



INSTRUCTIONAL STRATEGIES FOR SPECIFIC DISABILITIES

Learning Disabilities

Students who have learning disabilities (LD) have average to superior intelligence, but due to a processing disorder, may have difficulty with acquisition, storage, organization, and use of information. Skills in reading (Dyslexia), writing (Dysgraphia), and mathematical calculation (Dyscalculia), or other specific academic skills may be impacted. The student may also experience difficulties in perception (auditory, visual, and/or spatial). The diagnosis of a learning disability in an adult requires documentation of at least average intellectual functioning along with a deficit in one or more specific areas.

Common accommodations for students with learning disabilities are exam modifications, alternative print formats, taped lectures, and/or note-takers.

Instructional Strategies for Students who have Learning Disabilities:

- Present course material through a variety of modalities: visual, auditory and kinesthetic; for example: use the board, lecture, provide handouts, show videos, use PowerPoints, and provide opportunities for hands-on learning.
- Make required book lists available prior to the first day of class to allow students time to begin their reading early or to have their texts put in alternative formats.
- Make students aware of assignment deadlines well in advance to ensure extra time for completion.
- Outline class presentations and write new terms and key points on the board.
- Repeat and summarize segments of each presentation and review it in its entirety.
- Illustrate abstract concepts with concrete examples, personal experiences, hands-on models, and such visual structures as charts and graphs.
- When interacting one-on-one with the student, ask the student to paraphrase your comments or instructions to ensure accurate understanding.
- Provide students with chapter outlines or study guides that cue them to key points in their readings.
- Read aloud material that is written on the board or that is given in handouts or transparencies.
- Keep oral instructions concise and reinforce them with brief cue words.
- Repeat or reword complicated directions.

- Provide the opportunity for students to demonstrate what they have learned by assuring that reasonable test accommodations are in place.
- Permit use of a dictionary, computer spell check, and calculators on exams, when their use does not fundamentally alter the outcome of the exam.

Attention Deficit/Hyperactivity Disorder (AD/HD)

Students with AD/HD may display differing degrees of inattention, impulsivity, and hyperactivity. Observable symptoms may include fidgeting, high levels of distractibility, difficulty following through on instructions, frequent interrupting, blurting out answers before being asked, lack of organization or time management, and the appearance of inattention. While medications can help relieve symptoms in some cases, some students do not benefit from medication, may decide not to use medication, or may experience side effects that make medication usage impractical. AD/HD arises during childhood with symptoms that cannot be attributed to other causes such as gross neurological, sensory, language, or motor impairments, cognitive disabilities, or severe emotional disabilities. Students with AD/HD may also have learning disabilities.

Common accommodations for student with AD/HD are exam accommodations such as testing in a quiet area with decreased distractions and/or extended test time, alternative print formats, taped lectures and/or note-takers.

Instructional Strategies for Students who have AD/HD:

- Allow front row seating that places most of the distractions behind the students and encourages more focus on the instructor.
- Prepare a syllabus with clear expectations, reading assignments, and exam dates to provide needed structural and organizational assistance.
- Announce, post, and keep clear office hours during which the student can meet with you for clarification of information or assignments.
- Remind students of the availability of tutoring services. Students with AD/HD will benefit from structure and help in organizing their work.
- Assist the tutoring office in locating a tutor from within your department if requested.
- Provide information about assignments and due dates well in advance to allow extra time.
- Present course material through a variety of modalities: visual, auditory, and kinesthetic. Examples include the use of the board through lecture, handouts, videos, PowerPoints, and with hands-on opportunities.
- Make required book lists available prior to the first day of class to allow students time to begin their reading early or to have their texts put on tape.
- Outline class presentations and write new terms and key points on the board.
- Repeat and summarize segments of each presentation and review it in its entirety.
- Illustrate abstract concepts with concrete examples, personal experiences, hands-on models, and such visual structures as charts and graphs.
- When interacting one-on-one with the student, ask the student to paraphrase your comments or instructions to ensure accurate understanding.
- Provide students with chapter outlines or study guides that cue them to key points in their readings.

- Read aloud material that is written on the board or that is given handouts or transparencies.
- Keep oral instructions concise and reinforce them with brief cue words.
- Repeat or reword complicated directions.

Mobility Disabilities

Mobility disabilities range in severity from limitations on stamina to paralysis. Mobility impairments may be caused by conditions present at birth, by illness, or by physical injury. Injuries cause different types of mobility disabilities, depending on the area of the spine that is affected: Quadriplegia affects the extremities and trunk and is caused by a neck injury; paraplegia affects the lower extremities and the lower trunk and is caused by an injury to the mid-back.

- Amputation is the removal of one or more limbs, sometimes caused by trauma or another condition.
- Arthritis is the inflammation of the body's joints, causing pain, swelling, and difficulty in body movement.
- Back disorders can limit a student's ability to sit, stand, walk, bend, or carry objects. They include, but are not limited to, degenerative disk disease, scoliosis, and herniated disks.
- Cerebral palsy is the result of damage to the brain prior to or shortly after birth. It can prevent or inhibit walking and cause a lack of muscle coordination, spasms, and speech difficulty.
- Neuromuscular disorders include a variety of disorders, such as muscular dystrophy, multiple sclerosis, and ataxia that result in degeneration and atrophy of muscle or nerve tissues.

Common accommodations for students with mobility impairments include note-takers, accessible classrooms/location/furniture, alternative ways of completing assignments, lab or library assistants, assistive computer technology, exam modifications, and nearby parking.

Instructional Strategies for Students who have Mobility Impairments:

- Consider the accessibility of your classroom and your curriculum early in the semester, and discuss any concerns with the Disability Services Coordinator or counselor/advisor on each campus.
- Plan to change the classroom or building if you are scheduled to teach in an inaccessible location. The Disability Services Coordinator or counselor/advisor at each campus can assist you with any needed changes.
- Familiarize yourself with the building's emergency evacuation plan and assure that it is manageable for students who have physical disabilities.
- Allow in-class writing assignments to be completed out of class, if necessary.
- Allow the use of a recorder or, if requested, assist the student in identifying a note taker.
- In laboratory courses, team the student with a laboratory partner or ask the student if a lab assistant would be helpful.
- If you put materials on reserve, consider providing a separate copy of the material to students.

- If your course includes field trips or off-campus assignments, notify students in advance so they can address any accessibility needs.

Blindness and Vision Loss

There are three degrees of vision loss:

1. Visual acuity of 20/200, i.e. the person who is legally blind who can see at 20 feet what the average-sighted person can see at 200;
2. Low vision - limited or diminished vision that cannot be corrected with standard lenses; and
3. Partial sight - the field of vision is impaired because of an illness, a degenerative syndrome, or trauma.

Only two percent with vision disabilities are totally blind; most individuals with vision disabilities have some amount of usable vision.

Common accommodations for students with vision disabilities include alternate print formats (Braille, large print, or electronic text), magnification devices, bright incandescent lighting, raised lettering, tactile cues, adaptive computer equipment, readers for exams, print scanners, syllabus in alternate format, taped lectures, lab or library assistance, and copies of notes and PowerPoints in alternate formats.

Instructional strategies for students who have visual disabilities:

- Provide reading lists or syllabi in advance to allow time for the student to secure the printed material in an alternate format: Braille, large print, electronic text, or tactile materials (for diagrams or illustrations).
- Face the class when speaking.
- Be flexible with deadlines if the document conversion process holds up the completion of an assignment.
- Convey in spoken words all material that you put on a board.
- It is important to provide alternate formats to students with vision Disabilities at the same time materials are given to the rest of the class.
- Plan field trips and special projects such as internships well in advance to assure that needed accommodations are in place.

Deafness and Hearing Loss

The causes and degrees of hearing loss vary, as do methods of communication. In general, there are three types of hearing loss:

1. Conductive loss which affects the sound-conducting paths of the outer and middle ear;
2. Sensorineural loss that affects the inner ear and the auditory nerve can distort sounds even if they are heard;
3. Mixed loss that results from both a conductive and sensorineural loss.

The student's age at the onset of deafness and the degree of the hearing loss may affect English language skills, speech development, and cultural identification.

Common accommodations for students who are deaf or with other levels of hearing loss include sign language interpreters, assistive listening devices, note-takers, preferential seating, and closed captioned films and videos.

Instructional Strategies for Students who are Deaf or with other degrees of Hearing Loss:

- An unobstructed line of vision is necessary for students who use interpreters and for those who rely on lip reading. If an interpreter is used, the student's view should include the interpreter and instructor.
- When working with a student who is deaf or hard of hearing, keep your face within view of the student and speak in a natural tone.
- Recognize that many students who are deaf are second language users of English. American Sign Language, which has a very different grammatical structure, may be the student's first language. Therefore, you may see grammatical and sentence structure errors in their written assignments. Encourage students to use the Writing Lab and tutors as needed.
- Use visual aids and the board to reinforce spoken presentations when possible.
- Repeat the comments and questions of other students, especially those from the back rows, and acknowledge who has made the comment so that student and/or interpreter can follow the conversation.
- Do not hesitate to communicate with the student in writing when conveying important information such as assignments, scheduling, deadlines, etc. Write assignments on the board.
- Use e-mail communication with the student as an effective, easy means of communicating.

Traumatic Brain Injuries

When teaching a student with a traumatic brain injury, you might keep in mind that individual strengths differ and are directly related to the nature and scope of injury to the central nervous system. Individuals with TBI may have any combination of physical (i.e., blurred vision, fatigue, etc.), cognitive (i.e. memory, speech, or executive function deficits, etc.), or behavioral (i.e., irritability, disinhibition, etc.) symptoms.

Accommodations for students with a TBI vary with the specific manifestations of their disability. Review the information on "Mobility Disabilities", "Blindness and Visual Loss", "Deafness and Hearing Loss", and "Learning Disabilities" to learn about accommodations students with TBI who experience difficulty in these areas.

Instructional Strategies for Students who have Traumatic Brain Injuries:

- Prepare a syllabus with clear expectations, reading assignments, and exam dates to provide needed structural and organizational assistance.
- In dealing with abstract concepts, paraphrase them in specific terms and illustrate them with concrete examples, personal experiences, hands-on models, and visual structures such as charts and graphs.
- Make required books available prior to the first day of class to allow students time to begin their reading early or to access printed material in alternative media.
- Permit lectures to be recorded.

- Post assignment dates on the syllabus, so students have ample time to plan and complete assignments.
- If their use does not compromise the outcome of the exam, permit the use of a dictionary, computer spell check, and calculators on exams.

Psychiatric Disabilities

Psychiatric disabilities affect people of all ages, gender, income group, and intellectual level. With appropriate treatments (medications, psychotherapy, support), the symptoms of psychiatric disorders are diminished. Common psychiatric disabilities include:

- Major Depression may be characterized by a depressed or sad mood, a lack of pleasure in previously enjoyed activities, thoughts of suicide, significant changes in eating and sleeping patterns, and impairments in cognition including memory and concentration.
- Bipolar Disorder may be characterized by wide vacillations in mood from periods of mania to depression. In the manic phase, a person might experience increased energy levels, an inflated sense of ability, and a decreased need to sleep.
- Anxiety Disorders can disrupt a person's ability to concentrate and cause hyper-ventilation, a racing heart, chest pains, dizziness, panic, and fear.
- Schizophrenia can cause a person to experience, at some point in the illness, delusions and hallucinations.

Common accommodations for students with psychiatric disabilities are exam accommodations, alternative ways of completing assignments, time extensions, recorded lectures, early syllabi, and study skills/strategies training.

Instructional Strategies for Students who have Psychiatric Disabilities:

- Allow the student to record lectures.
- Clearly define course requirements, the dates of exams, and when assignments are due; provide advance notice in writing of any changes.
- Clearly post your attendance policy, testing policies, and office hours on your syllabus.
- Consider how you structure in-class discussions, small work groups, and group assignments, Inform students in advance of planned group activities in the classroom. Some students with anxiety disorder will need time to plan for these classroom changes.

Questions?

Contact the Disability Services Office at disabilityservices@uiu.edu or (563) 425-5949

8/25/2018