

OPEN THE *GIFT* OF A LEARNING DIFFERENCE

A Manual About Learning Disabilities for ABE Tutors



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INTRODUCTION

The phone in my office rang. The woman's voice on the other end began by saying, "I don't know if you remember me?" She was calling to thank me for what had happened to her son. He had worked with me as an 18-year-old who had just finished high school at the bottom of his class. He desperately wanted to be an engineer. He was diagnosed as having dyslexia and was referred to me because I was the Director of the Success Center at the local community college. I helped to provide accommodations for students at the college. Let's call this person "John". John was bright and articulate, but he lacked faith in his own abilities. He was struggling with his math class. When I first interviewed him, he stated that he could always "see" the answer, but couldn't explain how he got from point A to point Z. His math teachers wanted to "see" his work. He also had trouble writing the numbers correctly on the paper. He had trouble reading the word problems, but as soon as they were read to him, he could "see" the answer. Why did his mother take the time to call me almost ten years later? To tell me that John had just been awarded a graduate engineering degree from a prestigious university.

In this manual you will learn the definition of Learning Disabilities, the definition of ADHD, and you will learn more about John's problem and how he managed to succeed. What were the coping strategies available to help this student succeed? What were his strengths? How did he learn to look beyond the difficulties and see his capabilities shining through?

On the front cover of this manual is a picture of a beautifully wrapped present. This present represents what John and students like him have to offer you the teacher or tutor. These students don't fit the mold. They learn differently. They have been labeled dumb, lazy, and stupid. They have been told that they "can't" learn. They were embarrassed in school. Their peers and their teachers ridiculed

them. They were placed in special education classes because their classroom teachers didn't want to deal with them. Their self-concept and self-esteem have all but vanished, but their will to survive is still strong. They are coming to you, because you are their last hope. There is a choice. You can delicately and carefully unwrap the gift they are giving you and discover the wonderful and talented person inside this present that has been so carefully and tearfully wrapped over many years of life, or you can rip open the wrappings hastily, crush the gift, and not recognize the value and the beauty that lies within. We face this choice everyday with each of our students who come to us for help. Because you are reading this manual, you have already chosen to take the first path, and you are learning to carefully unwrap the gift that is being offered to you by each of your students. Congratulations for your caring and understanding.

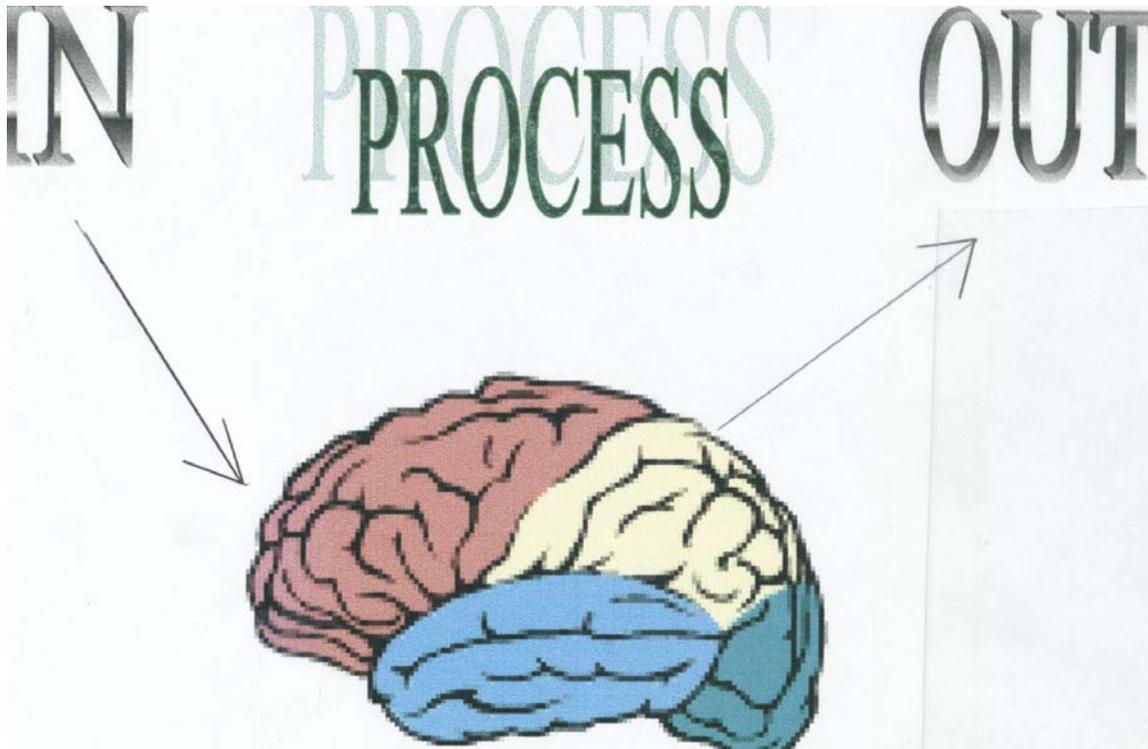
HISTORY AND BACKGROUND

Learning Disabilities

“Learning disabilities are neurological disorders that interfere with a person’s ability to store, process or produce information and create a “gap” between one’s ability and performance. Individuals with learning disabilities are generally of average or above average intelligence.” (National Center for Learning Disabilities) It is estimated by the National Center for Learning Disabilities that 35% of children with learning disabilities drop out of high school. This is twice the rate of students without learning disabilities. Only 14% of students with learning disabilities (compared to 53% of students in the general population) have attended a postsecondary school program within two years of leaving high school. These are the students returning to Adult Basic Education programs. These are the students you are working with today.

Below, there is a diagram of a brain and the words IN, PROCESS and OUT. This is a simplified diagram of where learning differences can occur. New information can only enter our brains through one of the five senses. Most of us have a

preferred method of inputting information. Once in our brains this information must be processed and stored so that when it is needed again, it can be output, using only those senses that are available. The diagram represents information being taken in by the five senses, the processing that takes place in the brain and the output functions. In a very simplified sense, learning differences occur when one or more of these functions are not as strong as the others.



Let's examine what a learning difference in the sense of taste might mean. If we are students in a traditional school, and we are strong visual learners, our "learning disability" will probably go unnoticed. However, if we have a desire to become a famous chef, our "learning disability" would be a serious drawback. Because, in the past, schools have focused on two primary methods of learning, visual and auditory, we have continued to describe students as having a learning disability if one of these two methods was not a strength. Our job as Adult Basic Education tutors is to look beyond these two traditional methods, find strengths and begin our teaching there.

Attention Deficit/Hyperactivity Disorder

The well-known group for helping children and adults with AD/HD, CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) states that Attention Deficit Disorder has many different manifestations and many symptoms. AD/HD symptoms begin in early childhood and often co-occur with other conditions such as depression, anxiety, or learning disabilities. A study conducted by the National Institutes of Mental Health in 1999 indicated that two thirds of children with AD/HD have at least one other coexisting condition. Many of the adults in our ABE programs were never diagnosed as children. They have, as a consequence, developed other problems that may overshadow the AD/HD.

The symptoms of AD/HD include some or all of the following:

1. Easily distracted and have difficulty concentrating.
2. Impulsive
3. Suffer from mood swings.
4. Disorganized
5. Have difficulty planning for the future
6. Restless
7. Appears not to listen
8. Loses things
9. Difficulty with organization
10. Difficulty remaining seated
11. Talks excessively
12. Difficulty waiting or taking turns
13. Interrupts

These same adults experience difficulties in holding a job and may experience periods of depression. These symptoms must occur over a consistent period of time for a diagnosis of AD/HD to be made.

Check the CHADD website www.chadd.org for more information on AD/HD. A diagnosis must come from a physician; however the website includes many checklists that can be used as screening tools.

THE LAW

Federal legislation dating back for more than 30 years gives students with learning disabilities and with AD/HD certain rights. Teachers have certain responsibilities as defined by the law. The most important statutes are listed below.

Section 504 of the Rehabilitation Act of 1973 (PL 93-112) states that “No individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or any program or activity conducted by an Executive agency.”

Individuals with Disabilities Education Act (IDEA) of 1997 (PL 105-17) applies to persons under the age of 22. This act primarily deals with younger children, however all those who have not yet reached the age of 22 and who do not have a high school diploma are protected under this act. Since many of our ABE students are in the age group 18 – 21, these students are entitled to educational services under IDEA.

The Americans with Disabilities Act (ADA) (PL 101-336) states that “No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity or be subjected to discrimination by any such entity.” Title II of the ADA requires that all public entities, including educational programs, make “reasonable accommodations” where modifications

are necessary to avoid discrimination on the basis of a disability. Title II of the act applies to the private sector, and private schools.

These laws grant our students with a recent diagnosis certain rights. Our responsibility is clear with these students; we must provide “reasonable accommodations”. Check the section of this manual for a discussion of what these can look like.

The majority of our students that arrive in our classes and tutoring sessions come to us either with no diagnosis or possibly have one that was done when they were in elementary school. They are now adults, and even if they still retain a copy of this diagnosis, it is no longer valid. These are the adult students that I wish to focus on in this manual. Adult Basic Education classes are filled with them. Unfortunately, if they do not have a diagnosis, they cannot demand services and accommodations. For students who are in need of assessment and a diagnosis, look at the following article for more information on where to send them for help.

Assessment for Adults with LD

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Among adults who have not graduated from high school there may be an unusually high rate of undiagnosed learning disabilities and/or ADHD. Adult students, teachers and other professionals who work with adults should consider the possibility that learning disabilities and/or ADHD may underlie the difficulties faced in school, employment and everyday social relationships.

Understanding an individual’s learning styles is very important. This helps a teacher know how to help a student learn. It also helps a person make better career choices. If we know what kinds of thinking we are very good at, we can work in jobs that use those abilities. Sometimes a person’s relative pattern of cognitive strengths and weaknesses is also indicative of a learning disability and/or ADHD. Understanding these learning differences is part of a diagnosis. Person's with diagnosed LD and/or ADHD can request accommodations in the work or educational setting.

Accommodations are changes in a "standard" employment or educational practice that help an otherwise qualified person show what s/he can do. For example, a person who has a reading disability may be very slow when reading a passage. This does not mean the person cannot understand the passage. If a test were timed, the person who reads slowly would be unsuccessful because time would run out before a test was completed. With extended time, the person could demonstrate knowledge of the subject. Extended time is an accommodation. Thus, accommodations "level the playing field." They do not make a test or job easier.

Diagnosis, then, is critical employment choices and to accommodations in both work and school for individuals with LD and/or ADHD.

Four questions are critical to diagnosis. Knowing the answer to these questions before seeking professional can save time and assure you that you are getting the information you need. These questions are:

- **Who diagnoses?**
- **What is involved in the process?**
- **How can I afford cost of diagnosis?**
- **What information do I need after diagnosis is complete?**

Some answers to these questions are provided below.

Who diagnoses a learning disability?

Many professionals are involved in the diagnosis of LD. They include psychologists, educational specialists, and other professionals who work in specialized fields such as speech and language. Each has a different role. When accommodations are being requested in educational, "gateway testing," such as GED or SAT, or employment settings it is important that diagnosis is made by specialist licensed to diagnose LD and/or ADHD. Table 1, below, explains the role of some of the professionals who provide services. Recall that many of these professionals can suspect LD and/or ADHD but all are not licensed to diagnose the disorders.

TABLE 1: WHO CAN DIAGNOSE LD AND/OR ADHD?

Professional	Role of Professional	Licensure	Can they diagnose LD and/or ADHD?
Clinical Psychologist	Provides assessment of intellectual and emotional functioning. Provides therapy for emotional and behavioral problems for individuals and groups. In general, does not do educational testing needed to diagnose LD.	PH.D. and licensure required in most states for private practice.	LD. Yes, either by doing complete psycho/educational assessment or by including educational assessment of educational specialist.

			ADHD- Yes. Cannot prescribe medication for ADHD.
School Psychologist	Provides assessment of learning and school related problems. Provides therapy that relates to emotional and behavioral problems evolving from school distress. Trained primarily to do both intellectual and educational testing. Can also assess emotional functioning. Usually practice in public school systems. Increasingly in private practice as well.	Ph.D. or MA Licensure in most states if in private practice. School certification within school systems.	LD-Yes. ADHD- No, in general, in schools. This is a medical condition. -Yes with training if private practice. Cannot prescribe medication for ADHD.
Educational Psychologist	Provides educational testing. Some trained to provide assessment of cognitive, intellectual functioning as well. Important question since test companies define a Level C test which is to be administered by a PhD. Trained psychologist or a professional whose training has been approved by the company who produces the test. Many test of intellectual functioning are Level C tests. Not, in general, trained to assess emotional functioning.	Ph.D. or MA Licensure if in private practice.	LD- Yes if qualified to do assessment of intellectual functioning or if uses results of assessment done by PhD level psychologist or trained school psychologist. ADHD- Can offer guidance. Depends of level of training. Cannot prescribe medication
Neuropsychologist	Ph.D. level psychologist who assesses brain processing and functioning. May not be skilled in administering educational tests. In general does not assess emotional functioning.	Licensure required if in private practice in most states.	LD-Yes but may need to obtain educational from educational specialist. ADHD- Yes.

Psychometrist	Assessment specialist. Often found in school systems, forensic settings, or mental health centers.	Most states do not license for private practice.	LD- Yes. ADHD- In general no unless special training
Educational Specialist	Assessment of learning and behavioral problems.	Not licensed	LD-No ADHD-No
School Counselor	Counseling and help with school problems.	Not licensed for private practice	LD-No ADHD-No
Vocational Counselor	Employment counseling, assessment for employment.	Not licensed for private practice	LD-No ADHD-No
Social Worker	Therapy and counseling for emotional and behavioral problem. Help in finding resources.	Licensed in most states for private practice.	LD-No ADHD- No
Speech and Language Specialist	Specialist diagnosing speech and language problems. These can be a component of a learning disability. Part of a diagnostic team.	MA. Private practice and schools. Licensure and certification may be required.	LD-No ADHD-No
Occupational Therapist	Specialist working with motor and visual-motor problems. These can be a component of a learning disability. Part of a diagnostic team.	MA. Private practice and in schools. Licensure and certification required in some states.	LD-No ADHD-No

Psychiatrist	Medical doctor who specializes in the functioning of the mind. Does therapy for emotional and behavioral problems.	State medical board certification required.	LD-No ADHD-Yes Can prescribe medication
Physician	Medical doctor	State medical board certification required.	LD-No ADHD-Yes Can prescribe medication

What does testing involve?

Learning disabilities

Testing for learning disabilities usually involves three primary types of assessment:

1. Testing of intellectual or cognitive potential;
2. Testing of information processing or sensory motor abilities that are indicative of a learning disability;
3. Assessment of current educational achievement.

Most agencies that grant accommodations have a specific policy on the documentation needed to attest to the presence of a learning disability. It is important to check with an agency before requesting accommodations to assure that you have the needed documentation. Applying without the required documentation slows your application process. This applies to both employment and educational settings.

Assessment for a learning disability usually takes six to eight hours. Often testing is done over two or three testing sessions.

Attention-deficit Hyperactivity Disorder (ADHD)

Testing for ADHD usually includes:

1. Extensive developmental history to determine if the symptoms are present across many facets of a person’s life;
2. A questionnaire that may be given to the student, a partner, a teacher or other who works with the student;
3. A computerized test that requires the person to maintain attention while responding to stimuli presented on a computer screen;
4. Testing of cognitive functioning and educational achievement.

How can I afford testing?

Adults who have not graduated from high school, or who are underemployed due to a learning disability and/or ADHD, often cannot afford the cost of a private psycho/educational evaluation. [1] This presents a problem of urgent concern. Assessment is a key that can open doors. It provides needed documentation. More importantly it helps people know what type of work may be best for them.

Many alternatives can help to reduce the cost of assessment.

- Check with your health insurance company first. Most will not pay for assessment for a "learning disability" but they will pay part of the cost of assessment if the need is the result of emotional problems or ADHD. Thus, if a person is depressed and having difficulty at work and the psychologist suspects a learning disability may be an underlying component, assessment can be requested for the depression. Such an assessment would also need to look at cognitive functioning. In this case, if the referral question comes under the DSM-IV Code [2] of depression, an insurance company will often help defray costs.
- Check with your HMO. Many have psychologists on staff who can do assessments.
- Vocational Rehabilitation Services have funds to do assessment. It is important in this case that the request for assessment clearly link the possible severity of a learning disability and/or ADHD to employment. A person, who calls and says, "I need to be tested for learning disabilities." is likely to be told there are no funds. If the same person says "I am unable to obtain employment and my counselor said I may have a learning disability," it is far more likely that funds for testing will be made available.
- University programs that provide graduate training in psychology or school psychology often have clinics that will do low cost assessments. In these clinics graduate students do the testing but their work is supervised by faculty who are trained to diagnose learning disabilities and/or ADHD.
- Neighborhood mental health clinics may also have psychologists who can do assessments. They also often work on a fee sliding scale.
- An advocate who specializes in helping adults with LD and/or ADHD may know of private practitioners who will do low cost, or *pro bono*, assessment.
- Check with psychologists and psychiatrists in your area. If you call and explain your financial situation some may provide low cost assessment. This is the decision of the individual professional.
- Check with your state special education or GED center to see if they have a list of professionals who will provide low cost assessments.
- Educational specialists can often help reduce costs by doing the educational assessment. This can be done in the adult education setting.

What information do I need?

After the psychologist or professional has completed the diagnostic process it is important to schedule an appointment to discuss the results of the assessment with

them. Ask questions and make certain you understand what the professional is telling you. If you do not know what is meant, for example, by a “visual-motor” problem, ask the professional if s/he can draw it out to show you or give you examples of how this impacts learning. You need to understand the disability so that you can advocate on your behalf.

You also want to make certain you obtain a report. The psychologist cannot give you the test materials you completed but you must have a written report. This report must contain a list of the tests used in the assessment process, the results of the assessment, diagnosis and recommendations. If a learning disability and/or ADHD are identified the recommendations given must relate to the disability identified. For example, a psychologist might state that extended time is needed because a person has a visual-motor problem that limits reading speed. The psychologist could not simply give a diagnosis of dyslexia and request the use of a calculator. There must be a link in the report stating why the accommodation is needed in light of the disability identified.

Finally, make certain the written report is signed by the professional who did the testing and who made the diagnosis. Also make certain the professional has indicated his or her level of education, (MA, Ph.D.) and has included his or her state license number on the report. The report should also be written on the letterhead stationery of the agency where diagnosis took place.

Finally, make certain you make a folder that you will keep of file. In this folder you should keep copies of all of the reports given to you. You may have separate reports from a psychologist, a speech and language diagnostician and a psychiatrist. Later you may need these reports to request accommodations for work or for college.

[1] Psycho/educational assessment refers to testing of intellectual and emotional functioning as well as current educational achievement. Many assessments for learning disabilities and/or ADHD do not contain an assessment of emotional functioning.

[2] A book of numbers, or code, used by psychologists and psychiatrists to tell what disorder a person has. For example, ADHD, has a code of 314. The DSM-IV also lists the symptoms found for each disorder.

STEPS TO UNWRAPPING OUR STUDENTS' GIFTS

The reality of our situation is that these students often do not have the insurance to pay for a diagnosis. The section that follows contains a three-step process for helping students who we suspect may have a learning disability or who may be AD/HD. What follows is not a method for diagnosis. Diagnosing learning disabilities or AD/HD must be left to the professionals. However, since many of

our students have no diagnosis and are not pursuing goals requiring a diagnosis, the steps listed below can help tutors help students reach their goals.

Mel Levine in his book, *A Mind at a Time*, states that we must, “recognize how many kinds of young minds there are and (to) realize we need to meet their learning needs and strengthen their strengths and in so doing preserve their hopes for the future.” If we focus and build on strength rather than focus on weakness, we can build success for each of our students.

Tutors have a unique opportunity to help adult students with learning differences. As tutors, we are usually working with a student one-on-one. This gives us the chance to counsel with the student, screen the student and then set a plan with the student. Each of our students comes to us for a variety of reasons. These reasons are special to the individual. It may be that a student needs to read safety signs at work. Perhaps the goal is simply to be able to read stories to their four-year old son. For students with a suspected diagnosis of a learning disability, our steps to success are as follows.

1. Teacher’s commitment

- a. Know your own personal learning style.
- b. Learn coping strategies
- c. Learn teaching strategies
- d. Share those strategies with students

2. Interaction between tutor and student

- a. Counsel with student to set individual goals
- b. Determine the student’s primary and secondary learning styles
- c. Set a plan (IEP) with the student to reach the set goals
- d. Begin to establish a learning profile for the student

3. Implementation

- a. Work with student from her strengths
- b. Find the beginning point and start there

- c. Practice essential skills until they become automatic
- d. Use multisensory teaching methods
- e. Give the gift of time
- f. Capitalize on student interests
- g. Work to improve weak areas
- h. Review IEP

TEACHER'S COMMITMENT

Take a learning styles inventory and be certain that you know your own personal learning style. A good inventory can be found for free on the Internet at www.plsweb.com. From the homepage, click on The Kaleidoscope Profile to locate the inventory.

Tutors will tend to teach in a way that they learned successfully. This may not (and probably will not) coincide with your learner's preferred style. Next, take the time to learn teaching strategies that speak to strengths other than your own. If you are a visual learner, learn about tactile and kinesthetic styles. Then begin to share these learning strategies with your student.

INTERACTION BETWEEN TUTOR AND STUDENT

At your first meeting with a prospective student, spend the time learning about why the student has come to your program. Attempt to help her focus on some concrete and attainable goals. This is a lengthy process and will be different for each student. Create a climate where the student feels safe to give honest answers. Ask about previous experiences in school. Find out about good learning experiences as well as difficult ones. Administer a learning styles inventory. It is usually a good idea to use the same inventory that the tutor has used. Tutor and student can then compare styles. Use this inventory as your guide to designing instruction. The inventory will include suggested strategies. See also the strategies section of this manual for help in designing instruction that will help a

student with a learning style that is vastly different from your own. Take notes and begin to fill in the profile of this individual's learning style.

IMPLEMENTATION

In conjunction with the student, begin to piece together a plan of instruction that will help the student to meet his goals. This plan should include learning activities for approximately one month at a time. Your input into the plan will be planning the appropriate learning activities that speak to the strength of your student. Begin at the beginning. Determine what the student already knows and work from there. Keep the goals in mind. Keep the student's strengths in mind. Teach the basics until they are automatic. If, for example, a student has trouble sequencing numbers, work on numbers and sequence until there is no hesitation on the part of the student. Use differing techniques that speak to a student's strength. Bring in real-life uses for numbers and number sequences. Practice with hands-on numbers like house numbers, telephone numbers, zip codes, money, etc. Continue to use the same content in many different situations until the student is confident. Then move on to the next goal. Even after moving to the next goal, continue to review what has already been covered. Approximately once each month, review the educational plan. Take this time to visit with the learner about the success of the plan and to set new short-term goals. As you and the student work together, your understanding and his understanding of the individual learning process will continue to grow. Your student will begin to see success.

REASONABLE ACCOMMODATIONS

Those of our students who have a diagnosis are entitled to "reasonable accommodations" under the law. One definition of an accommodation is "any change to a classroom environment or task that permits a qualified student with a disability to participate in the classroom process... equal to those enjoyed by

adult learners without disabilities.” (Accommodating Adults with Disabilities in Adult Education)

An accommodation may be as simple as extra time to complete an assignment or a quiet study place with few distractions. It may be as complex as an actual mechanical modification of equipment like a computer. Many of the diagnoses that you will receive will include suggested accommodations for students and most of these will be simple to arrange. A three-step plan similar to the one in the previous section will work to help students who have received a diagnosis.

- 1. Teacher’s commitment**
 - a. Know your own personal learning style.
 - b. Learn what types of accommodations are available for LD and AD/HD students
 - c. Learn coping strategies
 - d. Learn teaching strategies
 - e. Share those strategies with students

- 2. Interaction between tutor and student**
 - a. Counsel with student to set individual goals
 - b. Determine the student’s primary and secondary learning styles
 - c. Identify strengths and resources available to the learner
 - d. Identify possible accommodations
 - e. Identify the pros and cons of each accommodation
 - f. Learner selects accommodations
 - g. Verify that the accommodations are appropriate
 - h. Set a plan (IEP) with the student to reach the set goals
 - i. Begin to establish a learning profile for the student

- 3. Implementation**
 - a. Work with student from her strengths
 - b. Find the beginning point and start there

- c. Practice essential skills until they become automatic
- d. Use multisensory teaching methods
- e. Give the gift of time
- f. Capitalize on student interests
- g. Work to improve weak areas
- h. Review IEP

Accommodations should fit the individual's needs. Once there is a clear statement of goals from the learner, the strengths of the students should be identified. When providing accommodations, it is always best to lead from the student's strength rather than spending most of the time trying to overcome a weakness. The appropriate accommodation will often become apparent in light of these strengths. For example, a student with weak reading skills, but strong auditory skills would benefit from books on tape. The student would then use his strongest learning style to help with the learning disability.

Each accommodation must be reviewed with the student to verify its effectiveness and the student's ability and desire to use the accommodation. Once this has been established, set up the accommodation and continue to work with the student toward individual goals. As with the student without a diagnosis, review the student IEP and profile on a regular basis to measure the success and progress. At this reassessment time make any necessary changes in the plan and continue.

Possible accommodations for a student with learning disabilities might include:

- Books on tape
- A note taker in class
- Extra time for tests
- Extra time to complete assignments
- Practice with organizational techniques
- Oral or written instructions broken into small steps

- Greater amounts of repetition
- Use of manipulatives
- Graphic organizers
- Permission to get up and move around in the classroom
- Sitting in the front of the room to eliminate distractions
- Study groups to discuss new material
- A simple signal to the teacher to indicate when a student is ready to answer
- Use of a computer instead of handwriting
- Work with spellchecker
- Voice activated computer program
- Talking calculator

Most accommodations are not expensive or exotic. They are easy to facilitate and can help a student to succeed. Even the last two on the list both cost under \$100 and in many instances may be available on loan locally. Check the resources in your community or check with the State Library Resource Center at (1-800-445-9673).

A list of possible accommodations can also be found on the web at www.floridatechnet.org/bridges Click on Assistive Technology.

TEACHING STRATEGIES

The strategies used for teaching students who are LD or AD/HD are simply good teaching strategies. These same strategies can be used with any student or group of students. If you are not sure that a student has a learning disability, use these strategies anyway. They will make your teaching more effective with any student. The case studies below are each based on one primary learning style. The four main styles are visual, auditory, tactile and kinesthetic. Almost 50% of

the population is visual, while only 10% of the population is auditory. However, you will find that in ABE classes a much larger percentage will be either tactile or kinesthetic. These are two learning styles that are not well taught in our traditional school system. When you take your learning styles inventory, it will include suggested strategies for each of the styles. Use this as a base to help with individual student profiles.

CASE STUDIES

In this section we will look at some case studies that work through the three-step plans. Resources are listed at the end of the section to help tutors find specific lesson plans and coping strategies. The primary strategy for us as tutors and teachers is to remember that the learners must be in charge of their own learning.

Adults come to us for a reason. They usually need something very concrete and specific. This will become apparent in the goal setting session. Teach to the goals of the student. Find out what the student brings in the way of experience and knowledge. Then work from the individual's zero level using proven methods for his/her strongest learning style.

MARY (Tactile)

Mary wanted to read to her grandchildren. She came to the ABE program and stated that she couldn't read and felt embarrassed because her grandchildren kept asking her to read to them. Her goal was specific. We sat down together at the computer and went through the learning styles inventory. Mary's primary style was tactile. It turned out that she loved to do detailed needlework and followed complex patterns with her cross-stitch and quilting. She needed to always be doing something with her hands.

In class, I provided her with manipulatives such as Koosh balls, "worry" stones, Play-doh, and Slinkies. She was able to focus better on what we were doing

when her hands were occupied. We went back to the letters of the alphabet. She knew these and was able to easily spell words. What she didn't know was the sounds. Because she was tactile, we started with Play-doh and made the letters. We started with the short "a" sound and worked our way through simple words. We used foam letters and magnetic letters on a magnetic board. We formed words first and then simple sentences. We visited the library together and looked for books appropriate for her grandchildren and then practiced reading them together. We worked with many Dr. Seuss books because of the rhyming patterns in them. (CAUTION: Mary and I used children's books because that was her goal. In most cases, do not use children's books, but find appropriate material for an adult!) Mary and I worked together for a year twice a week for an hour a session. At the end of the year, Mary moved away. She was able to read simple books to her grandchildren. We started with her goal and her level and then decided what would work for her.

TOM (Kinesthetic)

Tom arrived in my office with both of his parents. He was 21 and his parents wanted him to get a GED. Tom thought that might be a good idea. Tom had been in Special Education classes throughout his entire school career and had copies of all of his papers and all of his diagnoses. He had the list of accommodations that were provided to him in high school. Tom's diagnosis was that of a processing problem. New information didn't get past his short-term memory and was not stored in his brain for use at a later time. Tom had a great deal of trouble remembering more than one instruction at a time. Multi-step processes were extremely difficult for him. On a learning styles inventory, his primary style was kinesthetic. If he did something, he tended to remember it better. Tom could read, but had real troubles with math once the level rose above a one step process. He knew his addition and subtraction facts and most of his multiplication tables. However, he was unable to use these to solve problems. Because he was a kinesthetic learner, our sessions were spent with many manipulatives. Fractions were learned using Cuisenaire rods, measuring cups and rulers. We

measured the size of everything in the office. We followed recipes, and made number lines. We used play money and made change. We also spent time talking about the goal of a GED and discussed the reason for the goal. It turned out to be Tom's parents' dream, but not Tom's. We revisited goals, and worked to determine what Tom really wanted to accomplish. Tom was working at an animal kennel, and his goal was to be able to correctly fill in the calendar when making appointments. He wanted to give people correct change when they picked up their pets, and to know how to read the instructions left about food and medication for pets left in his care. After a year of work, he was successfully doing his job. His parents were disappointed that he hadn't gotten his GED, but Tom was content with doing his job well.

JANE (Auditory)

Jane wanted her GED. She lacked one class to finish high school. She was 18, but would not go back to high school since her class had already graduated. Jane was diagnosed as dyslexic when she was nine. Her fourth grade teacher discovered that although she did well in class, was articulate and would always be ready with an answer to questions, she could not read. Jane's parents put her into a special out-of-school program, and she learned how to read when she was 10. She had difficult time writing and a more difficult time with math. She repeated several classes during high school, but was never in special education classes and received no accommodations. Her immediate goal was a GED so that she could continue her education at the local community college. When tested, her main learning style was auditory. She could recall information best when she talked about it and heard herself. Due to her late start in reading, she also had large gaps in her educational background. She began to work with a tutor who helped her fill in the gaps in learning. The tutor also helped her to realize that she learned best when she talked things out. Due to previous reading problems, Jane also had trouble taking multiple-choice tests. Her tutor worked with her to show her ways to take tests more efficiently. Jane passed her GED and went on to the community college and finally to the university. Her only

accommodation: study groups for all of her classes so that she could talk through new ideas and concepts.

JAMES (Visual)

James was a visual learner, but he did not read. When tested he scored at a second grade reading level. When he thought, he thought in pictures. The pictures in his head appeared instantaneously. He had whole movies going on and saw motion and color, heard sound and smelled the scents. If he could get a picture, he could remember it vividly. He was working as an auto mechanic at a local garage. He said that whenever there was a particularly hard to get to repair that had to be done; he was asked to do it. James could just “see” the configuration and fix what was needed. But James wanted to do more with his life, he wanted to read. James worked through a program called the *Gift of Dyslexia* developed by Ronald Davis. James already knew his letters and most of the sounds, so we began with the small trigger words that caused him problems. He had pictures for the nouns, verbs, adjectives and adverbs, but not for the little words. “*The, but, and, for, though*” and others like them caused him no end of trouble. He would read and begin to form a picture in his head. Whenever he came to a small word that he had no picture for, his moving picture would stop. He described it as static while watching a movie on his VCR. He couldn’t stay focused on the picture because of the interference. We worked on forming pictures for the small words. First we defined the word, and then sought a picture that would help. For example, “the” became a lariat that would reach out and lasso the word that followed. “A” became a picture of the number 1. James would fashion the picture out of Play-doh to help him remember it. At first it would take James up to an hour to come up with a picture that worked. Soon, he began to make pictures rapidly, and after about six months James didn’t need to come and see me anymore. He was reading. James passed his GED without accommodations, went on to college and graduated. He is an avid reader and can describe in vivid detail the movies in his head that accompany everything he reads.

CONCLUSION

Adult Basic Education students seek our help. We are their last resort. In many instances they come wrapped with the legacy of previous learning disabilities, AD/HD, and the often painful memory of failed attempts to learn. Effective and compassionate teachers and tutors see them as individuals and unwrap the past to discover their potential. We need to see each student as an individual with his or her own goals and dreams.

First, understand your own learning style so that you can understand that of your student. Second, listen and counsel. The student will tell us what she wants. Next, set short term and long-term goals with the student. Find the point of beginning; fill in the knowledge gaps. Work from the student's strengths and revisit the plan often. This is a plan that will unwrap the gift in each student.

RESOURCES

Books

A Mind at a Time by Mel Levine, M.D. ISBN 0-7432-0223-6

"I am beckoning parents, teachers, and policy makers to recognize how many kinds of young minds there are and to realize we need to meet their learning needs and strengthen their strengths and in so doing preserve their hopes for the future." www.allkindsofminds.org

Accommodating Adults with Disabilities in Adult Education Programs

University of Kansas, Institute for Adult Studies

Excellent resource for all types of disabilities.

The Gift of Dyslexia by Ronald Davis ISBN 039952293X

Learn about the Davis Symbol Mastery tools for mastering reading. Also subscribe to the newsletter at www.dyslexia.com

Web Resources

LD OnLine

www.LDOnLine.org

Includes weekly links to articles about learning disabilities, AD/HD and FAQs for LD.

National Center for Learning Disabilities (NCLD)

www.ld.org

Free information on learning disabilities.

International Dyslexia Association (IDA)

www.interdvs.org

Assistive technology, recent research, links to legal and legislative sites.

National Institute for Literacy Special Collection on Learning Disabilities

http://slincs.coe.utk.edu/special_collections/learning_disabilities

Access to information on adults with learning disabilities.

Florida's Bridges to Practice Website

www.floridatechnet.org/bridges

Extensive resource. Check this out.

Schwab Foundation for Learning

www.schwablearning.org

Primarily for families and children. Information on how to talk with families about learning disabilities.

LD Pride

<http://ldpride.net>

Information about learning disabilities through bulletin boards and chat services

National Institute for Literacy (NIFL)

www.nifl.gov

Maintains a national literacy hotline (1-800-228-8813) with links to local and state programs.

Children and Adults with Attention-Deficit/Hyperactivity Disorder

www.chadd.org

Non-profit group helping parents and children with AD/HD

The Kaleidoscope Profile

www.plsweb.com

Learning Styles Inventory with suggested learning strategies for each style.

Daniel Amen

www.mindworkspress.com

Studies of the brain in people with AD/HD and learning disabilities.

National Adult Literacy and Learning Disabilities Center Academy for Educational Development

www.ld-read.org

Developers of Bridges to Practice curriculum.