hand coordination required to write out the word. In the case of spelling, the **output** occurs as the brain sends messages to the nerves and muscles resulting in a fine-motor response of writing the letters that make up the correct spelling of "rose." If all goes well, the word is correctly spelled and the process has worked without a hitch.

This is a relatively simple example, but illustrates the various major stepping stones in the pathway to learning. If a student has a learning disability, one or more of these stepping stones is unreliable and does not function as it should compared to the student's abilities in other areas.

Dr. Larry Silver has used this same scheme to describe the various types of disabilities within the learning process. Following is an adaptation of his descriptions of input, integration, memory and output disabilities.

Input Disabilities

Information arrives at the brain as impulses from our various senses. Our eyes, ears, and muscles, are the major modalities or channels of learning in the classroom. We also learn from the senses of taste and smell, but they are not primary to most classroom learning.

This central input process, which utilizes the five senses of seeing, hearing, tasting, smelling, or touching, is called *perception*. Children who have perception problems in the area of visual input are identified as having visual perception disabilities. Such a student may have difficulty recognizing the position and shape of what they see. Letters may be reversed or rotated. The letters d, b, p, q, and g might be confused. Other students may jump over words, read the same line twice, or skip lines. Yet other students may have poor depth perception or poor distance judgment. They might bump into things, fall over chairs, or knock over drinks.

Students with problems in the area of auditory input are said to have auditory perception disabilities. Students may have difficulty understanding because they do not distinguish subtle differences in sounds. They confuse words and phrases that sound alike—for example, “blue” with “blow” or “ball” with “bell.” Some children find it hard to pick out an auditory figure from its background. Others process sound slowly and cannot keep up with the flow of conversation.

A student can also have kinesthetic or tactile disabilities, although this modality has been less researched. This category of sensory inputs involve nerve endings in the skin—*tactile input*, in the muscles—*proprioception input*, and in the inner ear—*vestibular input*. If a child has problems with any or all of this group of sensory inputs it is called sensory integrative disorder. Depending on which sensory systems are involved, the child may have problems with tactile sensitivity, body movements coordination, and adaptation to the position of the body in space. There can also be problems with the ability to easily direct his or her body to perform activities in a smooth, coordinated manner and in the right sequence of activities.

Integration Disabilities

Once the information reaches the brain it has to be understood. This requires sequencing, abstraction and organization activities. *Sequencing* deals with the ability to put things in their proper order such as days of the week or months of the year. A student with a sequencing disability might recount a story by starting in the middle, going to the beginning, and proceeding to the end. The child might also reverse the order of letters in words, seeing “dog” and reading “god.” Such children are often unable to use single units of a memorized sequence correctly. If asked what comes after Wednesday, they have to start counting from Sunday to get the answer. Even putting on one's clothes in the right order would reflect this aspect of integration.

Abstraction refers to the ability to infer meaning from the symbols which arrive in the brain. A student with this problem will read a story and not be able to generalize from it. S/he may confuse different meanings of the same word used in different ways. A child with a disability in this area will appear to be very literal and concrete in his or her thinking and will have trouble generalizing concepts from one setting to another. S/he may have a hard time understanding jokes and is confused by puns or idioms.

Information, once recorded, sequenced and understood, must be organized. This means it is integrated into a constant flow of information and must be related to previously learned information. A student with an *organization* disability will have difficulty pulling together multiple parts of information into a full or complete concept. They may learn a series of facts without being able to answer general questions that require the use of these facts. Their lives in and outside of the classroom also reflect this disorganization.

Their room, locker, or notebook are chronically a mess, and the child has difficulty organizing time and planning ahead.

Memory Disabilities

Once information is received, recorded in the brain, and integrated, it is stored so that it can be retrieved later. This storage and retrieval process is called *memory*. Two types of memory are used—short-term and long-term. Short-term memory retains information briefly while we attend to it or concentrate on it. Remembering a phone number long enough to dial it is an example of short-term memory in use. Long-term memory refers to the process by which you store information that you have often repeated. The ability to recall your address, social security number or your mother’s maiden name are instances of long-term memory. Most memory disabilities appear to affect short-term memory. An example would be the child who seems to know his spelling words the night before but can’t get most of them correct on the spelling test the next day. On the other hand, this child may surprise you with his or her ability to recall events or places from long ago.

Output Disabilities

Output refers to the ways in which information comes out of the brain. This occurs by means of words or language output or through muscle activity such as writing, drawing, gesturing, or motor output. Problems communicating can be a result of either a language or motor disability.

The two forms of language used in communication are spontaneous language and demand language. Most often language disabilities involve demand language. Spontaneous language is used to initiate speech. The person is able to pick the subject, organize their thoughts and find the correct words. In demand language, speech is required in response to circumstances provided by someone else. There is no time to organize thoughts or select the best words. In a split second the person must simultaneously organize, find words, and answer appropriately. A child with a language disability usually does not have problems with spontaneous language. However, the student will respond hesitantly in demand situations. S/he will pause, ask for the question to be repeated, give a confused answer, or fail to find the right words.

Motor disabilities also fall into two categories. If a child has difficulty coordination the use of groups of large muscles such as those in the arms, legs and trunk, it is called a *gross motor* disability. Difficulty in performing tasks that require coordinating groups of small muscles such as those in the hand is called a *fine motor* disability. Gross motor disabilities may cause the child to be clumsy, stumble, fall, bump into things, or have trouble with generalized physical activities such as running, climbing, riding a bike, buttoning shirts, or tying shoelaces.

The most common form of fine motor disability shows up in poor handwriting. Children with this problem write slowly, and their handwriting is often unreadable. In addition to problems with the mechanical aspects of written responses, these student will have difficulty getting thoughts written out. They will have difficulty with spelling, grammar, and punctuation. These children can give an excellent verbal description of a proposed essay or report, but produce confused and error filled written work.

The previous description is but one way to describe learning disabilities. The learning process is very complex and no one understands the intricate workings of the brain in complete detail. This model can help a parent begin to get a general understanding of how their child learns and where possible problems may exist. Each child will have their own combination of learning strengths and weaknesses. The goal is to arrive at a profile that best describes your own son or daughter.

Pursuing a Diagnosis

Medical Exam

One of the first steps in the evaluation process is to rule out any primary medical problems that could be affecting a student’s learning. This means you should have a complete physical exam as well as thorough vision and hearing evaluations. Learning disabilities, for example, are thought to be deficiencies in how the brain processes information. Yet, if problems exist with the initial input of data through the hearing or seeing

modalities, we want to identify the source. Sometimes learning problems can be alleviated by correcting vision or hearing impairments.

Be sure your physician knows you are concerned about your child's learning process when s/he does the exam. The usual physical exams required for school may not show anything if the child is otherwise healthy. Provide input and descriptions to the doctor so a complete evaluation can be made. Describe how the child behaves outside of the doctor's office and the nature of the school problems. If your child has had many ear infections, or often doesn't seem to listen, make sure his or her ears are examined. Most often learning disabilities are not the result of obvious medical problems, so don't expect this examination to turn up significant previously unidentified problems. Yet, it is a necessary first step.

Screening for neurological problems can also be necessary. I would not recommend this specific evaluation be done unless recommended by your family physician, pediatrician, or if later psychological testing produces a number of significant "soft sign" indicators of neurological dysfunction. Even sophisticated procedures such as CAT or PET scans may not result in any clear definition of brain function problems. So make sure there are reasonable and suspicious indicators before going to the time and expense of a neurological evaluation. Keep in mind such an evaluation can involve primarily medical procedures such as clinical exams and various scans of the brain as well as neuropsychological tests.

Neuropsychological testing can sometimes be helpful in identifying which functions of the brain are weaker than others and also point to brain function strengths which can be emphasized for compensation. The Reitan-Indiana Neuropsychological Test Battery is an example of this type of testing which can be done by a neurologist, who is a MD, or by a Ph.D. neuropsychologist

Psychological Evaluation

Screening for emotional problems is also important. However, it is hard to tell the chicken from the egg. Did emotional factors cause the learning problems or did the learning difficulties cause the emotional problems. Most children with learning disabilities will struggle with self-esteem issues, for example. There will be times when the child is unhappy, sad, or depressed. Has the continual failure in the classroom caused the depression, or is the black cloud of gloom brought about by other factors such as parental divorce, death of a loved one, or undisclosed abuse? Emotional contributions to learning problems can be evaluated by mental health professionals such as a child psychiatrist or psychologist, as well as social workers and child therapists

Several points can be made here. One is that the entire evaluation is not necessarily completed all at once. It may evolve over several years as different features are addressed and other symptoms become easier to identify. Be prepared to understand your child's problems a portion at a time. It may take everyone quite a while to unravel the puzzle. Another point, is to be prepared for the difficulties in identifying precisely all of the causes of your child's learning problems. Emotions, brain function, learning style, and environment interact in wonderfully complex ways. And, collectively, we professionals aren't smart enough to figure everything out in all cases. Along with your advocacy role that necessitates persistent inquiry, be prepared to learn patience.

The final point, is to highlight the importance of understanding your child emotions and feelings as they related to school problems. The attitudes formed during the early school years will shape a person's entire life. We want this time to be as successful and beneficial as possible. Don't neglect the countless opportunities to encourage and nurture your child. In spite of any problems in the classroom, highlight their areas of success. Give you child every opportunity to develop areas of strength and competency.

Who will do the evaluation?

Public School Students. If your child is attending a public school your first line of resources is the classroom teacher. Ask the teacher how to initiate a referral to have your child evaluated. Often it will be the teacher who brings up the concern in the first place, so he or she will undoubtedly have a plan for starting the process. In most schools there is "focus of concern" process that is used to evaluate a student and determine eligibility for services. A *focus of concern* can be initiated by school personnel or the parent, and

each district is supposed to have the process spelled out so parents know exactly what will be done and on what time line.

Basically, the process consists of identifying the concerns on some type of referral form. Then the various school personnel such as a nurse, communication disorder specialist, classroom teacher, school psychologist, learning specialist and administrators collect data on the student's academic, medical, social, emotional, and intellectual characteristics.

The school district has a specified number of days (usually around 15 to 20) to act on the referral and make a determination of whether or not there is good reason to believe the student is a candidate for assessment. If the school concludes there is just reason to complete the evaluation, the parent is informed in writing of this decision, asked to give permission for the process to continue, and the assessment is conducted. The assessment is supposed to be completed in a certain number of days (usually 35-45 days after parental consent is received). If the school does not believe an assessment is justified, an appeal process is available to the parent in order to try to get the decision overturned.

The advantage of the school based assessment is that it is free to you as a taxpayer. If your child attends a public school, the staff who will probably work with your child will be involved in the assessment. This facilitates communication and follow through once the evaluation results are implemented.

Legal Basis for Your Child's Assessment. Remember, as a parent you have the right to demand a complete evaluation as mandated by Public Law 94-142, the Education for All Handicapped Children Act. This law, passed in 1975, reauthorized and extended in 1986, was to insure that "all handicapped children have available to them a free appropriate education which includes special education and related services to meet their needs". This law was implemented to identify and address the following educational issues: free appropriate education for all; public involvement in providing such education; least restrictive environment for that education; *identification and evaluation procedures*; IEP placement and implementation; parent participation in all aspects of education; and due process for protecting the previous elements.

Section 504 of the Federal Rehabilitation Act of 1973 and amended in 1977, puts teeth into PL 94-142 by making it illegal for a state to deny handicapped individuals access to education, employment, or housing. Further, 504 insists on positive efforts to remediate special needs and limitations. For example, it wouldn't be enough to simply allow a learning disabled student to attend school. The system must also make efforts to instruct and remediate that student in the best way possible.

All fifty states have had to pass and implement legislation to carry out many of the mandates of 94-142 and 504. As a result, there can be some variation in procedures and services from state to state. But the responsibility is there, regardless of where you live, to provide educational services to students with special needs. And that definitely includes the student suspected of having learning disabilities. If you wish to have more details about these and related laws, as well as discussions of legal issues in special education, check out the materials listed in the Legal Issues part of the resource section of this book.

Private and Home School Students. Regardless of where your child attends school, you still have access to the services of the public school for the assessment. Whether s/he attends a private Christian school or is home schooled, the same level of services are supposed to be available. The procedure is the same. You go to the local school your child would ordinarily attend and fill out the focus of concern request. The staff has the same responsibility to make a decision about the appropriateness of the referral and then move ahead if there seems to be a legitimate reason for the assessment. The public school will need to get some basic performance information from your child's private school or home school teacher, but the process is just the same as if you were a part of the public school. After all, your tax dollars are still going to their salaries.

Private Resources for Evaluation

Sometimes the public school evaluation may not seem adequate. School personnel may be so overburdened and understaffed that the evaluation process is minimal or incompetent. Other parents don't want to go through all the paper work and administrative hassles to get an evaluation completed through the public resources. Sometimes parents may believe the school doesn't want to identify special needs students because they don't have or don't want to spend the money on the accommodations or remediations

necessary to meet those needs. It is also possible to need a second opinion. Parents have evaluated the results of the school assessment and want an elaboration or confirmation by an independent source.

Any of these reasons could prompt you to seek an evaluation with a private clinician or organization. First of all, you want someone who has the credentials and experience to assess and make recommendations regarding learning disabilities in children and adolescence. You can ask the school for recommendations. Public schools usually can't recommend just one person, but should be able to give you a list of several professionals who specialize in this area.

Much as you would do in seeking the services of any professional, ask others who they have used. Talk to other parents who have already been through the evaluation process and ask who they used and if they were satisfied. Contact one of the local branches of the Learning Disability Association or Children and Adults with Attention Deficit Disorder (CH.A.D.D.) for a list of clinicians. Call your local counseling center and ask if they have anyone specializing in learning problems. Check with your local university or college and ask if they provide services of this type. Sometimes you can get an excellent evaluation at a lower cost through a university because your case is used for training purposes. Below is a checklist you can use to guide your selection of a professional to complete the evaluation and perhaps help direct the intervention efforts.

Checklist for Selecting Learning Specialist

- Has appropriate professional degree and licensing—PhD, PsyD, EdD, MD, MS, MSW, etc.
- Has experience working with learning problems in children.
- Has specific training on assessment and treatment of learning disabilities, ADHD, depression and other emotional problems
- Is able to manage a multidisciplinary approach to assessment and treatment.
- Is able and willing to work closely with your child's school and teacher.
- Seems to appreciate complex nature of learning problems and is able to draw on many community resources to help your child.
- Has balance perspective on learning problems. Recognizes the long term nature of the problem, but is encouraging about degree of help available.
- Makes no promises of instant cures or proposes unorthodox procedures.
- Was recommended by satisfied client or some other professional familiar with their work.

Wherever you go, ask about the qualifications and experience for evaluating for learning disabilities. The person should have at least a Masters degree in a related field, and the more experience the better. Ask what tests are used, but remember that is a hard question to answer precisely without background information. Also ask about costs. A basic evaluation will cost several hundred dollars, with five to seven hundred dollars being quite common. Complicated cases requiring extensive specialized equipment and expertise may cost several thousand dollars. Ask what services are covered, including school visits, phone conferences, testing supplies, report preparation, and summary conferences. Most clinicians simply charge for the time spent working on the case, with an hourly charge for all of the services provided. Ask about reduced fees and scholarship or grant programs. You will have to complete some financial disclosure information, but it may allow you to qualify for various forms of financial aid.

Be sure to ask your insurance carrier if they will cover the testing. Specifically ask if insurance will cover a diagnosis of learning disabilities or ADHD. Some policies specifically exclude certain kinds of learning problems. It's not appropriate and doesn't make sense, but it is still a frequently excluded coverage.

You should also explore whether the school district could pay for the independent evaluation. If you have had an evaluation completed by the school, but are not satisfied, it might be possible for the school to pay for a second opinion or an Independent Educational Evaluation (IEE). The school may have a specific list of people they want you to use if they are going to pay for the whole evaluation. The school may only pay a portion of the total fee if you choose someone outside of their network. The school district may contest your

request for an IEE and ask for a due process hearing to show that its evaluation was appropriate. If the final decision is that the local school district evaluation is appropriate, you still have the right to an IEE, but not at public expense. In any case, it may be worth your while to check out the options before assuming you have to pay for all of an independent evaluation.

Specific Evaluation for Learning Disabilities

The next crucial component of the evaluation is the administration of psycho-educational tests to determine the nature and extent of the learning problem or disabilities. If the suspicion is learning disability, this battery of tests is likely to include tests of intelligence such as the Wechsler Intelligence Scale for Children-III, Test of Cognitive Abilities from the Woodcock-Johnson Psycho-Educational Battery or the Stanford-Binet Intelligence Scale; perceptual and motor skill tests such as the Beery Visual-Motor Integration Test, the Bender Visual Motor Gestalt Test, or the Wepman Auditory Discrimination Test; speech and language tests such as the Illinois Test of Psycholinguistic Abilities or Peabody Picture Vocabulary Test; achievement tests such as the Tests of Achievement from the Woodcock-Johnson Psycho-Educational Battery, the Wechsler Individual Achievement Test or the Wide Range Achievement Test-3. Various rating scales, educational, family, and personal history forms, and parent and teacher observation forms are also used, along with specific tests to look at emotional factors.

The goal is to determine the extent of the student's learning disability and to identify exactly where the problem lies. Is it visual, auditory, oral, or motor, or does it involve the input, integration, memory or output part(s) of the learning process? We also want to know what academic areas are impacted, such as reading comprehension, written language, listening skills, or mathematics abilities.

Each school district will have their own battery of tests which have been found to be useful. Different evaluators will use various combinations of tests to arrive at a diagnosis of learning disabilities. An intelligence test is usually given to provide an estimate of your child's general ability. This is followed by the determination of a discrepancy between the general intelligence and performance in one or more of the categories such as: oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematics calculations and mathematics reasoning. These categories are the ones identified by the U.S. Office of Education and utilized by most states to determine eligibility for special education services. Learning disabilities can be defined within many different categories, but the ones listed in the USOE criteria are usually included in a core evaluation.

How Test Results are Translated into a Plan

Determining Eligibility for Services

The following discussion will apply if your child is attending a public school or if you are using local school district resources to evaluate your child. If you are home schooling your child or if s/he attends a private school, and you are using an independent evaluator, this detailed process may not apply. It is only when state or federal funds are being used to provide special services that the focus of concern process must be followed. However, even if you aren't following the public school routine, most of the sequence of translating test results into program recommendations and questions to ask are going to be the same. I will go ahead and describe the IEP process which you can use regardless of where you child attends school.

It is also possible your child may have significant problems with learning for one reason or another, but does not qualify for special education services. A formal IEP will not be required. However, your child has been struggling in school and some form of intervention is needed. The general ideas presented here will still be relevant. It just may be that you will be arranging treatment and intervention outside of special education or regular classroom resources.

Once the testing is completed, the results will be evaluated by the psychologist and/or the child study team. An eligibility committee must meet and review the evaluation in order to determine if your child is to be classified as handicapped and in need of special education and/or related services. It is important to realize that this is the terminology used in the laws. The public school is required to provide special services only after your child is deemed "handicapped and in need of special education and/or related services." You may

not like the heavy sound of the word “handicapped” but it is the legislation utilizing these terms that mandates and provides funds for your child to receive extra help. Therefore, the terms and their definitions must be used in this process.

To qualify for eligibility within the learning disability category the eligibility committee must see evidence from the evaluation that there is a severe discrepancy between the student’s intellectual ability and academic achievement in one or more of the categories such as: oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematics calculations and mathematics reasoning. Similar but different categories for learning disabilities may be specified in your state regulations. Other eligibility criteria exist for each of the special needs categories, such as ADHD, vision or hearing impaired, and behaviorally disabled.

You may not automatically be a part of the eligibility committee meeting. After the evaluation process has been completed, you have a right to review the information, to obtain copies of the evaluation, and to request that the evaluations be explained to you. You may also request that you be allowed to attend the eligibility committee meeting. All of this occurs before the Individualized Education Program (IEP) meeting.

The reason this is important is that the eligibility committee may determine your child does not meet the criteria for a particular learning disability, ADHD, or some other special needs category, and therefore is not eligible for special services. The results of the evaluation may say, for example, that your child has at least average intelligence, but his scores on any of the achievement categories are not low enough to meet the criterion. Your child may have problems in written expression, but is only 1 1/2 grade levels behind and not 2. Two levels below expectations is the cutoff score, so your child is not eligible for services.

This is the kind of deliberation the eligibility committee must complete. And they have to follow fairly rigid criteria established by your state office of public instruction. If your child is found to not be eligible for services, then the IEP meeting will not be held, because s/he does not qualify. This is why you may want to ask to attend the eligibility committee meeting. This is a crucial decision point in the total process and you may need to be a strong advocate for your child’s best interests. Here is where you may disagree with the findings and ask for another evaluation, if you believe the results are not an accurate reflection of your child’s abilities and needs.

I must emphasize that these procedures are necessary for *special education* services within the public schools. There are all types of supplementary programs that are part of the “regular” classroom programming options. So, while your child may not qualify for special education services, s/he may certainly qualify for supplementary reading or language instruction, for example. The evaluation results would still be relevant to directing the intervention process. Its just that the special education arm of the school would probably not be involved if your child does not fall under one of the special needs categories.

Preparation of an Individualized Educational Program

The assessment results now need to be translated into a plan of action. What will profit your child in terms of intervention, accommodation and remediation? According to federal law a meeting is to be held within 30 days of the time the student has been found to qualify for special education and related services. The purpose of this meeting is to formulate and review the individualized educational program (IEP) appropriate to your child’s needs. This time line would be true if the local school district completed the evaluation. However, it would also be true if an outside independent evaluation was used. The clock would start ticking once the district had received the test results and the eligibility committee confirmed the child did have a learning disability as defined by your state guidelines.

If you used an independent evaluator, a summary session would ordinarily be held with the evaluator shortly after the testing is completed. This session should be a time to explain the entire testing process, describe specific test results, and a summary given of the implications for your child. You want to know your child’s strengths and weakness, areas of learning disability, and methods of instruction that are likely to be a most value. This content would be very similar to what the local school district meeting would provide. If your child is attending a public school or you expect to utilize and services of the public school, the results of the evaluation must be forwarded to the district and the eligibility process would still have to be completed.

Federal guidelines require the local school district to use a multidisciplinary team to interpret the evaluation data and contribute to placement and instructional recommendations. This team will include the child's classroom teacher and at least one person qualified to conduct individual diagnostic examinations of children such as a school psychologist. Often other persons such as a nurse, speech and language or learning disorder specialists, and an administrator, will be involved. This team is supposed to draw upon information from a variety of sources to make their recommendations. This can include aptitude and achievement tests, teacher recommendations, physical or medical condition, social or cultural background, and adaptive behavior. The information obtained from all of these sources is to be documented and carefully considered. The eventual placement decision is to be made by a group of persons, including those who are knowledgeable about the student. The placement decision is to utilize the meaning of the evaluation data, the placement options, and is to make use of the least restrictive environment. All of this culminates in an individualized education program (IEP) for the child, if it is determined the child has a disability and needs special education and related services.

Components of an IEP

An IEP is the most powerful tool available to help you for assisting your special needs child. If your child qualifies for any of the special services of your public school, the IEP serves as a communication tools for identifying the nature of the problem in terms of you child's learning needs. An IEP serves as a management instrument to identify and describe what is going to be done for your child. It also functions as a monitoring tool to make sure the program unfolds as promised. And finally, an IEP provides a basis for evaluating the effectiveness of the student's program. It makes sense, then to make very sure the IEP is accurate, clear and comprehensive. We need to take a minute and describe the components of a well executed IEP. While different school systems may use different forms, the law requires the following information be included in every IEP:

- a statement of the present levels of educational performance of the child
- a statement of annual goals, including short term instructional objectives
- a statement of specific educational services to be provided each child
- a statement of the extent to which each child will be able to participate in regular educational programs
- the projected dates for initiating services and anticipated duration of services
- appropriate criteria and evaluation procedures for determining, at least annually, whether the instructional objectives are being achieved.

Question to Ask About Your Child's IEP

Since the IEP document is so crucial in identifying all of the intervention strategies that are going to be brought to bear to benefit your child, you want to make very sure the IEP is as comprehensive and accurate as possible. The following questions can help you evaluate the IEP as it relates to your understanding of your child's needs. You can check off the boxes for "yes" if the question can be answered in the positive. Use the "no" when you believe the IEP does not fulfill the elements of a question. The "?" box can be used when you are uncertain and need to obtain more information before you can be sure of the answer.

IEP Questions

yes no ?

Was the evaluation comprehensive, nondiscriminatory and multidisciplinary?

- Does the evaluation describe a full range of your child's strengths and weaknesses, including learning styles and possible disabilities?
- Does the IEP accurately and fully describe your child's present level of educational performance in all relevant developmental areas?
- Do you agree with the assessment results?
- Is more information needed to present a fair and accurate picture of your child's learning status?
- Do the goals included in the IEP accurately and adequately describe the skills, behavior and understanding you wish your child to acquire in the next year?
- Do the goals represent all aspects of the educational experience and draw from the intellectual, social, emotional, physical and spiritual domains that you believe are crucial for your child?
- Are the goals listed in order of priority from most to least important?
- Are the goals written so as to build on your child's strengths and present level of performance?
- Do the goals specify *what* service is to be provided, *who* will provide the service, *how* and *where* the service will be delivered, along with *how often* and *how much* service will be provided, and *when* the service will start?
- Do all the professionals who know and will work with your child, agree with the components of the IEP?
- Does the IEP clearly outline the balance of time your child will spend in regular and special education programs?
- Is there at least one annual goal and short-term objective for each type of service your child will receive?
- Are all goals and objectives written in understandable, positive, and measurable terms?
- Does the IEP include clearly defined methods for systematically (at least annually if not more often) evaluating your child's progress toward each of the goals and objectives included in the plan?
- Given everything that is included in the IEP, are you able to sign it?

The reason for these questions is to make sure a comprehensive evaluation was completed that accurately reflects your child's needs, and that a program is designed to do everything possible to help the student achieve more success in school. Once your child's needs are defined, the IEP becomes a management tool, even a contract, for spelling out what will be done. Like any contract, you want to tie down as many loose ends as possible. If you have a legitimate concern, negotiate to get it into the IEP. Verbal agreements cannot be enforced. Make sure everything the school decides to do for your child is written into the IEP.

Your involvement does not cease once the IEP is signed. You may develop concerns or questions during the course of the school year. If you think the program is not adequately meeting your child's needs, you have the right ask the IEP committee to reconvene and review the entire program.

This completes the evaluation and initial planning stages. In some ways, the work is just beginning. Learning disabilities take time to treat. Both remediation and accommodation strategies will be needed. Above all, as the parent you will need to remain vigilant to monitor your child's progress and to ask for appropriate changes if things are not moving along at an acceptable pace. There may be many occasions for you to advocate for your child. Remember to be tactful and diplomatic as you work with your child's teachers and support staff. At the same time don't be afraid to be assertive and persistent in getting the help your child deserves.

Resources

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