HOMESCHOOLING A CHILD WITH A LEARNING DISABILITY

White Paper

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What does this mean?

Learning is an innate characteristic in human beings. Brains develop and process information. Patterns develop. Behavior becomes “second nature.”

“At the core, learning is a process that results in a change in knowledge or behavior as a result of experience. Understanding what it takes to get that knowledge in and out (or promote behavioral change of a specific kind) can help optimize learning.”

—Berkeley Center for Teaching and Learning

Children are born with the instinct to survive. Along the way they make discoveries that bring about not only their development, but also fuel their joy to learn. Before you know it, our little ones are going from crawling across the room to picking up their first caterpillar and wanting to know more. At this point, reading, writing and arithmetic are not far behind.

But along this seemingly straight line of education, the course varies and the line becomes a tree with branches. One child is stronger, another more athletic. Innate abilities and characteristics, ease or difficulty in learning specific subjects, patience, individual interests, and attitude begin to define what they will be able to achieve.

Sometimes, other forces are at work, things we have no control over. And those forces can cause us to question whether our child’s struggles are part of normal development or whether we should be concerned.

You may begin to wonder, “Is my child making sense of letter or numbers? Are they struggling to understand basic instructions?” Maybe your child has a speech impediment or delayed comprehension.

Tuning into a child is part of our job as parents. Our findings lead to different conclusions. Children may be born with a syndrome or other developmental disorders. They may be prone to Autism Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and other afflictions, conditions, and diseases that negatively impact their ability to learn. Sometimes it is the parent who is the first to recognize those issues.

Learning disabilities cover a wide variety of disorders that inhibit the learning process in children and adults. What is even more interesting is that how these disabilities manifest themselves and affect their progress in life is different for each individual. Rarely is there a case that is a mirror image of another. To serve these students better, the educational system has worked hard to categorize and understand their needs.

The Individuals with Disabilities Education Act (IDEA), established in 1975 and amended in 2004, defines specific learning disabilities as “a disorder in 1 [sic] or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

“(B) Disorders included.—Such term includes conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

“(C) Disorders not included.—Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.”
These latter struggles are still defined in the broader Learning Disabilities statistics.

Special Education Students: 2011
By Disability Category

According to the most recent U.S. Department of Education figures from the 2013-14 school year, approximately 6.5 million children ages 3-21—roughly 13 percent of all public school students—received special education services for learning disabilities. This puts a strain on already overcrowded classrooms, schools, and teachers.

More than half of all children with learning disabilities fall in the Specific Learning Disability classification. A 2016 survey by the National Center for Educational Statistics found that 35 percent of students diagnosed with a disability fell under Specific Learning Disorders, not including 21 percent more who were diagnosed with speech or language impairment, which is included under IDEA.

As parents and educators, we tune in to watch as our children and students struggle to learn in a system not built to meet their needs head on. We see them, to steal a line from John Legend, as our “perfect imperfections.”

However, students with learning disabilities do have one primary commonality: They struggle. Whether it is with reading comprehension, spoken language or reasoning, or with hyperactivity and attention span, they struggle. Verifiable markers such as low or unpredictable test scores, impulsiveness, social awkwardness, and high frustration levels are definitive examples of the struggles. These are not optimal situations for learning for any student, with or without special needs. This is why experts from across the globe continue to dig deep in order to categorize these disorders with more clarity.

According to the Kennedy Krieger Institute, “The label ‘learning disabilities’ describes a syndrome, not a specific child with specific problems. The definition assists in classifying children, not teaching them. Children with learning disabilities may exhibit a combination of characteristics. We see them struggle to keep up in reading and math, in writing. We see them frustrated when they compare themselves to their peers.”
Learning Disorders Defined

To paint a useful picture of learning disorders that disrupt the learning experience, it is best to look at them individually, just as it is best to look at students individually.

5 MAIN AREAS OF SPECIFIC LEARNING DISORDERS
• Reading Disorder
• Arithmetic Disorder
• Writing Disorder
• Disorder of Written Expression
• Language Disorder

READING DISORDER DYSLEXIA
Dyslexia, in its simplest terms, is a reading disorder, and the most common learning difficulty.

The Dyslexia Center of Utah estimates that 70-80% of people with poor reading skills are most likely dyslexic, and the percentage is equally split between males and females. The National Institutes of Health estimates that 5 percent of school-age children are diagnosed with Dyslexia.

While Dyslexia is considered a language-based learning disorder, it also affects expressive language skills. It may have a genesis in genetics, but a small portion can also be traced to a physical trauma.

6 Primary Dyslexia Traits
• Difficulty recognizing and producing rhymes
• Difficulty remembering information like letter names
• Difficulty learning sound/symbol correspondences
• Confusion of visually-similar letters
• Confusion remembering basic sight vocabulary
• Significant difficulty reading and spelling multisyllabic words

For more traits and struggles by grade level, check out Hardin-Simmons University characteristics for Dyslexia.

ARITHMETIC DISORDER DYSCALCULIA
Dyscalculia is a brain-based issue that makes it difficult for people to make sense of numbers and mathematical concepts. Grasping number concepts, missing the logic behind mathematical rules, formulas and sequences, losing track of whose turn it is, are all symptoms of dyscalculia.

Interestingly enough, the symptoms affect each person differently. Pre-K children may have trouble sorting objects by size, shape, and color. Elementary students may not understand basic math functions like addition, subtraction, and simple multiplication and division. Teens and adults will struggle to master advanced mathematics.

Dyscalculia affects approximately 5% of school-age children, according to the National Institutes of Health. Like dyslexia, it presents a lifelong battle. However, research on dyscalculia is far behind research on dyslexia.

What to look for:
• Difficulty recognizing numbers
• Delay in learning to count
• Struggle to connect numerical symbols (5) with their corresponding words (five)
• Difficulty recognizing patterns and placing things in order
• Losing track when counting
• Needing to use visual aids — like fingers — to help count

As math becomes a major part of the school day, kids with dyscalculia are likely to:
• Struggle learning basic math functions like addition and subtraction, times tables, and more.
• Be unable to grasp the concepts behind word problems and other non-numerical math calculations.
• Have difficulty estimating how long it will take to complete a task.
• Wrestle with math homework assignments and tests.
• Struggle to process visual-spatial ideas like graphs and charts.

Find out more details at: Childmind.org.

WRITING DISORDER DYSGRAPHIA, GRAPHOMOTOR DISORDER
Dysgraphia is a neurological disorder characterized by writing disabilities that makes a person’s writing look distorted or incorrect. Letters and numbers are inappropriately sized and placed. Children with dysgraphia often have other learning disorders, such as Dyslexia.
Traits of Dysgraphia include:
• Poor handwriting.
• Incorrect or odd spelling.
• Improper use of words.
• Strange or improper wrist, body, or paper positioning.
• Slow, labored copying or writing.
• Inefficient or cramped grip of writing implement.
• Inability to keep writing in a straight line, even on lined paper.

DISORDERS OF WRITTEN EXPRESSION
Disorders of written expression are diagnosed when a child’s writing skills fall substantially below the expected performance for their chronological age, measured intelligence, and age-appropriate education.

This condition exists in about 5-15% of the population and includes symptoms such as poor grammar, punctuation, organization, spelling, and handwriting. It also interferes with academic achievement and any activity that involves writing skills.

Less is known about Disorders of Written Expression compared to other learning disorders, particularly when they occur in the absence of Reading Disorder. Remedial education in composition is the normal treatment.

LANGUAGE DISORDERS
Language disorders are comprised of speech disorder, receptive language disorder, and expressive language disorder.

Problems with pronunciation, articulation, and stuttering are speech disorders. Difficulty comprehending others (receptive language) or completely expressing what they mean (expressive language) are language disorders.

Speech and language disorders can be the result of physical or emotional trauma, or can come from no known cause.

OTHER LEARNING DISORDERS AUTISM, ASD, AND ADHD
While not considered Specific Learning Disorders, Autism, Autism Spectrum Disorder (ASD), and Attention Deficit Hyperactivity Disorder (ADHD) negatively impact learning in a variety of way.

Autism spectrum disorders have a broader range of impact on development as opposed to the specificity of learning disorders. Children with autism or on the autism spectrum are categorized based on their ability to communicate verbally and nonverbally, their social interaction, and repetitive behaviors.

According to the Learning Disabilities Association of America, ADHD falls into the “Other Health Impaired” category, but approximately 30-50 percent of children with ADHD are diagnosed with at least one specific learning disorder. Children with ADHD may have difficulty paying attention or controlling their behavior, and seem fidgety when made to be idle. They may also seem easily distracted.

Learning disorders unfortunately open these already-disadvantaged students to peer criticism that escalates, in many situations, to another insidious culprit that further degrades the student’s ability to effectively learn. We see it take form as bullying.
Bullying occurs everywhere: in the school, on the playground, at the shopping mall. Sometimes even at home among siblings and parents.

Bullying includes name-calling, teasing, spreading rumors, socially ostracizing, shoving, kicking, fighting, and more recently, cyberbullying: harassing others on social media, texts, and instant messages.

According to information from the 2011 School Crime Supplement (SCS) of the National Crime Victimization Survey and categorized by the National Center for Education Statistics, 27.8 percent, or almost 1 in 3 students, felt they were bullied in school.

According to stopbullying.gov, “Children with disabilities—such as physical, developmental, intellectual, emotional, and sensory disabilities—are at an increased risk of being bullied. Any number of factors—physical vulnerability, social skill challenges, or intolerant environments—may increase the risk. Research suggests that some children with disabilities may bully others as well.”

Nearly half of all parents feel their child with a learning disability has been bullied, and two-thirds of those parents believe children with learning disabilities are bullied more often than other children, according to the National Center for Learning Disabilities.

SIGNS OF BULLYING
We know what bullying looks like when we see it: someone picking on someone, intimidating them. Someone making fun of another person’s physical or mental afflictions. We see it played out on playgrounds and in social media.

But what does it do to a child?

Multiple studies and reports list a variety of warning signs that a child is being bullied. Those signs include:

- Depression and anxiety.
- Low self-esteem.
- Decreased achievement in the classroom.
- Health complaints; not wanting to go outdoors.
- Sudden desire to be alone or withdraw.
- Change in behavior, personality, eating habits.
- Unexplained mood swings.
- Having fewer friends.

- Unexplained loss of toys, books, lunch money, or other personal items.
- Physical bruises, scrapes, or cuts.
- Beginning to bully others.

Children with learning disabilities may already battle low self-esteem issues, which makes them prime targets for bullies.

HOW TO COMBAT BULLYING
As much as we don’t like to intrude or be that helicopter parent, open and honest communication between a parent and a child is the first step on the road to battling bullying.

The best advice is to get trusted adults involved. Children are taught not to tattle, but bullying is a personal safety issue causing physical or mental stress and ultimately, producing unnecessary risk for the victim. Adults can take strong steps to educate children by guiding them through tenuous situations, teaching them an appropriate way to interact with others.

Safety in numbers is a good strategy for many. One child is less likely to be picked on if they are with friends who support them, and those friends become deterrents as well as witnesses to any bullying that arises.

Standing up to a bully only works if your child accepts that the conflict may likely escalate into a physical confrontation. It may work in the movies, but it’s risky behavior in real life.

To learn more about how to recognize bullying in your family and find strategies to avoid it in your home, download Bridgeway’s free guide. Also, visit the Mayo Clinic because they list some excellent strategies for dealing with bullying behavior. Consult your pediatrician, clergy member, or an accredited psychologist for additional help.

If any of these situations arises during your child’s educational journey, your child becomes compromised in various ways, negatively impacting their today and tomorrow. By postponing intervention, the student becomes more distant from classmates, which can threaten their desire to learn.
Strategies if My Child Falls Behind

A child with learning disabilities isn’t falling behind due to intelligence issues, but because of information processing issues. While the majority of U.S. citizens has heard of dyslexia, few know of dyscalculia, and fewer still of dysgraphia and the others.

A study by the National Center for Learning Disabilities found that 64 percent of parents feel their schools do not provide enough information on learning disabilities, and 75 percent feel that, as parents, they could be doing more themselves to help their child.

The U.S. Department of Education statistics reveal that 12-26 percent of learning-disabled secondary students received average or above average assessments, while 50 percent of all students in the public school system received the same.

Online learning has been noted as one of the ways to deal with children who have learning disabilities.

“The versatility and flexibility of online learning provides opportunities for students with LD not available in traditional school settings. For example, the pace and presentation of instruction can be customized on a student-by-student basis, providing truly personalized and individualized instruction for students with LD. It can also provide a platform for continued services during out-of-school time that arises because of disciplinary removals.”

-- The State of Learning Disabilities

STRATEGIES FOR HELPING CHILDREN WITH LEARNING DISABILITIES

• Develop your game plan by breaking down each lesson. Separate it into its smallest steps. Think of teaching a kids how to tie their shoes. It’s a step-by-step process.

• Ask questions that need to be answered: “Why did you do that? What comes next? Is that the result you expected? Why or why not? Could you have done it differently?”

• Always give honest feedback. Learn how to keep negative feedback from sounding negative, but don’t be wishy-washy.

• Use visual aids like diagrams, graphics, pictures, and even video to complement what is being expressed in the lesson.

• Give independent practice time. More pride comes from accomplishing something on one’s own than being spoonfed the process; but remember, few people remember a process fully after one demonstration.

• Use prompts. While many people learn by doing, many also need prompts.

• Scaffolding is something that seems to make a real difference. Start out with the teacher using heavily-mediated instruction, known as explicit instruction, then slowly begin to let the students acquire the skill, moving toward the goal of student-mediated instruction.

• Engage students in process-type questions, like, “How is the strategy working? Where else might you apply it?”

• Success for the student with learning disabilities requires a focus on individual achievement, individual progress, and individual learning. This requires specific, directed, individualized, intensive remedial instruction for students who are struggling.
TEACHING CHILDREN WITH LEARNING DISABILITIES
Accommodations level the playing field. Modifications change the field on which you play. Understanding the necessity to make accommodations and modifications, and implementing them, is the best strategy for teaching children with learning disabilities. Do not be afraid to reach out for help and encourage your student to do the same. Communication, as always, is critical.

ACCOMMODATION: An accommodation is a change in the course, standard, test preparation, timing, location, scheduling, expectation, or other attribute that provides access for a student with a learning disability to participate in a course, standard, or test. It does not fundamentally alter or lower the standard expectation of the course, standard, or test.

MODIFICATION: A modification is a change in the course, standard, test preparation, timing, location, scheduling, expectation, or other attribute that provides access for a student with a learning disability to participate in a course, standard, or test. It does fundamentally alter or lower the standard expectation of the course, standard, or test.

There is a variety of ways to ensure a child with learning disabilities can learn to work with, and overcome, much, if not all, of their disability. The most important step begins with accurately diagnosing the learning disability, which in itself will help a parent and child choose an appropriate course of action.

As a parent, you need to be an advocate for your child, and learning specific modifications and accommodations that improve their chance for success needs to be your focus.

LEARNING DISABILITIES MODIFICATION AND ACCOMMODATION STRATEGIES
Accommodations
- Extend time, number of breaks, number of activities
- Change in classroom setting, seating arrangements, etc.
- Emphasize teaching approach (visual, auditory, multisensory), group size, demonstrating/modeling, manipulatives, pre-teaching organizers, visual cues
- Tape recording texts, highlighting material, note-taking assistance, notes provided by teacher, calculator, computer, large print, Braille
- Positive reinforcement, concrete reinforcement, checking for understanding, study guides, tutoring before or after school
- Reading test verbatim, shorten length of test, change format of test (multiple choice vs. fill-in-the-blank)
- Instructions given in small, sequential steps, assignment length shortened, format changes for assignment

Modifications
- Curriculum presentation modified, specialized curriculum written at a lower level of presented material
- Materials adapted, simplify vocabulary, concepts, principles
- Testing adaptations, such as lower reading level on the test
- Grading on different standards than general education, such as Individual Education Plan (IEP)
- Assignments changed with lower reading levels

DYSLEXIA ACCOMMODATION AND MODIFICATION STRATEGIES
- Provide instructions one step at a time.
- Provide visual representation or oral instruction when possible.
- Preview and review material.
- Keep instructions 10-15 minutes and utilize a variety of activities for practice.
- Never expect a dyslexic student to take notes without a visual outline or note-taking buddy.
- Slow down the pace of instruction.
- Keep instruction systematic and positive.
DYSCALCULIA ACCOMMODATION AND MODIFICATION STRATEGIES
• Allow extra time on tests so the child does not feel rushed.
• Make frequent checks for accuracy during class time.
• List steps for multi-step problems.
• Keep sample math problems on the board or wall.
• Reduce the number of problems in homework.

DYSGRAPHIA ACCOMMODATION AND MODIFICATION STRATEGIES
• Allow use of a laptop or computer tablet.
• Change the demands of the handwriting rate.
• Adjust the volume of handwriting required.
• Change the complexity of the problems.

DISORDERS OF WRITTEN EXPRESSION ACCOMMODATION AND MODIFICATION STRATEGIES
• Assist with note-taking: a buddy, teacher-prepared, use of tape recorder, use of laptop or computer tablet.
• Allow additional time for written assignments and tests.
• Use other means such as oral testing to allow demonstration of knowledge on tests.
• Dual grades for written word content and writing mechanics.

LANGUAGE DISORDERS ACCOMMODATION AND MODIFICATION STRATEGIES
• Allow the student to substitute written papers for oral assignments.
• Modify grading based on speech impairment.
• Do not interrupt a slow speaker or stutterer. Give them time to express themselves.
• Have children with receptive language or expressive language difficulties verbally repeat instructions.

AUTISM ACCOMMODATION AND MODIFICATION STRATEGIES
• Know your learner.
• Consider sensory sensitivities when placing the child’s desk.
• Be aware of sound and noise. Use tennis balls on the chair and desk feet to minimize noise when moving.

ADHD ACCOMMODATION AND MODIFICATION STRATEGIES
• Seat the student near the teacher, away from doors and windows.
• Allow the student to tape-record assignments.
• Provide a note-taking partner.
• Give a lighter homework load.
• Grant extra test-taking time.
• Allow the student to run errands.
• Provide Brain Break opportunities throughout the day.
• See this ADHD Holiday Survival Guide.
• Research ADHD and Kinesthetic Learners.
In literature, Percy Brown deals with dyslexia and ADHD, because author Rick Riordan’s son deals with the same disabilities.

Celebrity chef Jamie Oliver is dyslexic.

Daniel Radcliffe, who portrayed Harry Potter in the film series, battles dyspraxia, which makes it difficult for him to do things like writing by hand and tying shoes.

Michael Phelps, the Olympics’ greatest all-time swimming athlete, battles ADHD.

The list of highly-accomplished people who have overcome their learning disabilities is lengthy, indeed. Just like those people, children with learning disabilities can climb mountains in all areas of life and achieve their dreams.

The old wait-and-see approach translates all too often to the wait-and-fail result. Parents and guardians are usually the vanguard in noticing when things aren’t quite right, that Johnny is writing backward letters or Janie can’t keep her printing on the lines. Parents and guardians need to be the tip of the spear in this fight. Take your child to be tested and diagnosed. Do not be frozen to inaction by fear.

Learning Disabilities Association of America recommends that parents monitor, and keep well-organized notes on, their child’s condition, treatment, and progress. In addition, parents should take an active role in keeping up on the latest research and treatment options. Most importantly, support your child on in their learning quest.

If an identifiable problem does emerge, there are strategies and tools to give every child their best chance for success. Take advantage of them. Bridgeway Academy, a homeschool academy with online and textbook programs, offers multiple curriculum choices, and performs specific assessments for learning and personality styles, to fully customize a child’s learning experience. They also have experts to support you and your child as you overcome learning obstacles. For children with learning disabilities, a resource like this is priceless!

If you need more support, join a local support group to share information and encourage each other. To find reputable forums and groups, check out Center for Parent Information and Resources.