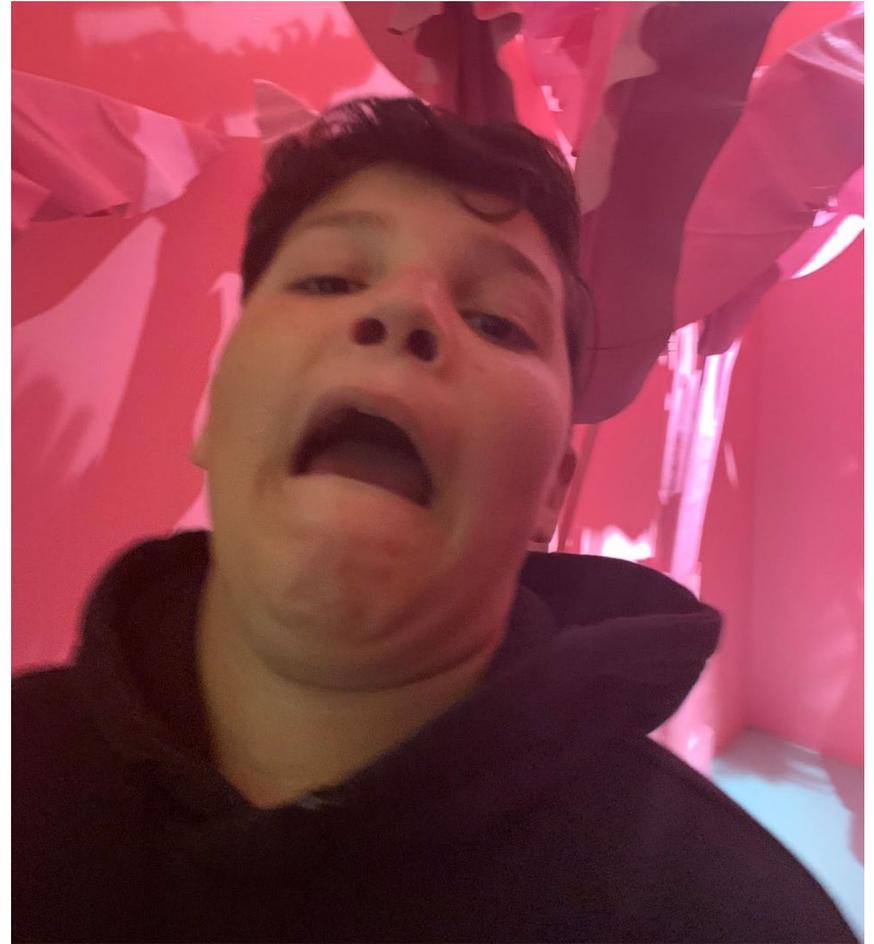




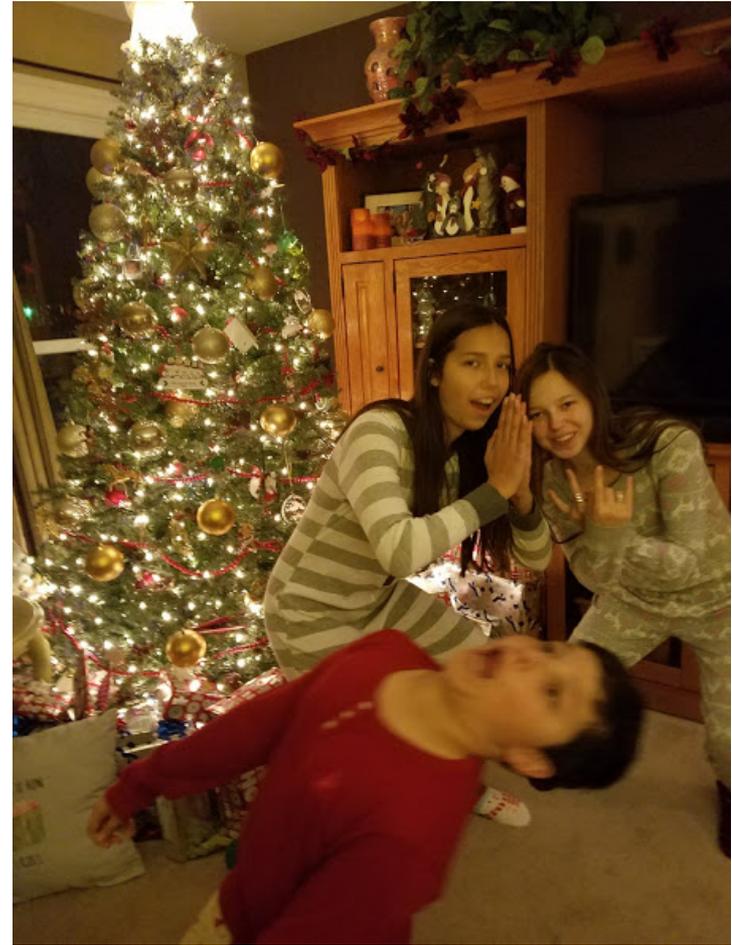
WHOA!!! WHERE'D THAT
SQUIRREL COME FROM? |

Andrea Marwah, IL Hands & Voices / Illinois School for the Deaf Outreach

WHAT DOES ADHD LOOK LIKE?



WHAT DOES ADHD LOOK LIKE?





HOW MANY CHILDREN ARE WE TALKING ABOUT?



2018 Statistics



3.79 million births in the US



About 2-3% diagnosed DHH



About 10% of kids are diagnosed with ADHD.



No stats available about the co-morbidity of ADHD and HI or Deafness



About 40% of diagnosed DHH have other disabilities

HOW DO WE FIND THESE CHILDREN?



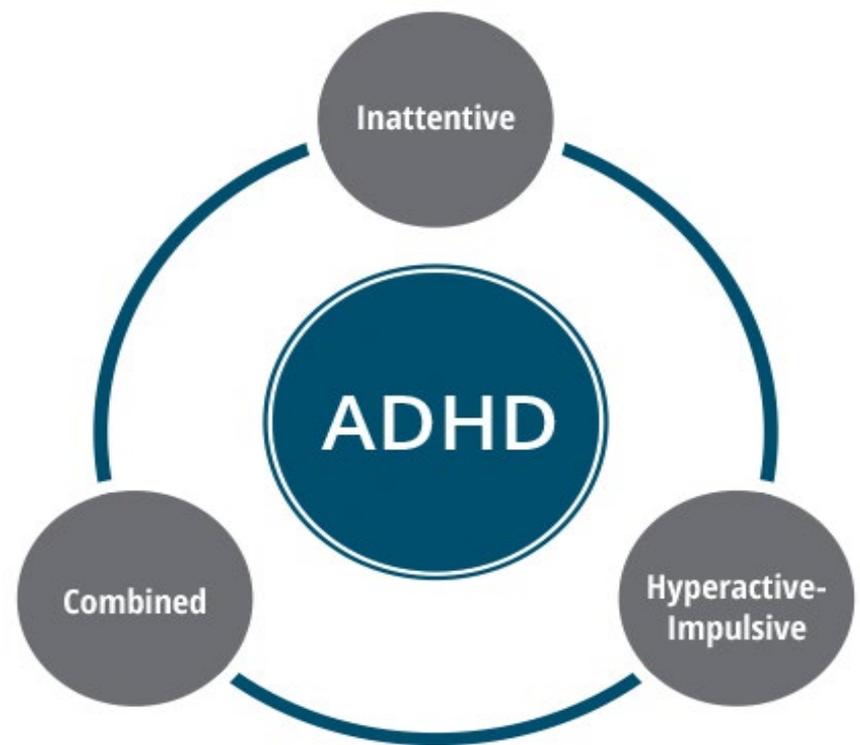
- Teacher/therapist observation
 - Parental Concern
 - Team Collaboration
 - Developmental Checklist
- Observation of academic or behavioral difficulties
- Observation of the child's performance in the environment

ATTENTION
DEFICIT
HYPERACTIVITY
DISORDER

ADHD is a very complex
neurobiochemical disorder..
Parents and teachers do **NOT**
cause ADHD.



THERE ARE THREE SUBTYPES OF ADHD



- Predominately Inattentive Type
- Predominately Hyperactive-Impulsive Type
- Combined Type (inattention, hyperactivity-impulsivity)

INATTENTIVE CHALLENGES

- Lacks close attention to details or makes careless mistakes. Has difficulty keeping focus.
- Does not appear to listen
- Struggles to follow through with instructions.
- Difficulty with organization.
- Avoids or dislikes tasks requiring a lot of thinking.
- Loses things.
- Easily distracted.
- Forgetful in daily activities.

HYPERACTIVE CHALLENGES

- Fidgets with hands or squirms in chair.
- Difficulty remaining seated.
- Runs about or climbs excessively (for children)
- Difficulty to quietly engage in activities.
- Acts as if driven by a racecar
 - Chatters excessively.
 - Impulsively blurts out
 - Difficulty waiting or taking turns.
 - Interrupts others.

COMBINED TYPE

Combination of inattentive and hyperactive



WHAT OTHER PROBLEMS MAY CO-EXIST WITH ADHD?

- Oppositional defiant disorder
- Conduct disorder
- Anxiety
- Depression
- Learning disabilities



FOR ADHD DIAGNOSIS:

Symptoms must.....

- be present at least 6 months
- be present in 2 or more settings
- cause problems before age 7
- be developmentally inappropriate



WHAT IS THE RECOMMENDED TREATMENT APPROACH?

- Education of the patient, parent and teacher about the disorder
- Medication, usually from the class of drugs called stimulants (in recent years non stimulant drugs have been produced but the stimulant drugs tend to have better outcomes for most patients.
- Behavior therapy
- Other environmental supports, including an appropriate school program

SO WHAT CAN WE DO?

- Remember, it's not a matter of deliberate choice on the part of the child.
- Provide external incentives to follow the rules.
- Give extra praise and encouragement.
- Follow a step by step approach.
- Let the student earn special privileges.
- Alternate action with requests for attending.
- Consider a special diet and/or exercise program.



...AND WHAT ELSE?

- Minimize visual distraction where attention is required.
- Provide good listening environment for children with usable hearing.
- Agree on a small signal to help child remember to remain calm.
- Have child near you for ease of attention getting.
- Enlist parent help.
- Don't sweat the small stuff.





We discussed specifics within specific disability categories. Now for general information on how to educate children who have multi-needs. Ideas and strategies that not only help the student but the students peers as well in many instances.

WHAT ABOUT EDUCATION PLANNING?

Strive to develop independent functioning as much as possible

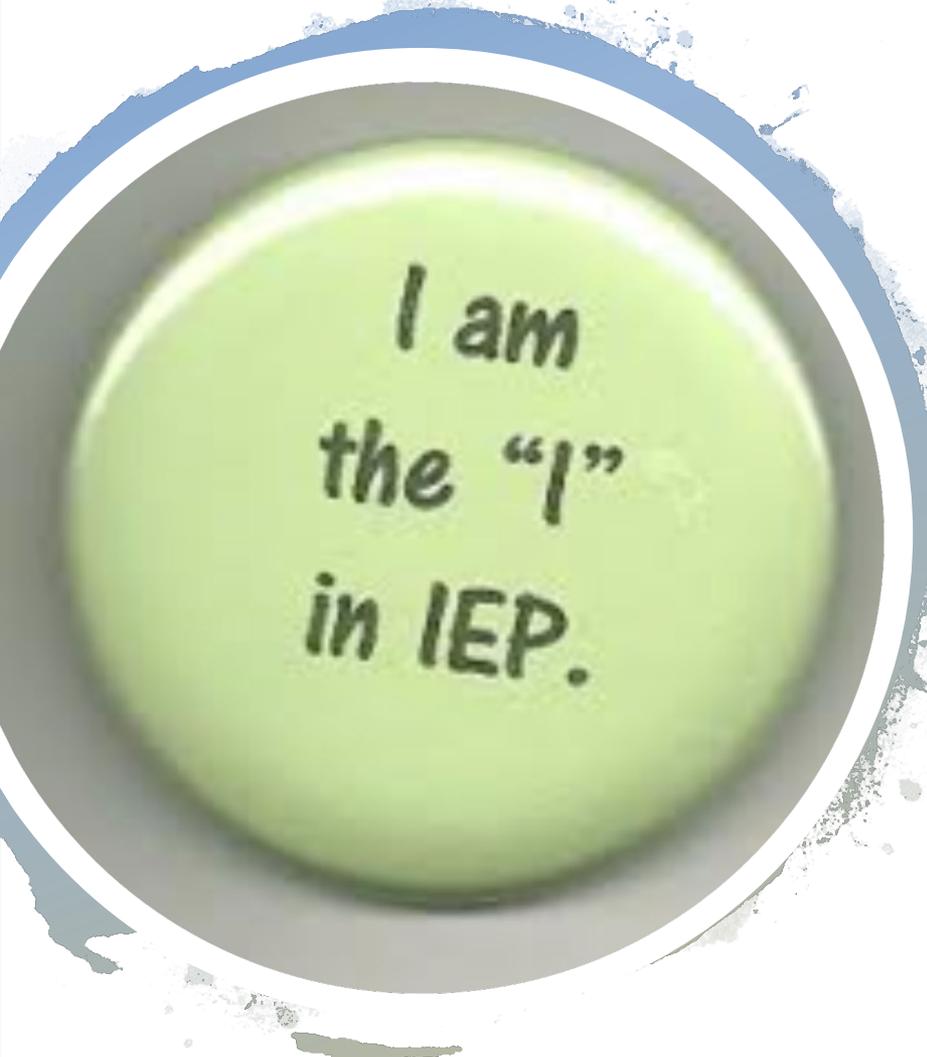
Develop the IEP or 504 Plan as a team

Coordinate efforts and include all team members:

- Parents
- Teachers and support personnel
- other professionals working with the child

Lets face it, few teachers are trained to teach children with additional disabilities.

WHAT ABOUT MATERIALS AND STRATEGIES?

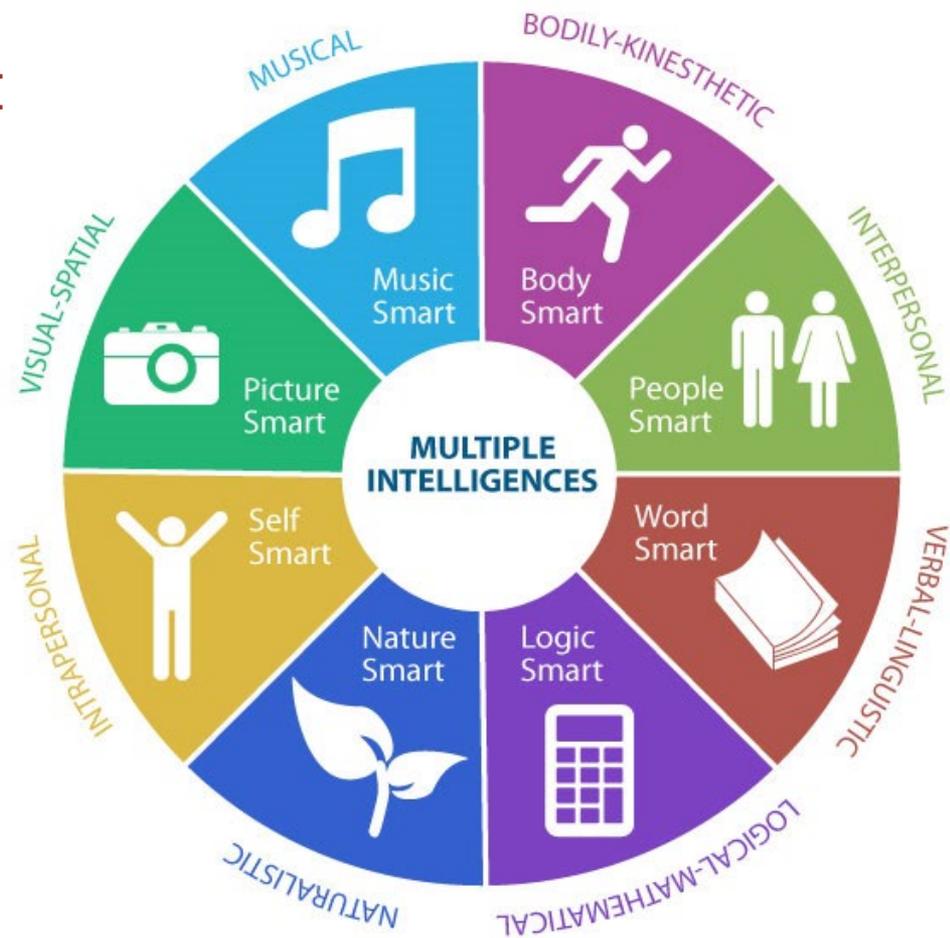


I am
the "I"
in IEP.

- No one technique or strategy is appropriate for all children.
- Emphasis should be placed on what a child CAN do.. Not what they CAN'T do.

LEARNING STYLES

- Auditory
- Visual
- Kinesthetic
- A combination



Curriculum must be presented in a format compatible to the learning style of the student to make new learning happen.

LEARNERS WITH DIFFERENT STYLES

- Auditory Learner

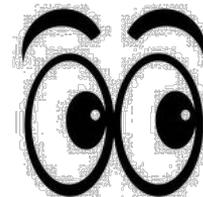


- logical, analytical, sequential thinkers
- comfortable with school tasks, like analyzing sounds and numbers, following direction
- are considered good students because their needs are met in the classroom

- Visual/Tactile-Kinesthetic Learners



- not good with logical, analytical, sequential tasks until they see the big picture
- work backwards end to beginning
- need to learn new things in context
- random and divergent thinkers



GLOBAL V. ANALYTICAL THINKERS

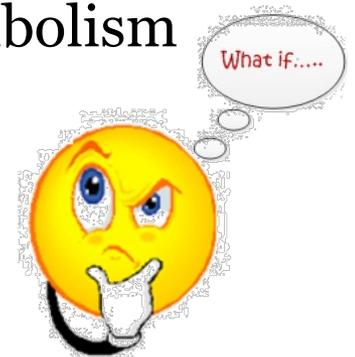
Global Thinkers

- whole to parts
- hands-on learning
- organizes visually
- learning styles focus
- immerse the senses
- seek patterns and connections
- technology assistance
- integrate skills into context
- concrete to abstract



Analytical Thinkers

- cause & effect
- organizes sequentially
- auditory remembering
- independent
- aesthetic, less sensory than global
- understands symbolism

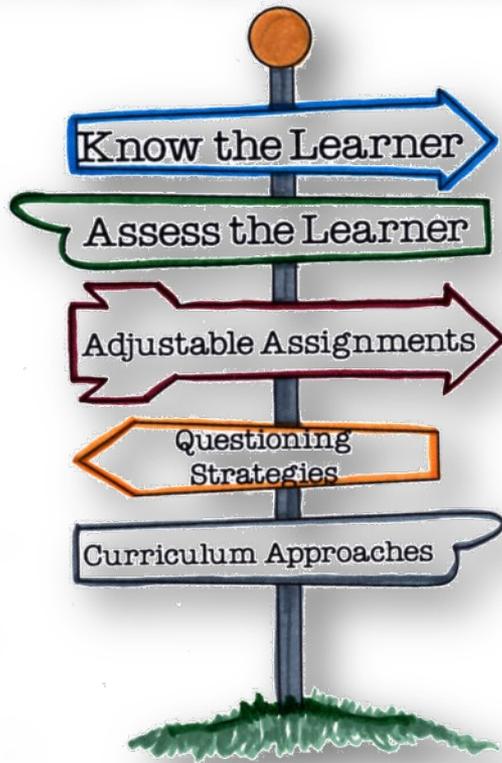


EFFECTIVE INSTRUCTIONAL STRATEGIES FOR ACCESS TO THE GENERAL CURRICULUM



- Task Analysis
- Giving Instructions
- Adaptation
- Parallel Talk
- Chaining
- Modeling
- Prompts
- Repetition
- Feedback
- Praise

What is Differentiation?



DIFFERENTIATED INSTRUCTION

- Providing different avenues for acquiring content, processing or making sense of ideas, and developing products.
- It is **NOT** an individualized lesson plan
- It is **NOT** chaotic and unorganized
- It is **NOT** teaching to the 'middle'
- It is **NOT** just making a few accommodations and adaptations

KEY ELEMENTS OF DIFFERENTIATED INSTRUCTION

Acknowledge similarities and differences

Focus on “quality” not “quantity”

Provide multiple approaches to content, process, and product

Student centered

Flexible grouping and pacing

Collaborative

Assessment is varied, on-going and guides instruction and learning tasks

Nine Types of Adaptations

Size

Adapt the number of items that the learner is expected to learn or complete.

Time

Adapt the time allotted and allowed for learning, task completion, or testing.

Level of Support

Increase the amount of personal assistance with a specific learner.

Input

Adapt the way instruction is delivered to the learner.

Difficulty

Adapt the skill level, problem type, or the rules on how the learner may approach the work.

Output

Adapt how the learner can respond to instruction.

Participation

Adapt the extent to which a learner is actively involved in the task..

Alternate Goals

Adapt the goals or outcome expectations while using the same materials.

Substitute Curriculum

Provide different instruction and materials to meet a learner's individual goals.

CLASSROOM ENVIRONMENT



- Academic
- Physical
- Emotional

SURFACE MANAGEMENT

- NON VERBAL TECHNIQUES
 - Planned Ignoring
 - Signal Interference
 - Proximity Control
- Interest Boosting
- Supportive Removal
- Restructuring Classroom Program
- Support from Routine
- Direct Appeal to Values
- Removing Seductive Objects
- Support through Humor





CLASSROOM MANAGEMENT

Classroom management refers to all of the things that a teacher does to organize students, space, time, and materials so that instruction in content and student learning can take place.

REMINDER: GOALS OF MISBEHAVIOR

- Attention-getting
- Control of the Interaction
- Revenge
- Display of Inadequacy
- Sensory Regulation



NOT SO EASY STEPS TO TACKLING IT!

- Catch them being good. Give attention for appropriate behavior. ...
- Ignore the misbehavior but not the child. When the child misbehaves, resist the temptation to lecture, nag, scold, yell, or punish. ...
- Be consistent. It's the only way children know we mean what we say.
- Repeat.
- Repeat..
- Repeat...
- Repeat....



CHARACTERISTICS OF A SUCCESSFUL PROGRAM:

- A “can do” attitude
- Highly structured
- Specific, clearly stated objectives
- Focus on individual needs
- Step-by-step instruction
- Individualized objectives and instructional procedures



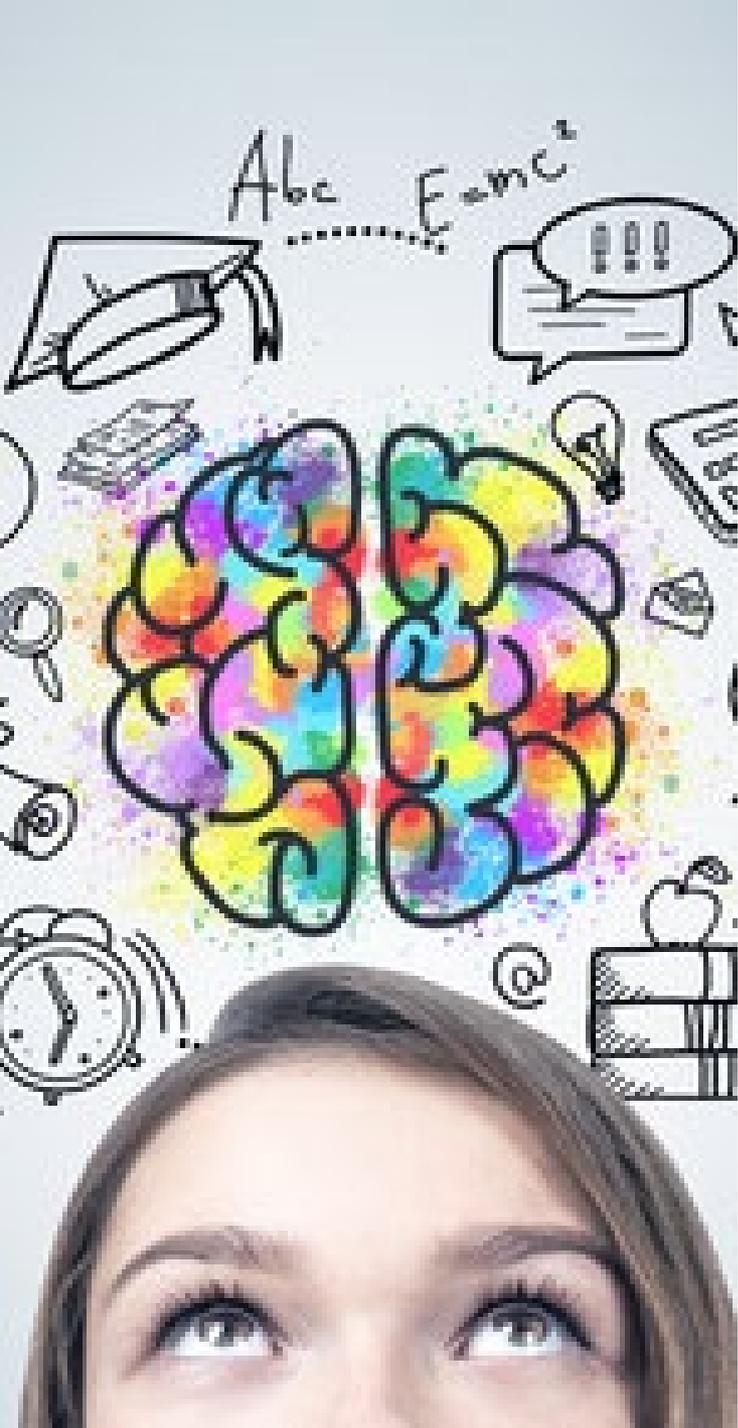
- Consistent routines
- Age appropriate materials
- Provision for successful experiences
- Repetition to the point of over-learning
- Transfer of in natural environments



TEACHERS/THERAPISTS ARE AN ESSENTIAL LINK.

- Know the characteristics of this comorbid disability
- Participate in ongoing workshops
- Help LEA design a learning profile for each student
- Help LEA to use effective teaching techniques
 - Always gain attention first
 - Call student by name
 - Use visual aids
 - Write assignments on the board
 - Give extra time for answers





AND MORE...

- Provide individualized instruction
- Provide a structure for learning
- Provide structured language if needed
- Build self-esteem
- Meet with parents/guardians
- Understand the laws and procedures
- Advocate on behalf of your students
- Be positive



WE ARE NOT
ALONE

WHO ELSE CAN
HELP?

THE TEAM

(IN AND OUT OF SCHOOL)

- Audiologist
- Classroom teacher
- Education Interpreters
- Neurologist
- Occupational therapist
- Optometrist
- Ophthalmologist
- Otologist
- Teacher's aide
- Parents
- Pediatrician
- Physical therapist
- Psychiatrist
- School nurse
- School psychologist
- School social worker
- Special ed teacher
- Speech language pathologist

AUXILIARY SCHOOL PERSONNEL CAN ALSO BE HELPFUL!!!



- Dietitian
- Interpreters
- Janitor
- Lunchroom staff
- Office staff
- Older students
- Parent volunteers
- Peers
- School volunteers

PARENTS ARE KEY!!!

- Parents can:
 - Maintain consistency in the student's life.
 - Help the student maintain self-discipline.
 - Help with homework...consistency in learning.
 - Encourage good nutrition and a good night's sleep.
 - Give positive reinforcement and encouragement.
 - Maintain home/school communication.
 - Provide outside activities that build self-esteem.
 - Provide love and acceptance.



MODIFICATIONS AND ACCOMMODATIONS

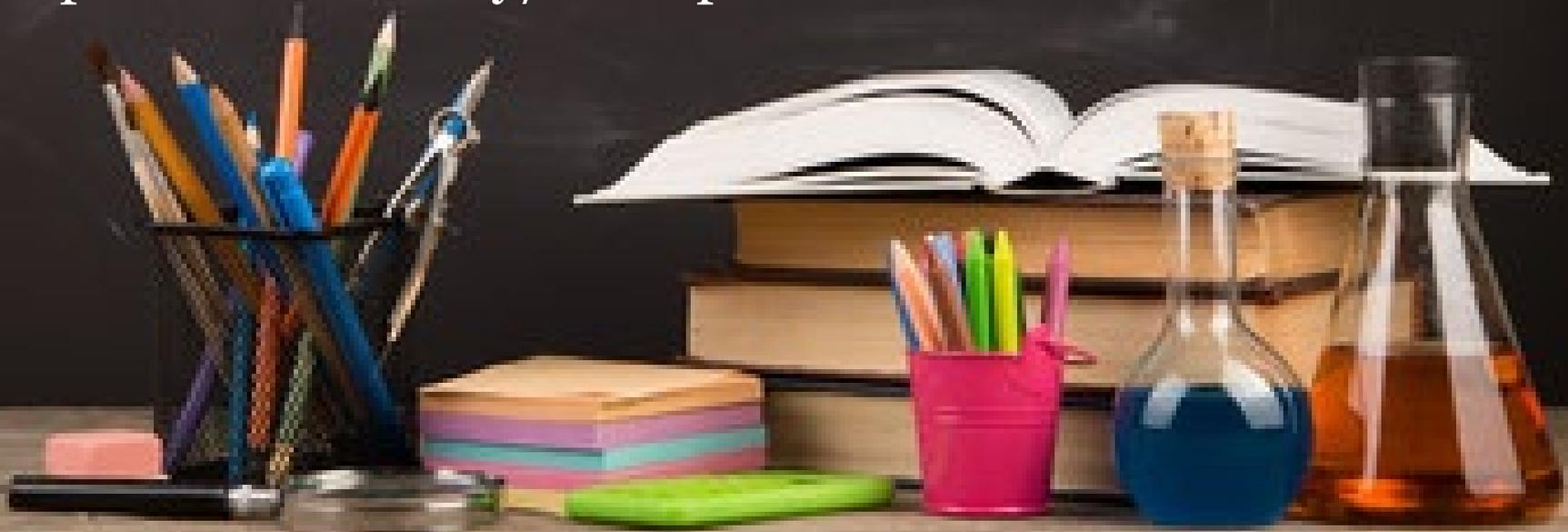
TIPS FOR ACCOMMODATIONS



- Environmental changes- preferential seating front (near teacher or interpreter), flexible seating
- Peer Notetaker, Teacher notes/outlines, Interpreter signs test
- Using different paper, spell-checker, Highlighted text, Word banks
- Peer buddy, Frequent teacher check-backs
- Multiple choice, Verbal/Sign responses
- Shorten assignments, Extra time

TIPS FOR MODIFICATIONS

- Reduced/altered: assignments, classwork
- Specialized or alternative curriculum
- Alternate book at student's level
- Simplified vocabulary/concepts
- Picture supports
- Calculator
- Grading



WITH
DETERMINING
ACCOMMODATIONS
BE SPECIFIC



WHY?

SOURCES

A list of sources can be made available upon request. Email presenter at andrea.marwah@Illinois.gov for a list of sources used in this presentations.