# Assessing Learning Differences and Related Disorders: An Overview

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Joyce Pickering and Laure Ames are faculty at the Shelton School. Shelton methods and instructional materials will be mentioned during this presentation.



# Shelton School

- Serves students with learning differences preschool through grade twelve
- Comprehensive curriculum with strong academic orientation
- Supportive environment, stressing multisensory learning techniques
- Accredited by Independent Schools Association of the Southwest (ISAS)
- Member of Southern Association of Independent Schools (SAIS)







Sharon Vaughn at The University of Texas says that 95% of kids will learn using these principles.

Conversely, research tells us that 75% of students who are not diagnosed by the age of 9 continued to have reading difficulty through high school.

Dr. Laure Ames Director of Shelton Evaluation Center



**Creators of the Shelton Early Intervention Model** 

What Is A Language Learning Difference?

# A language-learning different child shall be defined as a child with:

- average or above-average intelligence
- adequate vision and hearing
- without primary emotional disturbance
- who has failed or is at high risk to fail when exposed to school experiences using conventional educational techniques.

Language-learning differences are the result of **auditory** and **visual processing dysfunction** and include:

- the specific learning disorder **dyslexia**
- and the related disorders of ADHD,
- specific disorder in **math**,
- specific disorder in written expression,
- specific (oral) language disorder, and
- developmental **motor coordination** disorder (dysgraphia).
- Learning differences can occur in various combinations.

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

- One of several distinct learning disabilities;
- Specific language-based disorder of constitutional origin characterized by difficulties with accurate and/or fluent single word decoding.

#### **Dyslexia** Definition NIH

- Reflects insufficient phonological processing abilities.
- Difficulties in single word decoding unexpected in relation to age & other cognitive & academic abilities.

#### **Dyslexia** Definition NIH

- Not the result of a pervasive 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.

#### **Related Disorders**

Refers to learning difficulty in:

- Oral Language Disorder (Dysphasia / Aphasia)
- Reading Comprehension Disorder
- Attention Deficit Hyperactive Disorder (ADHD)
- Math Disorder (Dyscalculia)
- Coordination Disorder
- Social Skills Disorder (Pragmatic Language Impairment)

## Oral Language Disorder

A spoken language disorder (SLD), also known as an oral language disorder, represents a significant impairment in the acquisition and use of language across modalities (e.g., speech, sign language, or both) due to deficits in comprehension and/or production across any of the five language domains (i.e., phonology, morphology, syntax, semantics, pragmatics). Language disorders may persist across the lifespan, and symptoms may change over time.

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#### Reading Comprehension Disorder

- Difficulty with bringing meaning to words decoded while reading
- Associated with Oral Language Disorders

## 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.

#### DSM-5 Definition of Attention-Deficit/Hyperactivity Disorder

#### **Three Subtypes:**

- Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Presentation
- Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Presentation
- Attention-Deficit/Hyperactivity Disorder, Combined Presentation

## Math Disorder

Dyscalculia – Difficulties in production or comprehension of quantities, numerical symbols or basic arithmetic operations that are not consistent with the person's chronological age, educational opportunities or intellectual abilities.

- Difficulties remembering number facts
- Inaccurate or slow arithmetic calculation
- Ineffective or inaccurate mathematical reasoning
- Avoidance of activities requiring arithmetic

## **Coordination Disorder**

Motor coordination is substantially below that expected given the person's chronological age and measured intelligence.

- Marked delays in achieving motor milestones (walking, crawling, sitting)
- Dropping things
- Clumsiness
- Poor performance in sports
- Poor handwriting

#### Social Skills Disorder Pragmatic Language Impairment

Individuals with these impairments have special challenges with the semantic aspect of language (the meaning of what is being said) and the pragmatics of language (using language appropriately in social situations).

- Difficulty understanding satire or jokes
- Difficulty with reading body language
- Difficulty in making and maintaining friendships
- Difficulty in distinguishing offensive remarks

If you would identify children who are high risk for academic learning tasks, with the goal of providing early intervention, evaluate:

- Coordination
- Language
- Attention
- Perception

#### Autism

- Autism Spectrum Disorder is a developmental disorder that appears in the first 3 years of life and affects the brain's normal development of social and communication skills.
- Autism is not a learning difference.









Why Do We Need To Understand The Brain And How It Processes?





## Dr. Gordon Sherman

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



## **Neural Migration**

- Occurs before the 6<sup>th</sup> month of gestation,
- A genetic code sends the signal to migrate,
- In non-impaired learning brains the neurons do not reach the first layer of cerebral cortex-the language center of the brain.

Dr. Gordon Sherman























# The Shelton Way

- Assessment to Instruction.
- Assessment leads to the understanding of the Profile of the Learner.
- The Profile leads to the creation of the educational and therapeutic methods which are the specific prescription for each learner.

## Assessment

- Battery of Tests
- Interpretation-It's not just adding up the scores!
- Profile of a Young Student
- Profile Leads to Prescription

Montessori Teachers and Administrators need to understand evaluation reports on their students.

#### Measures To Be Included In A Battery Of Tests • Reading

- Background History
- Cognitive Ability
- Oral Language Ability Spelling Phonological
- Processing
- Letter-Sound Knowledge
- Automaticity/Fluency Executive Functioning
- Word Recognition
- Decoding

- Comprehension
- Written Expression
- Fine Motor
- Working Memory
- Attention

- Processing Speed

	Identificat Developed I	ion of Dyslexia by Dr. Laure Ames		
Student:		Date of Birth:	Age:	
School:		Grade:		
Date of Evaluation: Area Assessed Below Average SS Below 90 Percentle 475		Evaluator:		
		Average SS 90-109 Percentile 25-74	Above Average SS 110 + Percentile 75+	
Cognitive/Intellectual Ability				
Cognitive Processes Phonological Awareness Test: Rapid Naming Test:				
Academic Skills			1	
Letter/Sound Knowledge Test:				
Reading Words in Isolation Test:				
Decoding Unfamiliar Words Test: Reading Fluongr				
Test: Rate				
Accuracy				
Reading Comprehension Test:				
Spelling				



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Urai Language		
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Metalinguistics		
Orthographic Processing		
Written Expression Test:		
Fine Motor/Handwriting Test:		
Working Memory Test:		
Attention Test:		
Executive Functioning Test:		
Processing Speed Test:		
Qualitative Indicators		ı
Reversals		
Benetitiene		
Channy halting alow		
Choppy, haiting, Slow		
spelling errors		
Written Expression errors		



#### Wechsler Intelligence Scale for Children (WISC)

- Individually administered intelligence test.
- Children between the ages of 6.0 and 16.11.
- The Fifth Edition (WISC-V) is the most current version.
- Takes 48-65 minutes to administer.
- Generates a Full Scale IQ (represents a child's general intellectual ability).
- Also provides five primary index scores (i.e., Verbal Comprehension Index, Visual Spatial Index, Fluid Reasoning Index, Working Memory Index, and Processing Speed Index) that represent a child's abilities in more discrete cognitive domains.

# Score Ranges

- 130 above Extremely High
- 120 129 Very High
- 110 119 High Average
- 90 109 Average
- 80 89 Low Average
- 70 79 Very Low
- Below 70 Extremely Low



## CELF-5

- Administered to examinees 5 to 21 years of age.
- Produces a Core Language Score (a composite score), as well as a Receptive Language Index, Expressive Language Index, Language Content Index, and either a Language Structure or Language Memory Index.



# CTOPP-2

- Used with examinees ages 4.0 to 24.11 years. It is used to assess reading-related phonological processing skills.
- **Phonological processing** refers to the use of phonological information in processing oral language (listening, speaking) and written language (reading, spelling, writing).
- Phonological awareness and rapid naming represent two correlated yet distinct kinds of phonological processing abilities.

# CTOPP cont'd

#### **Phonological Awareness**

- Awareness of and access to sound structure of English language
- Three subtests are used to measure phonological awareness.

#### **Rapid Naming**

- Ability to retrieve phonological information, execute sequence of operations quickly, repeatedly
- Two subtests are used to measure rapid naming.

## Beery VMI

- Used with examinees ages 2 to 100. The test measures the extent to which individuals can integrate their visual and motor abilities.
- 3 subtests assess visual-motor integration, visual perception, motor coordination.
- Student is shown a design and asked to copy it.



#### Pre-Reading And Writing Skills

#### Alphabet Sample

**Description:** This sample provides an example of the student's handwriting of 26 letters.

**Administration:** Administer to all students in EC through 2<sup>nd</sup> grade. **Say:** "Print the letters of the alphabet that you know here. If you know the whole alphabet, write it all."

**Scoring:** Count correctly formed letters and place this score in the "number correct" space. Malformed letters and reversals are counted as errors.

#### Pre-Reading And Writing Skills

#### Number Sample

**Description:** The number sample provides an example of the student's ability to write numbers. The student is asked to write as many numbers as they can.

**Administration:** A number sample is taken for students in EC through  $2^{nd}$  grade. **Say:** "Can you write your numbers? Can you write from 1 to 10? How high can you go? Write your numbers as far as you can. "

**Scoring:** Count all correctly formed numbers. Check yes if reversals or problems with sequencing are noted.

## Pre-Reading And Writing Skills

#### Gates Oral Subtests

The Gates Oral subtests measures pre-reading skills of capital and lower case letter recognition, sound/symbol association, and word blending.

## Gates Subtests

Naming Capital Letters \_\_\_\_/ 26 Correct X G O K B I D M T U F W A C H J R N E Z S Q L P Y V Naming Lower Case Letters \_\_\_\_/ 26 Correct w r a b k e m d y t u x f c i v g h j n q s z l p Naming Letter Sounds \_\_\_\_/ 26 Correct s t n p f d c u l o y r k x i b j a m h v e z g w q

#### GORT-5

- Used with examinees 6.0 to 23.11 years of age.
- Produces four scores and a composite:
  - **Rate** score is the time in seconds taken to read a story aloud.
  - The **Accuracy** score is the number of words the student pronounces correctly when reading the passage.
  - The **Fluency** score is a combination of the student's Rate and Accuracy scores.
  - The **Comprehension** score is the number of questions about the stories that the student answers correctly. The open-ended format ensures that the items are passage-dependent.
  - The **Oral Reading Index (ORI)** is a composite score formed by combining students' Fluency and Comprehension scaled scores.



**Substitutions**: a word substituted for a similarly shaped word

Errors

**Mispronunciations**: an unintelligible word is read

**Examiner Pronounced**: the student can't read the word

Insertions, Omissions, Repetitions

#### Behavior, Emotional Functioning, and Attention



## BASC-2

Multidimensional assessment for the evaluation of ages two through twenty five.

The three forms we use:

- Teacher Rating Scales (TRS)
- Parent Rating Scales (PRS)
- Self-Report of Personality (SRP)

## Quotient ADHD System

The Quotient ADHD System is continuous performance device that measures the three core symptoms of ADHD: hyperactivity, attention and impulsivity. Based on research from the McLean Hospital, a Harvard Medical School Affiliate, this tool uses advanced motion tracking technology to track a child or adult's micro-movements while they complete a 15-20 minute computerized test. After the test is completed, patterns of motion, accuracy of the responses, and fluctuations in attention state are quickly analyzed and scored using proprietary algorithms. Scores and test data from these analyses provide valuable insights into both the existence of ADHD and the severity of the disorder.

# Interpretation - It's not just adding up the scores!

Profile Of A Young Student



#### History

**Referral Question:** "He is experiencing issues in school. He's behind in his reading and math. We can tell there is some sort of learning problem and we don't know what it is. We had his school test him in April and he didn't meet criteria because he was average."

"His school is an exemplary school. He started school so excited to be in 1<sup>st</sup> grade. But now he is overwhelmed by the content and volume of work. He says, 'I'm stupid' and 'I'm the dumbest one in the class' and 'I can't learn anything.""

Sch	iool'	s Te	estin	g -	СТО	PP	)
Subtest	Raw Score	Age Equiv.	Grade Equiv.	%ile Rank	Scaled Score	SEM	Descriptive Term
Core 1. Elision (EL) 2. Blending Words (BW) 3. Phoneme Isolation (PI) 4. Memory for Digits (MD) 5. Nonword Repetition (NR) 6. Rapid Digit Naming (RD) 7. Rapid Letter Naming (RL)	15 17 20 11 22 35	6-6 6-3 7-0 1 <u>3-6</u> <u>13-6</u> <u>14-3</u> 7-3 6-3	1.4 2.0 8.4 2.2 2.2 2.2	25 25 37 91 50 25	450FD0M	1 1 1 1 1 1	A A AA BA A A
Supplemental 8. Blending Nonwords (BN) 9. Segmenting Nonwords (SN) Section 3. Composite P	$\frac{16}{15}$	<u>1.3</u> <u>6-6</u>	2.2 1.4	<u>50</u> 35	(0)	1	<u>A</u>
Section 3. Compositer	enonnance	subtest Scaled Sc	ore		ium of %ile		Composite Descriptive
Composite EL	BW PI	MD NR F	RD RL BN	SN Sca	ed Scores Rank	SEM	Score Term
Phonological Awareness Phonological Memory Rapid Symbolič Naming Alt. Phonological Awareness	<u>89</u> .	14 6 1	0 8 10	8	20 20 31 31 31 31 31 31	- 4 - 6 - 4 - 4	90 <u>A</u> 101 <u>A</u> 95 <u>A</u> 95 A































, Time (	1 The 2 It is 3 She 4 But 5 She 6 She in seconds):	girl likes to follow new plan. yellow (m) white star. <sup>11</sup> the 30 <sup>2</sup> of 0.0 <sup>1</sup> / <sup>10</sup> sets a car. soppid the real light. <u>10<sup>1</sup>/<sup>10</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> <u>10<sup>1</sup>/<sub>1</sub></u> 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	Score	Question	Correct Response	$\left  \right _{\alpha}$
		How do you think the girl feels in this story?	Happy, good	
1	\	non ao you mini me garreers in this story i		
1		When does the girl go slowly? Wight the can prove and	When a car is coming	1 ic
1 2 3	1	When does the girl go slowly? What he can prove and When is the girl? I've won in on the schement	When a car is coming In the street; on the sidewalk	
1 2 3 4	1	When does the girl go slowly? What he are not and Where is the girl? in in the advantage advantage What color is the light at the end of the story?	When a car is coming In the street; on the sidewalk Green	, V
1 2 3 4 5	1	When does the girl go slowly? What have a character and the story? I have a character and the story? the share a character and the story? The share a character a char	When a car is coming           In the street; on the sidewalk           Green           Yellow with white stars; new	







Contract of the second		DSy uring Testing	vstem	7/16/15, 12:43 Pk Attention States are measured in 30-second intervals.
	10	Min		State Shift Summary
Attention	State Res	sults	15 Mi	
Measure	Results	Reference Range (16-84 Percentile)	Age Percentile (t ≤ 16 Age Percentile)	
Number of Shifts: (number) A measure of how many times a change in behavioral states occurs over the course of a test.	15	10 - 18	47	
Attentive: (percent) Percent of 30 second blocks in which subjects performed with very high level of accuracy.	30.0	0.0 - 63.3	56	
Impulsive: (percent) Percent of blocks when subjects performed better than chance but made asgnificant number of commission errors.	30.0	13.3 - 63.3	65	
Distracted: (percent) Percent of blocks when subjects performed better than chance but missed a significant number of targets.	30.0	0.0 - 20.0	7 <sup>t</sup>	


#### **Diagnostic Impressions**

- 1. Attention Deficit/Hyperactivity Disorder, Predominately inattentive presentation
- 2. Fine motor weakness
- 3. Language Disorder
- 4. Specific Learning Disorder with impairment in reading (dyslexia)
- 5. Specific Learning Disorder with impairment in mathematics (fluency)

# Profile Leads To Prescription

Admission Screening in a Montessori School

#### Screening Battery for a Montessori School

- Slosson Test of Intelligence Test Revised (4.0+)
- Draw a Person (3.0+)
- Beery VMI (3.0+)
- CTOPP (Phonological Awareness / Rapid Naming (4.0+)
- Gates Oral Subtest (4.0+)
- Alphabet Sample (4.0+)
- Number Sample (4.0+)
- Gilmore Oral Reading Test, 5th Edition (5.0+)
- Gates Oral Spelling (5.0+)
- WRAT Math (5.0+)

# Early Intervention

- Montessori & Multisensory Structured Language Education (MSLE)
- Why Montessori
  - Individualization
  - Multisensory
  - Attention and Organization
  - Fine and Gross Motor Development
  - Oral Language Development

J. McVicker Hunt has written that Montessori has come the closest to solving the problem of "match" in education. (Hunt 1968).

He explains the "match" concept as placing the level of presentation to the child at the child's developmental and skill level for optimal learning and success. This problem of "match" is critical to teaching the at risk child.

A method which provides for:

• Individualization of instruction through the child's interaction with the didactic materials proceeding at his own rate for mastery.



## Montessori Applied to Children at Risk

- ✓ Specific procedures / techniques for training **attention**.
- ✓ A classroom **structure**, clear in limits and privileges, which assists the child with faulty inhibition control to develop those skills.







✓ An emphasis on work organization which gives a child a model for learning how to set up and go about work tasks, the result of which can be a lifelong habit of investigation.





 Manipulative materials which provide the child with multisensory perceptions which help concretize abstract concepts.



✓ Specific techniques for increasing gross motor skill development, eye-hand coordination and fine motor skill facility.



## Montessori Applied to Children at Risk

✓ A concentration on the specific labels for people, objects, and ideas and their attributes and functions that foster oral language development.





✓ Presentations of academics in small sequential steps with scientifically researched materials to further skill development in language, math, geography, history, physical and biological sciences, art and music.

## Academics in Small Sequential Steps



✓ Enhancement of Social Skills and Interpersonal Relationships.

Choices



## Montessori Applied to Children at Risk

✓ An environment of encouragement to try, a de-emphasis of failure, which encourages the child's desire for independence, an emphasis on respecting the teacher and classmates that fosters consideration for others.





#### Facilitating Learning For The At Risk Child Written Language Development



# SUMMARY & CONCLUSIONS

The At Risk Child Requires:

- Direct teaching of language and/or math symbols.
- Pre-writing & writing practice with a multi-sensorial technique.
- Language presentations modified with the techniques or programs for children with specific reading disabilities.

## Results of Lack of Early Intervention

- Untreated disorders of articulation become ingrained habits.
- A lack of vocabulary becomes more severe communication disorders.

#### Results of Lack of Early Intervention

- Visual/auditory processing disorders result in mild to severe written language disorders (reading, writing, spelling).
- Non Verbal/verbal communication deficits often causes difficulties with social skills.

If a **parent or teacher waits** for the child with a language disorder to spontaneously develop the skills for which he does not have the discrimination & integration abilities, it **means the child struggles with confusion & frustration.** 



## Education Must Be Prescriptive

Many approaches/programs could work with most children to some degree, but it is more effective if we match the program to the child and his individual profile of strengths/weaknesses in the assimilation of language and learning.

"The mindset of the effective educator is motivated to help all students to feel special and appreciated."

"We accomplish this by being <u>empathic</u>, by treating students in the same ways that we would like to be treated, by finding a few moments to smile and make them feel comfortable, <u>by teaching them in ways they</u> <u>can learn</u>, by taking painstaking care to avoid any words or actions that might be accusatory, by lessening their fears of failure, by encouraging them, and by recognizing their strengths."

Quote By Robert Brooks, Ph.D.

For further information about trainings and materials, please visit the Shelton website www.shelton.org/training

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