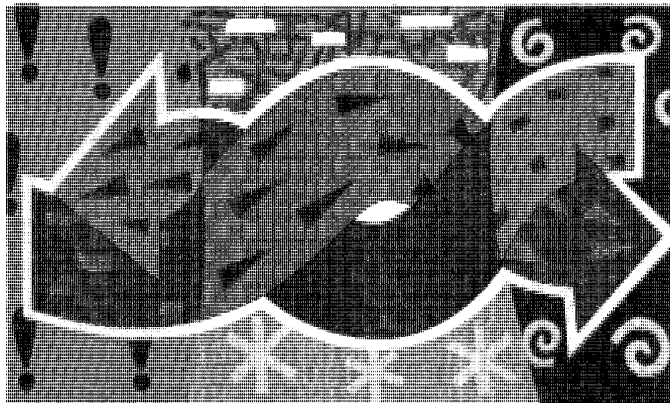


# The Shelton Experience

## **Shelton Offers**

- ❑ A nurturing environment
- ❑ Respect by staff for students and parents
- ❑ A caring well-trained staff
- ❑ Early intervention
- ❑ Remediation and instruction
- ❑ Development of talents
- ❑ Special programs and speakers



## **a two-way street**

## **Shelton Requires**

- ❑ That students care for the environment
- ❑ Respect staff and other students
- ❑ Parents support the school policies, procedures and staff



**1<sup>st</sup> printed in The Horizon** newsletter article May 2003  
By Joyce S. Pickering, Hum.D., Executive Director Emerita

### **What Makes Us Shelton?**

We are frequently asked the question – **What makes Shelton, Shelton?** What are the components which work together to make the school and its programs so successful in helping students who learn differently?

The Board of Directors in its January Retreat and the administrators and staff in their meetings have created a list of four critical factors. These are innovative programs, an emphasis on students' strengths and talents, a nurturing atmosphere and its unique Outreach program.

### **Innovative Programs**

Students who process spoken and written information differently require different methods of teaching. At Shelton there are many **innovative educational approaches** to provide specific teaching for “all kinds of minds.” These include:

- Montessori
- Multisensory Structured Language – Reading, Writing, Spelling
- Multisensory Math
- History Alive
- Writing Workshop
- Choices
- Foreign Language – The Rosetta Stone
- Hands on Science
- Organization and Study Skills
- Motor Skills
- Library Media/Classroom Collaboration
- Language Speech/Classroom Collaboration
- On Site Professionals
  - Counseling
  - Occupational Therapy/Sensory Integration

All of the progress of students in these programs is measured by the Testing Department and analyzed by the staff.

### **Emphasis on Talents**

Though students who learn differently may struggle with communication skills, reading, writing, spelling, and/or math, they demonstrate talents in computer skills, art, drama and theatre production, music and/or athletics.

Shelton provides art, drama, and music programs from pre-school through high school. Classes in the Fine Arts culminate in art shows, drama productions, and band performances. Early exposure to simple computer programs coordinated with the

Montessori program leads to computer classes in four state-of-the-art computer labs. Technology is a major assistance to LD students. Software to help outline papers and proof word-processing is taught. Physical education instruction and improved motor skills leads to athletic teams in softball, football, volleyball, basketball, golf and tennis. Athletic games provide the opportunity to participate in meets and tournaments. After school programs in band and yoga allow students to develop talent areas and life skills. Student government and organizations' special events give students a chance to develop their leadership skills. The most important aspect of helping each student find his talents and develop them is the resultant improvement in self-esteem.

### **Nurturing Atmosphere**

The cardinal rule at Shelton is that everyone must be treated with respect. Each student, parent and staff member are considered unique and valued people. There is an emphasis of respect; student-to-student and staff, and staff-to-staff and student. Staff is trained to handle situations as professionals.

Appropriate behaviors are discussed and modeled in the **Choices** program in EC through 8<sup>th</sup> and in Upper School **Ethics**. Upper School students organize an invitational Ethics Symposium for other private schools. The **Upper Elementary/Middle School Families** program allows "families" of 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders to work together three times a year on special projects such as, in November decorated bags and made holiday cards for first graders at Bellaire Elementary of the HEB school district; in February decorated and sewed valentine felt pouches and stuffed them with homemade valentines and added a little candy for students at the DISD Obadiah Knight Elementary; and in April made Easter centerpieces for three local retirement facilities including Cottonwood Estates, Preston Place and The Waterford.

This year **Staff Families** of staff from each division have helped bring people from every division and department together to know each other better. With a staff of 215, it is important to have a way to meet more of the staff and get to know each other.

Now all in one building, the **divisions collaborate** on Mayfest, and drama productions. Middle school/Upper School students work with younger students in their classrooms. To create a loving atmosphere for students, many events and programs must be planned to give time to building a nurturing tradition.

### **Outreach**

Shelton shares its innovative programs, emphasis on talents, and nurturing atmosphere with metroplex schools and national and international sites. Since 1990 Shelton has offered Shelton Scholars, a Saturday and summer intensive remedial program. For very reasonable fees, parents enroll children who live too far from Shelton to attend or which families cannot afford the tuition of a private school. Six hundred thirty-three students from 161 public schools, and 84 private schools have attended Scholars.

The Shelton staff gives presentations in Dallas and beyond. Since 1990 approximately 340 presentations have been given at workshops, meetings, and conferences in the United States, Canada, Brazil, and Australia.

Teacher training at Shelton is on going for the school staff and outside participants are welcomed.

Courses that are offered include:

- Montessori Applied to Children at Risk
- Multisensory Structured Language Teaching Level Training Course
- Multisensory Structured Language Therapy Level Training Course
- Testing for Learning Differences

Shelton responds to countless calls, letters, email, and faxes requesting information on learning differences. The Shelton web site averages 1500 hits a month.

Shelton has grown and developed from a small school to an internationally recognized center, which includes Shelton School, Evaluation Center, Language/Speech Clinic and Outreach. Shelton is unique because of its board's dedication, staff professionalism and caring, parents' partnership, and hard working and successful students. Shelton is Shelton because of the collaborative efforts of all of its family members.

***What Can Parents Do?***  
**By Joyce S. Pickering, Hum.D.,**  
**Executive Director Emerita, Shelton School**  
**The Horizon, Volume 16, Number 2, May 2005**

There is a story about a couple who planned a trip to Italy. They studied the geography, history, language and customs, and when completely prepared, they embarked on their trip.

Somehow their travel agent confused their trip with that of another client and the couple landed in Holland. Needless to say, they were shocked and disappointed. They were counting on their treasured dream of Italy.

As they realized there was nothing they could do but adjust, they slowly began to love and appreciate many things about Holland: the beauty of the countryside, the lovely flowers and the friendly, practical people.

Holland did not have the flamboyance of Italy and the couple grieved somewhat about the differences. The longer they stayed, the more they enjoyed their unique experience in this place called Holland.

This allegory exemplifies the feelings and experiences of many parents when they discover that their child has a learning difference due to Dyslexia or a related disorder. As parents absorb the diagnosis and try to project what that means for their child's education and future, they need the guidance of professionals in the field.

Having worked with students with language and learning disorders for over 40 years and having two children and grandchildren with learning differences (LD), I would offer the following guides.

**Be Informed**

Ignorance is not bliss. The more you know about learning differences and how they are remediated, the more you can help your child. Read, go to lectures and conferences to find out the accurate information about what treatments are research-based and what programs are questionable.

To understand learning differences, it is important to know that they are caused by difficulties in processing spoken and/or written communication. The brain is normal but different in its anatomy and functioning. The intellect is normal and, for

some, above average or superior. Even though intelligent, the student is handicapped by the reduced speed and frequent errors that occur in processing visual and auditory information and integrating that information in the process of reading, writing, spelling, and, in some cases, math. Many of these learning differences are genetic and are seen in multiple family generations. Worrying about the exact cause is non-productive. The important thing is to learn what to do to help the child as early as possible and to minimize the difficulties through well-prescribed specific instruction.

For over 70 years specific instruction for dyslexic individuals has been developed and used to lessen their difficulties. These programs are called Multisensory Structured Language (MSL) approaches. There are a number of different approaches, but all have the same content and principles of instruction. The names of these programs and the common features are listed at the end of this article. It must be clearly understood by the parent that these approaches are therapeutic; they do not cure the student, but help him to become functional in the academic areas of his processing difficulty.

For example, an unremediated individual with Dyslexia may have a second- or third-grade reading level in high school, while a remediated individual will be close to grade level performance, at grade level or, in some cases, above grade level. Most dyslexic individuals can attain grade level performance in reading with remediation, but most are low average in spelling throughout life. In today's world, this poses less of a challenge, in that technology has provided the computer and the software for spell check and grammar check.

In addition to the MSL approaches for language skills, there are specific instructional programs for math. Other areas in which LD students may need specific instruction are organization and study skills, social skills and motor skills.

In my experience, about 70% of the students with the specific learning difference Dyslexia, also have Attention Deficit/Hyperactivity Disorder. ADHD can be seen in three categories: Inattentive, Hyperactive, and Combined types. If a student cannot sustain his attention for a typical amount of time for his age, it of course affects learning. If the student is not focused as a lesson is presented, it is not stored in memory. It cannot be retrieved later to be used.

These programs designed for LD individuals caused by processing disorders do not cure, but do effectively improve academic skills.

If, as a parent, you become informed about the characteristics of learning differences, the challenges presented by these differences and the specific instructional approaches and strategies to improve a student's academic skills, you will find, I believe that you feel more confident in helping your child. Knowledge does set us free from our needless worries. A learning difference is a challenge, but it is not the worst problem in the world.

### **Be Realistic**

Helping a student with a learning difference is not a fast process. It takes years of hard work on the part of the student and the teacher or therapist to attain average to above-average performance in academic subjects.

If a student is dyslexic his greatest challenges are reading, decoding (breaking words apart and blending sounds together), spelling and written expression (writing sentences, paragraphs, essays, reports).

When a student is instructed using an MSL approach, reading decoding usually improves first. As decoding becomes more automatic, most students show improved reading rate and read more smoothly. Spelling improves slowly and will always be a challenge. Written expression requires a combination of language skills. Levels of writing ability from sentences to compositions take several years to improve.

### **Help Your Child Develop Patience And Perseverance.**

During the process of remediation the parent can assist the most by helping the student learn to persevere and be patient with himself. The teacher or therapist will work on this also. It takes a lot of practice to read more accurately and rapidly. This is a difficult skill, which most take for granted, because most individuals can do it with relative ease. Not so for the individual with Dyslexia. It is a slow, laborious and unsatisfying task, and he would rather avoid it. To improve takes disciplined practice. The parent and teacher must keep the student encouraged. Praise for effort - *good try, good job, you are doing better, I'm here to help, we'll get there* are words they need to hear.

If a student has a related disorder, you may see average or above-average reading decoding and speed, but difficulty in reading comprehension and math, some weaknesses in spelling and difficulty in organizing thoughts for a written assignment.



### **Seek Knowledgeable Professionals/Be Aware of Quick Fixes**

If it seems too good to be true, it probably is not true. Helping the LD student is not fast. There are a whole group of difficulties that must be addressed individually and assimilated in order for a student to have average or above language skills of reading, writing and spelling. Some programs work on just one aspect of the total profile of the learning difference. They may help partially, but they are not comprehensive therapeutic approaches. Research has not proven that visual or motor training result in improvement of the individual's reading, writing and spelling. Many LD students do have motor coordination deficits and motor programs are helpful to remediate these weaknesses. It is not clear that there is carry over from motor training to academic subjects. Remediation must be specific. If there is a motor problem, do motor training; if there is a written language problem, teach reading, writing and spelling with a program written specifically for written language disorders. The most accepted programs for written language disorders are the MSL approaches. If the student has a math disorder, the instruction should be multisensory and given by a person trained to teach LD students.

One of the best things a parent can do is to ask the remedial program directors for a list of other parents they can talk to about their child's experience and improvement. Also ask for any research or evidence that is available on the efficacy of the remediation.

### **Collaborate With the Student's School**

Most schools will work with the parents. Some are difficult. If at all possible try to communicate calmly and rationally with the school in getting services for your child. If you are in a public or private school you will find different levels of knowledge from school to school. If you cannot get services because your child does not qualify, I advise not to waste your child's time while you try to improve that situation. Try to find services within your community that begin to help your child while you negotiate with the school.

If your child is in an LD school the communication needs to be completely open between you and the staff. Don't try to hide information or play games with the staff. They are knowledgeable and will figure out that they are not getting the full truth from a parent. You have to become a team for your child. Work with the professionals. They have seen many children with similar difficulties. They will do their best to help you and your child face and improve his challenges.

### **Empathize, Don't Sympathize**

Tell your child you understand that some things are really difficult for him or her. Reassure him that you will find help for him and that you will support him. Understand his feelings of frustration and help him learn to deal with them. We all feel frustrated at times. We have to learn to control our feelings, calm ourselves, take a break and start over. An LD child will not succeed if he lets anger or anxiety get the best of him. Teachers and parents have to help with these skills. Never tell your child that he is unable to learn certain things and, therefore, you will not expect him to try. Don't tell his teachers not to expect too much either. Let an experienced professional guide you in what you can expect and what is realistic for the student to achieve. In short, understand how your child feels, but do not feel sorry for him and try to protect him from the world. The goal is to find help for your child and to help your child cope.

### **Help Your Child to Become Independent and His Own Advocate**

It is easy to fall into the trap of taking care of everything for your child when he has learning difficulties. Don't let it happen to you or your child. If you make him dependent on you to function, you rob him of the chance to be independent. Make it a rule: Don't do anything for him he can do for himself. Giving him duties and tasks he can do for himself helps him to feel more competent. Competence enhances self-concept. If you do everything for the child he feels incompetent. He may grow to like the helpless role.

Listen to your student, help him with the best plan to handle a situation, even role-play it with him. Then send him, backed with your confidence, to handle the situation for himself the best that he can. With practice, he will feel empowered, instead of like a victim.

From the day of our child's birth, our role as a parent is to help him become a functioning independent adult. To the extent that we are able to help our children become self-sufficient we can achieve a greater success as a parent.

**Assistive Technology Products**  
**List originally compiled by**  
**The International Dyslexia Association**  
**(www.interdys.org)**

**Reading Products**

- \* Alternate format for books
- \* Monitor enhancements
- \* Reading machines (req. speech synthesizers)
- \* Reading pens
- \* Reading tools
- \* Screen readers (req. speech synthesizers)
- \* Speech synthesizers (req. screen readers)
- \* Talking word processors

**Writing (handwriting and keyboarding) products**

- \* Alternate programmable keyboards
- \* Dictionaries and spell checkers
- \* Grammar checking products
- \* Keyboard training software
- \* Multiple-switch programs
- \* Voice recognition software
- \* Word prediction programs
- \* Writing composition software

**English language products**

- \* Dictionaries
- \* Thesaurus

**Math products**

- \* Calculators/talking calculators

## **Writing (handwriting and keyboarding) products**

- \* Alternate programmable keyboards
- \* Dictionaries and spell checkers
- \* Grammar checking products
- \* Keyboard training software
- \* Multiple-switch programs
- \* Voice recognition software
- \* Word prediction programs
- \* Writing composition software

## **Computer products**

- \* Electronic reference tools
- \* Mind mapping programs
- \* OCR (optical character recognition software) for scanners

## **Time Management**

- \* Calendars/planners
- \* Software (Palm pilots, scheduling)

## **Organizational products**

- \* Color Markers
- \* Colored Dividers
- \* Colored shape stick-ons
- \* Homework pages

## **Other**

- \* Note-taking products

## **Products by brand name**

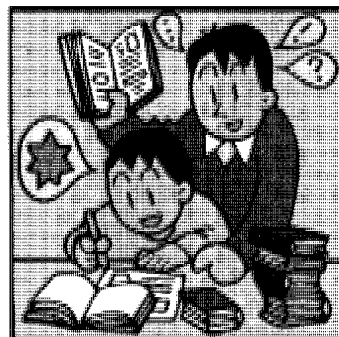
- \* EzDaisy, Digital Talking Book Player
- \* Kurzweil 3000 Color Scan/Read
- \* Literacy Productivity Pack
- \* Reading Pen II
- \* Scholar, Digital Talking Book Player
- \* WYNN

# Understanding Learning Differences

Normal Brains that process differently



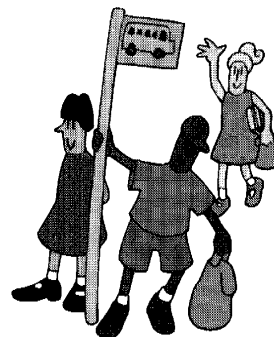
**ACADEMIC CHALLENGES**  
may occur in  
Reading (decoding)  
Written expression  
(composition)  
Spelling  
Reading (comprehension)  
Math  
Handwriting



**MOTOR SKILLS CHALLENGES**  
in  
Gross motor  
Co-ordination  
Balance  
And/or  
Fine motor skills (use of  
hands)



**SOCIAL SKILLS CHALLENGES**  
in  
Communication  
Problem-solving  
Values concepts  
Interpersonal relationships



**ATTENTION CHALLENGES**  
Difficulty with inhibition control  
Inattentive  
Hyperactive







NEW PARENTS SUPPORT NIGHT

**OVERVIEW OF LEARNING DIFFERENCES**

Suzanne Stell, Executive Director  
Linda Kneese, Head of School  
Shelton School & Evaluation Center  
15720 Hillcrest Road  
Dallas, TX 75248  
972-774-1772  
[www.shelton.org](http://www.shelton.org)





## Dyslexia and Related Disorders



Shelton School & Evaluation Center  
15720 Hillcrest, Dallas, TX 75248  
www.shelton.org  
972/774-1772

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Reading is not a natural  
process.  
It must be taught.

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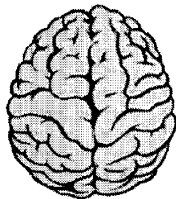
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## Your Brain has . . .

- At least 100 billion nerve cells (neurons) in your brain.
- Neurons which make between 5,000 & 50,000 contacts with other neurons.
- One million billion (one quadrillion) connections between neurons in the cortex.



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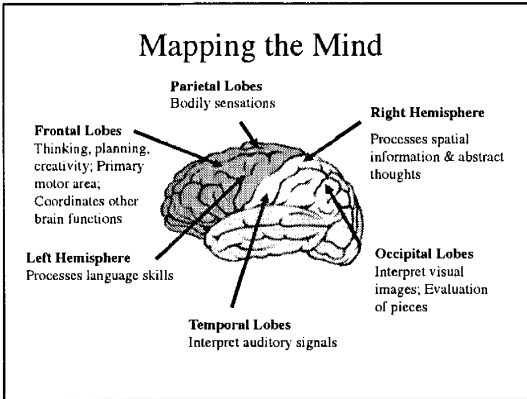
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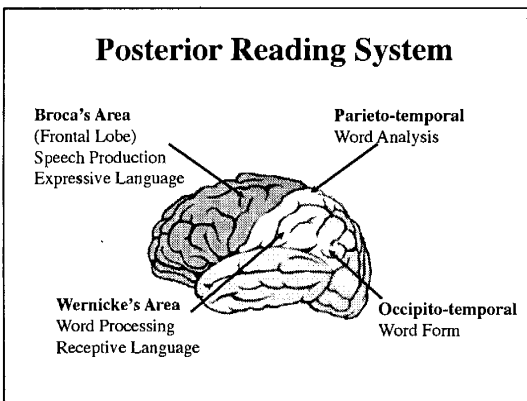
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### NEUROTRANSMITTERS -

Play a vital role in key bodily function. . .

- Acetylcholine** - widespread in the brain - involved in muscle action, learning & memory
- Dopamine** - plays major role in regulation of movements & emotions
- Norepinephrine** - involved in reward, mood regulation, arousal, activation fight/flight behavior
- Serotonin** - regulates body temperature, pain perception, onset of sleep
- Endorphins (opioids)** - minimize pain, produce feelings of pleasure

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### Mental Ability Ranges

- Above 130 Very Superior
- 120 - 129 Superior
- 110 - 119 Bright Normal
- 90 - 109 Normal
- 80 - 90 Low Normal
- 70 - 80 Low
- Below 70 Very Low

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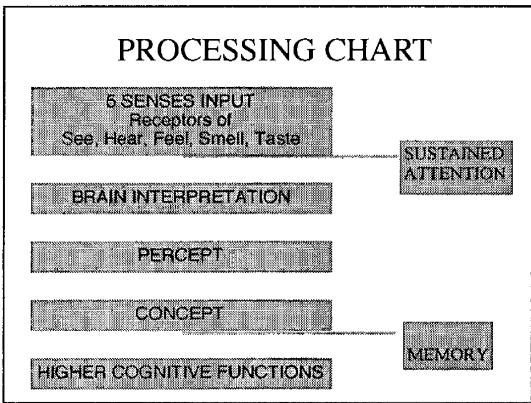
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### Perceptual Dysfunctions

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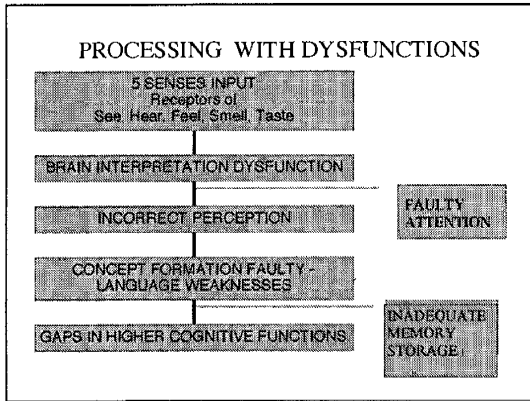
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### Perceptual Errors

- Visual Discrimination
- Visual Memory
- Visual Motor
- Auditory Discrimination
- Auditory Memory

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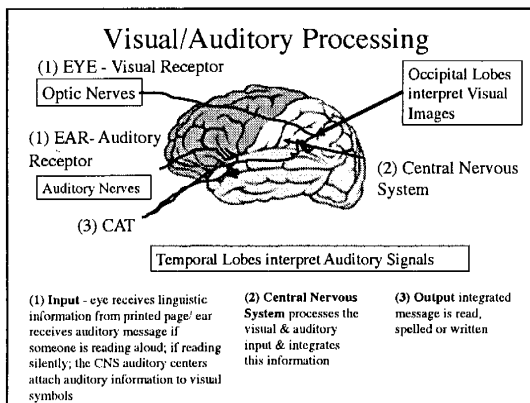
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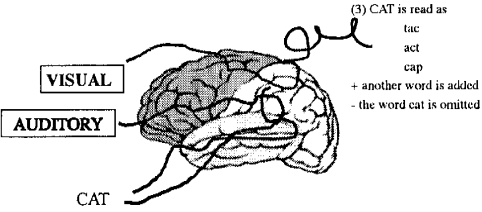
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### Perceptual Dysfunctions



(3) CAT is read as  
tac  
act  
cap  
+ another word is added  
- the word cat is omitted

CAT

Visual & Auditory Perceptual Difficulties = Language Disorders  
Language is Reading, Writing, Spelling

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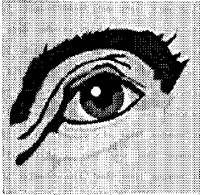
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### Types of Perceptual Errors

Visual

- Visual Discrimination
  - Examples:
    - db pq mw nu
- Visual Memory
  - Example: Copying from board
- Visual Motor
  - Examples:
    - Dictation
    - Written Expression



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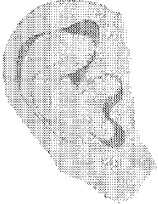
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### Types of Perceptual Errors

Auditory

- Auditory Discrimination
  - Examples: Errors in perceiving words auditorially
    - wisp/whisk
    - smug/sug
    - deaf/death
- Auditory Memory
  - Examples:
    - Following directions
    - Note taking



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### Oral Language Disorders

Students with oral language disorders have processing differences in associating meaning to spoken language (words, sentences, etc.).

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### Written Language



CHAIR

Chair      Name      Written Symbols  
English Language  
26 letters and 44 sounds

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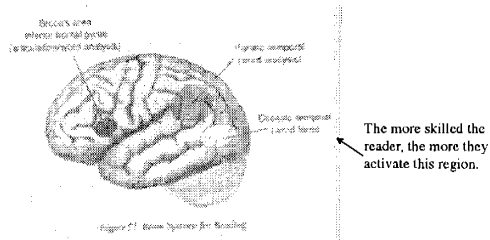
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### Two Neural Pathways



Sally Shaywitz, M.D.

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The study found that dyslexic readers underactivate reading systems in the back of the brain.

Functional imaging studies of adults with dyslexia, including high-achieving university students, reveal this same pattern of strong frontal areas used during reading (Richards, 2001; Shaywitz, 2003; Simos, Breier, Fletcher, Mergman, and Papanicolaou, 2000)

Sally Shaywitz, M.D.

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“While no two brains are alike, the brains of people with dyslexia are distinctively different compared to those without dyslexia.”

Dr. Gordon Sherman

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**Dyslexia** Definition Adopted by National Institutes of Health

- One of several distinct learning disabilities;
- Specific language-based disorder of constitutional origin characterized by single word decoding
- Reflects insufficient phonological processing abilities
- Difficulties in single word decoding - unexpected in relation to age & other cognitive & academic abilities.

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**Dyslexia - NIH Definition  
continued**

- Not the result of generalized developmental disability or sensory impairment
- Manifested by variable difficulty with different forms of language, including in addition to problems reading, conspicuous problem with acquiring proficiency in writing and spelling.

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**Dyslexia Definition Adopted by  
IDA, 2003**

**Dyslexia** is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

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**Related Disorders** refers to learning differences in reading comprehension, attention, math, coordination, social skills and oral language disorders.

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**25 Characteristics of Dyslexia  
& Related Disorders**

**Test Performance**

- Spotty Performance on IQ Tests
- Below Mental Age on Tests of Drawing a Person
- Poor Performance on Visual-Motor Gestalt Tests for age & Indicated Intelligence
- Poor Performance on Group Tests Which Require Reading & Writing

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**25 Characteristics - continued**

**Perceptual Performance**

- Impaired Temporal Orientation
- Impaired Right-Left Discrimination
- Poor Spatial Orientation
- Field Dependent Perception
- Frequent Perceptual Reversals in Reading & Writing Numbers Beyond Age & Instructional Level

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**25 Characteristics - continued**

**Perceptual Performance, continued**

- Impaired Reproduction of Rhythmic Pattern
- Impaired Reproduction of Tonal Pattern
- Impaired Auditory Discrimination
- Impaired Visual & Auditory Memory

**Speech/Language Performance**

- Speech Irregularities
- Oral Language Delays & Disorders

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**25 Characteristics - continued**

Motor Skills Performance

- Impaired Coordination
- Impaired Fine Motor Skills

Academic Performance

- Reading Disabilities
- Spelling Difficulties
- Writing Disabilities

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**25 Characteristics - continued**

Observation of Performance

- Variability in Performance
- Poor Ability to Organize Work
- Slowness in Finishing Work
- Short Attention Span for Age
- Impaired Concentration Ability

Dr. Charles Shedd  
Joyce S. Pickering, Hum.D. 2000

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**Patterns of Learning Disorders**

- Pattern 1 – Reading Disorder (Dyslexia)
- Pattern 2 – Related Disorder: Reading Comprehension Disorder
- Pattern 3 – Related Disorder: Attention Deficit / Hyperactivity Disorder
- Pattern 4 – Related Disorder: Math Disorder (Dyscalculia)
- Pattern 5 – Related Disorder: Motor Incoordination
- Pattern 6 – Related Disorder: Oral Language Disorder (Dysphasia)
- Pattern 7 – Related Disorder: Social Interaction
- Pattern 8 – At Risk for Learning Disorders
- Pattern 9 – At Risk for Oral Language Disorders

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**Pattern 1**  
**Specific Developmental Dyslexia**  
*Reading Disorder DSM 315.00 / 315.80*  
•Reading Accuracy Below Average  
  
•Spelling Below Average  
  
•Written Expression Below Average (Composition)

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**Pattern 2**  
**Reading Comprehension Disorder**  
*Related Disorder DSM 315.00*  
  
• Reading Comprehension Below Average  
  
• Math Usually Below Average  
  
• Written Expression Below Average (Organization)

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**Pattern 3**  
**Attention Deficit Hyperactivity Disorder (AD/HD)**  
*Related Disorder DSM 314.00 / 314.01 / 314.09*  
  
•Sustained Attention Below Average  
  
•Inhibition Below Average  
  
•Impulsivity  
  
•Hyperactive or Hypoactive Behaviors

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**Attention Deficit / Hyperactivity Disorder (AD/HD)**

- ADHD refers to a family of chronic neurobiological disorders that interfere with people's capacity to attend to tasks, regulate activity, and inhibit behavior in ways appropriate to their age and circumstances.

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**Attention Deficit Hyperactivity Disorder (AD/HD)**

- Essential features:
  - Developmentally inappropriate degrees of inattention, impulsiveness, & hyperactivity;
  - Display disturbance in each of these areas, but to varying degrees;
  - Manifestations appear at home, in school, at work, & in social situations, but to varying degrees;

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**Attention Deficit Hyperactivity Disorder (AD/HD)**

- In some signs of disorder appear only in one setting, at home OR at school.
- Symptoms typically worsen in situations requiring sustained attention:
  - Listening to a teacher in classroom
  - Attending meetings
  - Doing class assignments
  - Chores at home.

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### Attention Deficit Hyperactivity Disorder (AD/HD)

- Signs of disorder may be minimal or absent when person is receiving:
  - Frequent reinforcement
  - Very strict control,
- or
  - Is in a novel setting
  - Is in a one-to-one situation

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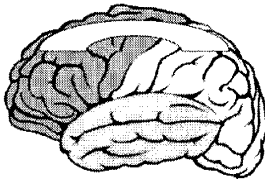
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### Sustained Attention NORMAL Functioning



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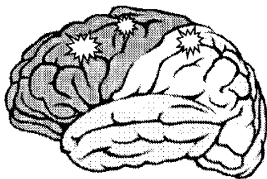
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### Sustained Attention AD/HD



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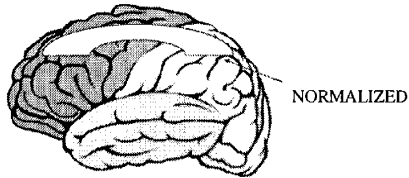
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Sustained Attention  
AD/HD on Effective Medication



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Pattern 4  
Math Disorder - Dyscalculia

*Related Disorder DSM 315.10*

• Mathematics Significantly Below Average

• All Language Areas Within Normal Limits



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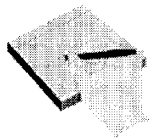
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Pattern 5  
Motor Incoordination

*Related Disorder DSM 315.40*

- Fine Motor Delays
- Gross Motor Delays
- Handwriting Below Average (Dysgraphia)



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**Pattern 6**  
**Oral Language Disorder – Dysphasia**  
*Related Disorder DSM 315.40*

- Oral Language Below Average
- Mixed Receptive / Expressive Language Disorder
- Expressive Language Disorder



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**Pattern 7**  
**Related Disorder: Social Interaction**

- Social Skill Weaknesses
- Non Verbal Learning Disability
- Mood Disorder / Anxiety, and/or Depression

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**Pattern 8**  
**At Risk for Learning Disorder**  
*Pattern Assigned Students Before End of 1<sup>st</sup> Grade*

- Evidence of Delay or Disorders of:
  - Coordination
  - Language
  - Attention
  - Perception

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**Pattern 9**  
**At Risk for Oral Language Disorder**  
*Pattern Assigned Students Before End of 1<sup>st</sup> Grade*

- Evidence of Receptive-Expressive or Expressive Language Disorder

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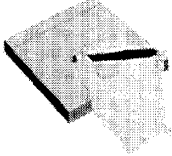
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**Dysgraphia**

- A handwriting disability which may be present with any of the other learning disabilities or may occur alone.



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**Self-Concept Formation**

- The child with average learning skills has more positive than negative experiences both before entering school and after entering school
  - This builds resistance to anxiety
  - Establishes a strong sense of self worth

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**Self-Concept Formation**

- The child with learning or adjustment difficulties has more negative than positive experiences, *especially* after entering school
  - This exacerbates feelings of anxiety
  - Self-concept is negatively affected
  - Negative behaviors develop

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**A vicious circle of negative behavior is set into motion**

- Adults must intervene to stop the cycle
- The possibility of more positive experiences must be increased
  - Improve academic skills
  - Direct teach social skills/coping strategies
  - Provide success experiences in and out of the academic setting

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**Dyslexia and Related Disorders  
Identification & Instruction**



**THE SHELTON WAY**  
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Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade \_\_\_\_\_

### Shelton Profile of Learning Patterns

**Pattern 1**

**Reading Weakness**

- Diagnosed Reading Disorder or Dyslexic Errors
- Reading Accuracy Below Average
- Spelling Below Average
- Written Expression Below Average (Mechanics)

**Pattern 2**

**Comprehension Weakness**

- Reading Comprehension Below Average
- Math Comprehension Below Average (Math Application)
- Written Expression Below Average (Content)

**Pattern 3**

**Attention Weakness**

- Diagnosed Attention Deficit Hyperactivity Disorder (ADHD)
- Sustained Attention Below Average
- Rx to Improve Attention
- Attention difficulties endorsed on BASC-2 and/or Brown ADD Scales

**Pattern 4**

**Math Weakness**

- Diagnosed Mathematics Disorder
- Mathematics Below Average (Math Calculation)

**Pattern 5**

**Motor In-coordination**

- Diagnosed Developmental Coordination Disorder
- Fine or Gross Motor Delays
- Handwriting Below Average

**Pattern 6**

**Oral Language Weakness**

- Diagnosed Mixed Receptive/Expressive Language Disorder
- Diagnosed Expressive Language Disorder
- Oral Language Below Average

**Pattern 7**

**Visual/Spatial/Perceptual Weakness**

- Non Verbal Learning Disorder
- Pervasive Developmental Delays

**Pattern 8**

**Mood/Anxiety**

- Diagnosed Mood and/or Anxiety Disorder
- Rx to Improve Mood and/or Anxiety Issues

**Pattern 9**

**At Risk for Learning Disorder**

- Weakness in Coordination
- Weakness in Language
- Weakness in Attention
- Weakness in Perception

**Pattern**

**Severity**  Mild  Moderate  Severe

- 
- > Multiple pattern numbers indicate the level of complexity of the learning difference(s).
  - > Visual and/or Auditory Processing Disorders can be present in any and all patterns.

The New Admission Battery screens for learning differences and eligibility for acceptance into Shelton School. It provides a learning profile used for educational planning. It is not a diagnostic battery recognized by most public schools.

## Explanation of New Patterns

P	Indicators	Explanation of Patterns
<b>1</b>	<ul style="list-style-type: none"> <li>• Reading accuracy</li> <li>• Spelling</li> <li>• Written expression- (composition)</li> </ul>	<p>Pattern 1 is given if test scores are below grade level in reading rate, reading accuracy, written spelling, or written expression (composition/mechanics), or if there are dyslexic errors present in reading, spelling or written expression.</p>
<b>2</b>	<ul style="list-style-type: none"> <li>• Reading comprehension</li> <li>• Math</li> <li>• Written expression- (organization)</li> </ul>	<p>Pattern 2 is given if test scores are below grade level in reading comprehension, applied math, or written expression (organization/content).</p>
<b>3</b>	<ul style="list-style-type: none"> <li>• Sustained attention</li> <li>• Inhibition</li> <li>• Impulsivity</li> <li>• Hyperactive or hypoactive</li> </ul>	<p>Pattern 3 is given if the student is diagnosed with ADHD, is currently taking ADHD medication, or if scores on the BASC or Brown ADD scales are abnormally elevated (composite T-score &gt; 59).</p>
<b>4</b>	<ul style="list-style-type: none"> <li>• Math skills</li> </ul>	<p>Pattern 4 is given if the student is diagnosed with a Math Disorder or has low scores in math calculation skills.</p>
<b>5</b>	<ul style="list-style-type: none"> <li>• Fine motor delays</li> <li>• Gross motor delays</li> <li>• Handwriting below average</li> </ul>	<p>Pattern 5 is given if the student is diagnosed with Developmental Coordination Disorder (Dysgraphia) or has poor handwriting on writing samples.</p>
<b>6</b>	<ul style="list-style-type: none"> <li>• Oral language</li> <li>• Mixed Receptive/Expressive Lang. Dis.</li> <li>• Expressive Language Disorder</li> </ul>	<p>If the student is already assigned pattern 6 (by Annette Stanislaw), then it is retained.</p>
<b>7</b>	<ul style="list-style-type: none"> <li>• Social skills weakness</li> <li>• Nonverbal Learning Disorder</li> <li>• Mood and/or anxiety issues</li> </ul>	<p>Pattern 7 is given if the student is diagnosed with Nonverbal Learning Disorder, has mood and/or anxiety issues, or demonstrates weaknesses in social skills.</p>
<b>8</b>	<ul style="list-style-type: none"> <li>• At risk for Learning Disorder</li> </ul>	<p>Pattern 8 is assigned to students in grades EC – 1 who show delays in (or disorders of) coordination, language, attention, or perception. It is also given to older students with no formal diagnosis, but processing weaknesses and/or test scores indicate the probability of a learning disorder.</p>
<b>9</b>	<ul style="list-style-type: none"> <li>• At risk for Oral Language Disorder</li> </ul>	<p>Pattern 9 is assigned to students in grades EC – 1 who show evidence of Receptive-Expressive Language Disorder. It is also given to older students if oral language weaknesses are shown, but pattern 6 criteria are not met.</p>

**1<sup>st</sup> published in The Horizon**, newsletter article – May 2004  
Joyce S. Pickering, Hum. D., Executive Director Emerita

### **Controversial Therapies**

Over the now 108 years since dyslexia was first described, there have been many therapies considered to assist those with this specific reading, writing and spelling difference. Research has clearly shown that dyslexia is genetic, runs in families, is an unexpected difficulty in learning given that intelligence is normal and motivation and adequate instruction have been given.

Research over a 70-year period has indicated that most individuals who are dyslexic can improve their written language skills with direct instruction in multisensory structured language methods like those taught at Shelton School; Alphabetic Phonics, Sequential English Education (SEE), the Association Method, and Wilson Language Training. These are Orton-Gillingham-based programs.

These therapies are comprehensive; all require several years of intense work by a teacher and student with the support of parents who understand the learning difference and the rationale of the therapy. These methods are not fast; there is no quick fix.

Parents, who are often as frustrated as their children, look for a faster or less expensive solution. Over the years many controversial therapies have offered more rapid progress or even “cures.”

A controversial therapy is one in which there has been no regular and on-going collection of data on the progress of the students treated. Some of these programs include vision training, motor training and colored lenses. None of these approaches have demonstrated a direct gain in the academic abilities of reading, writing or spelling.

Though a direct correlation to academic improvement has not been shown, vision training for weak eye muscle coordination is recognized as valid. Motor training which improves motor coordination, eye-hand coordination and neurological integration is positive. The point is that therapies need to be specific. Expecting a direct carry over from one therapy to other areas of learning has not been demonstrated. If a student has the reading disorder, dyslexia, he needs the specific prescription of a multisensory structured language approach.

Recently another therapy being advertised in print and on television claims to treat dyslexia through exercises which improve skills through stimulation of the cerebellum. In a position statement on this treatment the International Dyslexia Association stated that “there is insufficient evidence to support the development of commercially marketed interventions that are beneficial for people in dyslexia.”

### **POSITION STATEMENT ON CEREBELLAR RESEARCH & INTERVENTIONS FOR DYSLEXIA**

The International Dyslexia Association (IDA, formerly the Orton Dyslexia Society) is the nation’s oldest learning disabilities organization, founded in 1949. A key component of IDA’s mission is the “dissemination of research based information.” Over its long history, IDA has had a close relationship with the

research community and prides itself as being a bridge between that community and the public-at-large. IDA is committed to the sponsorship and encouragement of research into the biological bases of dyslexia as well as effective intervention models.

Over the years, most neurological research related to the study of dyslexia has focused on differences in cerebral activity between the dyslexic and non-dyslexic brain. Additionally, credible neurological research has also investigated a possible role of the cerebellum in the dyslexic brain. IDA welcomes such research and is eager to see continued investigation, publication of findings, and replication of such studies.

However, based on currently available cerebellar research (published by the scientific community in peer reviewed journals), IDA feels there is insufficient evidence to support the development of commercially marketed interventions that are beneficial for people with dyslexia.

IDA's position has always been to caution consumers when products claim to "cure" dyslexia or offer "instant" or "immediate" gains. No organization in our field would be more pleased than IDA if there were a "quick fix" for dyslexia. However, our current understanding of dyslexia suggests that a very structured, sequential, phonetically based educational program (often referred to as the Orton-Gillingham approach, of which there are many variations) offers the best hope for people with dyslexia.

To learn more about dyslexia and related issues, please go to our website at [www.interdys.org](http://www.interdys.org).

Parents should note that the ads for this therapy indicate it is effective also for children with ADHD and dyspraxia.

Frequently parents considering new commercial programs ask our staff if they will "hurt" their child. Our answer is usually, no. Parents need to consider carefully, however, the time the program requires and the expense in deciding if trying these programs is worth the time and money.