

Diagnoses and Educational Provisions of Learning Disability



Education

KEYWORDS : Diagnoses-identify, educational provision-educational techniques, learning disabilities-learning difficulties

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ABSTRACT

Some children who in most ways seem normal have difficulty in learning or remembering. They have difficulty in educational performance: copying, writing, listening, understanding number speech and communication. The enigma of the youngster who has difficulty in learning is not new. Learning disabilities describes all the child's behavioural symptoms that arise from dysfunction of the central processing mechanisms. Learning disabled children are those who have disorders in the development of language, speech, reading and associated communication skills needed for social interactions.

Full Paper

Learning disability (LD) is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities or of social skills. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions or socio-environmental influences and especially with attention deficit disorders all of which may cause learning problems, a learning disability is not the direct result of those conditions or influences (Lerner, 1985). According to the National Advisory Committee on Handicapped Children (1986) learning disability does not include learning problems which are due to visual, hearing, motor handicaps, mental retardation, emotional disturbances or environmental disadvantage.

The following tests are commonly used in diagnosis of LD.

Information reading Inventory— it measures quickly reading skills, reading levels, types of errors, unknown words, related behavioral Characteristics.

Informal Graded Word—Recognition Test. It measures quickly reading level and errors.

Informal Arithmetic Test.

Wechsler-Intelligence Scale for Children (Revised)

Stanford-Benet Intelligence Scale.

Peabody Picture Vocabulary Test.

Illinois test of Psychologist Abilities.

Lincoln Oseretsky Motor Development Scale.

Vineland Social Maturity Scale.

Kauffman Assessment Battery for children,

Kauffman Test of Educational Assessment.

Wide Range Achievement Test.

The language processing, perceptual processing, and cognitive processing are measured by using Detroit Test of Learning Aptitude.

This test consists of:

- Word opposites - Vocabulary
- Sentence Imitation - Repeat sentence
- Word sequences - STM and attention
- Oral Direction - Follow complex direction
- Story construction - Verbal skills
- Design Reproduction - Drawing geometric figures from memory
- Object sequence - Primary visual memory
- Conceptual matching - Relationship between objects
- Symbolic relation - Problem solving and reasoning
- Word Fragment - Recognize Parental presented words
- Letter sequences - Visual memory and attention.

Characteristics

There have been many attempts to categorize the major characteristics of learning disabled children. One of the earliest attempt was made by Clements (1966) through a Task Force on LD. The following most general characteristics based on the assumption that L.D. is a neurological impairment is given:

Hyperactivity.

perceptual motor impairments.

emotional liability.

general coordination deficits.

disorders of attention.

impulsivity.

disorders in memory and thinking.

specific learning disability.

disorders in speech and learning.

equivocal neurological signs.

Language

LD children have difficulty both in expressive and receptive language. LD children do not have so much of phonological or articulation problems but do show problem in sentence formation i.e., syntax. They do show difficulty in comprehension of meaning and use of pronouns. They have difficulties in understanding and using passive tense, negatives, contractions and past tense, adjectives and adverbs. They fail to maintain conversation and cannot argue or ask appropriate questions. So far as written language is concerned they do have problems in handwriting, spelling and punctuation. LD children have more of spelling errors than their non-learning disabled peers even when IQ was controlled.

They have poor receptive-auditory ability (poor understanding of spoken symbols, requests for repetition, echolalic confection of directions and commands).

They exhibit receptive-visual difficulty (subvocalise reading, read without understanding).

They have poor expressive-vocal ability (disorganized thought, inadequate syntax, and dearth of ideas for expression).

They manifest expressive-motor difficulties (spelling disorders, drawing disorders, omission and reversal of letters, omission of whole words).

Perceptual and Motor Ability

Lerner (1985) demonstrated that LD children display problems in spatial relations, visual discrimination, figure and ground discrimination, of similarities and differences, auditory sequencing auditory blending and auditory memory. Lerner (1985) further stated that LD children do display haptic and movement as well as have defects in social perception. They do show problems in gross and fine motor skills (balance, laterality, directionality) and body image and imagines. They cannot copy a geometric figure i.e., have visual-motor disintegration.

They have poor visual decoding (unable to reproduce geometric forms accurately, figure-ground configurations, letter reversals and totations).

They have poor auditory decoding (inability to recognize tunes, to different between sounds).

They cannot identify familiar objects by touch alone (cutaneous misperceptions).

They have poor kinesthetic and vestibular perception (problem in coordination, movement, directionality, space orientation, and balance difficulties in perception lead to difficulties in concept formation, abstraction ability, cognitive ability, and language ability).

Motor Activity - These characteristics vary according to type of activity. These are described below:

Hyperactivity - Constantly engaged in movement, unable to sit, much of talking in the class, very much inattentive, Hypo activity- (reverse of hyperactivity)—lethargic, quiet, passive.

Incoordination- Physical awkwardness, poor motor integration, activities in running, catching, skipping and jumping walking is rigid and stiff; poor performance in drawing; frequent falls, stubbing, and clumsy behavior

Perseveration- Involuntary continuation of behavior: this behavior witnessed in speaking, writing, drawing, pointing, oral reading; incorrect spelling, repetition of errors.

Social and Emotional

They are more anxious and withdrawn, have more problems in interacting with teachers and parents, have behavior problems and are less socially skilled. They show lower self-concept, more external locus of control lower level of aspiration than non LD peers.

They are quiet and obedient but daydream and cannot read.

They have frequent temper outburst, sometimes for no apparent reason.

They are nervous: attention is difficult to hold.

They jump from one thing to another and mind everyone's business but their own

They talk of self-control but cannot work with other children..

They are emotionally labile and unstable

Emotional instability arises mainly due to prolonged dependency on the mother and lack of contact with the outside world which generates frustration.

Attention Disorders

Attention problems go frequently hand in hand with learning disabilities. They have short attention span. Attentional problems are shown to affect student's test taking abilities.

They cannot sustain attention for the required amount of time.

They are unable to attend to the relevant and ignore the irrelevant. They may be attracted to every stimulus that surrounds him.

They can be diverted easily from one topic to another.

They put excessive attention to unimportant details while disregarding the essentials (attends to the page number than to the printed matter or the picture on the page.)

Memory

Many LD children are passive learners and do not use strategies (rehearsal, mnemonics cues)—(Hallahan et. al. 1985). These children are poor task planners and organizers. They display certain characteristics regarding remembering.

Disorder of memory involve difficulty in the assimilation, storage, and retrieval of information, and may be associated with visual, auditory, or other learning processes.

The LD children have difficulties in reproducing rhythm patterns, sequence of digits, words, or phrases.

They have difficulty in revisualising letters, words or forms.

Both the short-term and the long-term memory of the LD child are poor.

They fail to see the relationship between his present and past experience.

Reading

Nearly 85 to 90 per cent of learning disabled children have reading problems therefore, have poor academic achievement. These include mispronunciation, skipping, adding or substituting words (Hallahan, Kauffman id, 1985) as well as problem in memory, reversing letters or words and sounds together. They display both oral reading and comprehension problems (Hallahan et. al. 1985). There are also omission errors or substitution errors.

Hyperactivity

Hyperactivity, is used interchangeably with attention deficit disorder (ADD). Hyperactivity is more of a cognitive

than a motoric problem. ADD refers to those related behavioral syndromes that are characterized' by (1) developmentally inappropriate inattention (failure to complete activities, distractibility, difficulty in concentrating on tasks and sticking to play, and the appearance of not listening); (2) impulsivity (difficulty with organizing and with waiting for turns, shifting from activity to activity, acting before thinking, calling out in class, and needing much supervision); (3) and hyperactivity (excessive running, climbing, and moving, awake and asleep, difficulty in staying still and staying seated, fidgeting)..

Educational Provisions

The educational provisions for learning disabled children primarily consist of three types.

Day school—where the learning disabled children receive specialized schooling using special teachers essentially on the same curriculum but with greater care and pace. This is a segregated setting.

Special class in a Regular School: where LD children are given special instruction in a self-contained classroom by special teacher as well as regular classroom teacher do assist in teaching subject matters. These children receive instruction on academic in these classes but for social activities etc. they are with general students. Since their number is large, and they do not pose organic problems or problems of low IQ, these children are integrated in the regular classroom with resource room facilities (mainstreaming/integration).

General Instructional Technique

In spite of differential educational provisions there are certain general techniques of instruction. The following instructional techniques have been used and recommended for use with LD children.

Use short, brief directions, large print.

Use consistent language, colour cues.

Write directions or steps on the chalkboard i.e., underline important words etc.

Alternate the use of colours for each step in a series on directions.

Increase sound level of instruction.

Use diagrams or pictorial illustrations.

Use an overview of the lesson, ask questions, ask them to read the material, recite and review.

Since LD children lack structure and organization, they have to be told to, keep daily engaged in the activities; list all future events that need to be scheduled. Provide a hypothetical list to suggest possible events; and plan future events that must be planned, develop a weekly schedule. The upper grades may find useful a schedule that provides for specific matter assignments on various types of activities.

Thinking skills can be developed by guiding students collect data by reading, listening, and observing; and discriminate differences on similarities the data. Teacher questioning can be used to prod the pupil until the ability to make these discriminations improves. Ask the pupil to categorise and classify the data. Labelling is important during this stage.

Have the pupil recategorise and classify the data in other ways. The continuous reorganization and restructuring is necessary to integrate new information and new experiences into the pupil's mental structures. Have the pupil make predictions based on the data. Have the pupil generate alternative predictions using the same data. Have the pupil evaluate the alternative predictions by comparing and contrasting possible outcomes and their effects

Memory ability can be improved by using certain specific techniques, visual and auditory messages can be recalled. Facial expressions indicative of certain materials can be retrieved. Cramming is to be avoided. Certain activities can be practised to improve auditory, visual memories.

Have pupils repeat telephone numbers and street address of emergency -service facilities (police, fire, etc.).

Have pupils learn songs by listening to the words and tunes.

Play games in which the first pupils makes a statement, the next pupil repeats that and adds a statement, the third pupil repeats statements and adds one, and so on.

Have pupils make up rhymes related to subject matter, such as, "In 14 Columbus sailed the ocean blue".

Have pupils repeat oral directions.

Have pupils resequence cartoon strips (without words) that have been cut apart. This forces them to observe details in the pictures.

Have pupils describe configurations of words that are similar.

Have pupils repeat the sequence for a recipe that they have read.

Have the pupil practice attending to larger units at one time for instance, some try to copy one syllable at a time. Encourage the pupil increase the length of the visual stimulus that she holds in her mind she write it down.

Help the pupil to practice internal auditorisation as an adjunct to visual memory; that is, have the pupil say the letters or words to herself while she is translating the written information.

Write every other item on the chalkboard with a different colour This helps the pupil to "find her place".

Allow the pupils to copy another pupil's work. Some of these perform better with paper-to-paper copying.

Teachers must be flexible in their approach to teaching reading because of the heterogeneous characteristics of learning disabled pupils. A diagnostic prescriptive approach must be used. The reading programmer must be matched to pupil's need and abilities. There are several approaches having different degree of relevance.

The Basal reading approach is comprehensive, which uses controlled vocabulary in a sequential manner with adequate reinforcement. Diagnosis is done in course of teaching but it is not so advantageous for LD children because of its rigidity, individualized nature and lack of provision for removing deficits.

Phonic approach has very limited use especially only for those who had good auditory capacity. Linguistic training also has limited use as it does not aid comprehension.

Language experience approach is most useful as it uses stories personal experiences, child's oral language, incorporates specific skill development, language art skills and makes use of visual motor abilities. Programmed instruction is also another viable technique. The other approaches to reading uses multisensory approach and use of pictures. Both the methods have limitations. Because of complexities of both the reading process and learning disabilities, it is difficult to make definitive statements.

Conclusion

Learning difficulties are quite pervasive and nonspecific, which arise out of several factors and are achievement specific. In regular schools, learning disabled students can be handled well if regular and resource teachers become conscious and sensitive to the problems of these children.

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