

Q & A



"By recognizing individual differences, we foster individual gifts. By teaching to strengths, we help not only learning disabled students, but all students. By understanding learning disabilities, we learn more about ourselves." Barbara Givens, George Mason University, Virginia

PREVIEW

"YOUR RIGHT TO KNOW!"

"Q & A" was developed by Meryl Eisenberg for Florida's Bridges to Practice

Let the Bridges to Practice **"Q & A"** be your resource for finding important answers to commonly asked questions about issues related to LEARNING DISABILITIES.

FIND THE KEY TO:



- What causes LD?
- What is the incidence of learning disabilities among our ESOL students?
- What laws protect the rights of adults with disabilities and how is it defined?
- What is an accommodation?
- Doesn't providing LD adults with accommodations give them an unfair advantage?
- What are the responsibilities of the adult with LD and the literacy provider?
- What is word blindness and why is it that some can't see printed materials?
- What are some strategies to use for students who struggle to write?
- What is phonological processing and how is it related to dyslexia?
- What are some strategies for teaching reading to adults with learning disabilities?

"The U.S. Department of Labor's statistics from a 1992 survey of workplace literacy discovered that 45% of the current American workforce falls below 6th-8th grade reading levels as identified on standardized literacy tests. That means approximately 50 million Americans between age 16 and 55 cannot function above the 5th grade literacy level.



This documented army of illiterate American adults did not appear over night. Over a period of several years individuals dropped one by one through the cracks of the educational system that did not know how to recognize or remediate their special needs or learning differences. Bringing these millions of low skill adults back into classrooms, then into the workplace, can only be done one by one as teachers learn how to recognize learning deficits, then accommodate adult learning and workplace requirements to fit LD needs."

Jordan, D.R.,
"Teaching the Adult Learner" 1996

"When I found out I had a learning disability, I was relieved. I had known that my father had dyslexia that went untreated. I came to realize that having a learning disability was all right. It meant I wasn't stupid."

QUESTION

What causes a learning disability? Is it biologically-based, due to the environment or is it inherited?

ANSWER

The evidence shows that those who have learning disabilities exhibit a subtle difference in the structure and function of their central nervous system. This difference affects the cognitive processes that are essential to learning. In the late 1970's and 80's brain research was based on post-mortem studies of brain sections. New techniques using MRI, a neuroimaging device, show that the frontal region of the brain of children with dyslexia is different from those without the disability. Work with brain electrical activity mapping (BEAM), which uses computers to map electrical brain waves, reveals that the electrical activity in the language-related areas of the brain of individuals with dyslexia is different from those who do not have dyslexia.

While a majority of research has focused on children, the work of Karen Gross-Glen and colleagues in 1991 using positron emission tomography (PET) to measure the metabolic activity of the brain, observed twenty-five adults with dyslexia while they read and found significant differences in the frontal and occipital areas of the brain responsible for phonological processing. However, these techniques are being used for research only, not yet to diagnose an individual learning disability.



Numerous studies of families and twins in the past 30 years indicate that there is a 35-45% chance of inheriting a learning disability. Despite this information, however, researchers have still been unable to isolate a single gene that may account for the disability.

Factors such as instruction, school, curriculum and home environment influence learning. Intervention at a young age can increase cognitive and social growth and prevent later behavioral problems. Successful adults with learning disabilities stress the importance of three critical factors: the tasks required to learn, the learning setting and the support that is or is not provided by family, friends and teachers. Shapiro, J., & Rich, R. (1999). *Facing Learning Disabilities in the Adult Years*: 20-28. NY. Oxford Univ. Press.

"I keep running around thinking, What does this mean? How can I pass? The words no make sense!"

QUESTION

Bridges to Practice training cites the U.S. Department of Labor statistics regarding the incidence of learning disabilities in both employment and training programs: 10-15% of the general population and 50-80% of ABE and literacy students (below 5-7th grade level). Is this also known to be true about students in ESOL classes?

ANSWER

Although research shows that the percentage of adults with learning disabilities in literacy and adult education classes may exceed the percentage in the population as a whole, with some estimates as high as 80%, there is a general sense that this may not be true of ESOL learners. Research is currently being done in this area.

Unlike native speakers in adult education programs, many ESOL students met success in their previous educational experience. They enroll in programs to learn to speak, read and write in a new language. Therefore, one should be careful when labeling this learner as learning disabled.

Learners may show learning disabilities in a second language when they do not in their first. The learning disability may be so subtle in a first language that it is disguised by the individual's compensatory strategies. Familiarity with one's own language allows for the overall context to be understood even when specific words are not and easier words are substituted for more difficult words. These strategies may not be available to the learner in the new language (Ganschow & Sparks, 1993). Sometimes a learning disability does not present itself in the learner's first language because of the sound-symbol relationship which may be more predictable in their home language, e.g., Spanish, versus English.



Other reasons for lack of progress to be considered prior to referring an ESOL student for LD testing include: limited previous education, lack of effective study habits, interference of the learner's native language, an incompatible teaching style to the learner's ability or class expectations, stress or trauma that refugees and other immigrants have experienced, causing concentration and memory problems, social cultural factors, e.g., age, physical health, social identity and diet, sporadic attendance and lack of practice outside the

classroom. These behaviors will likely affect all learning whereas a learning disability will affect specific areas.

Prior to the interview or screening phase, one should determine the following: 1) Has the problem persisted over time? 2) Has the problem resisted normal instruction? 3) Does the learner show a pattern of strengths and weaknesses in class? 4) What about outside the classroom? 5) Does the problem significantly interfere with learning or a life activity in some way? If the responses to these questions are yes, there is probably a learning problem that should be looked into more closely. Schwartz, R. & Terrill, L., 2000. *ESL Instruction & Adults with Learning Disabilities*. ERIC Digest. Washington, DC: National Center for ESL Literacy Education. (EDO-LE-00-01)

"My family and I had little understanding of my disability as I was a child. Now, thirty-five years later, I know my rights and how to benefit from the services and support I need to become educated."

QUESTION

What laws protect the rights of adults with disabilities and how is it defined?

ANSWER

There are two major pieces of legislation that affect adults with disabilities in adult education centers. They are:

- **Section 504 of the Rehabilitation Act of 1973 (504)** was the first civil rights legislation specifically written to protect the rights of individuals with disabilities. Section 504 guarantees that a person with a disability will not be discriminated against because of that disability in any program receiving federal funds. Section 504 is not age restrictive and includes nondiscrimination, free appropriate education and protection in employment, postsecondary education and training programs. "Nondiscrimination" refers both to physical and program accessibility. *Section 504 defines a handicapped person as one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of having such an impairment or is regarded as having such an impairment.*

“Otherwise qualified” is interpreted to mean that when provided reasonable accommodations, the individual is able to meet academic or technical requirements for admission or participation in the program or activity in spite of the handicap.

- **The Americans with Disabilities Act (ADA)** was signed into law in 1990 and expands the scope of 504 and covers more programs and services, especially by including the private sector. The ADA concerns the availability of accommodations or auxiliary aids, as well as physical access to services. ADA provided standards that prohibit discrimination in all programs, services, buildings, and facilities available to the public, including those that do not receive federal funds. The standards include cost, type of service and accommodations.

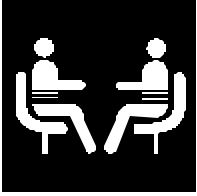
However, ADA does state that a business or institution does not have to provide an accommodation if such an accommodation imposes an “undue hardship.”



Section 504 and ADA both use the following functional definition of a disability referring to all disabilities, including learning disabilities. A person is considered to be handicapped or have a disability if he or she “has a physical or mental impairment that substantially limits one or more major activities, has a record or history of such an impairment, or is regarded as having such an impairment.” While specific learning disabilities fall under the definition of “mental impairment,” neither a learning disability nor attention-deficit/hyperactivity disorder is mentioned in the ADA or in its employment regulations.

However, the Rehabilitation Services Administration (RSA) developed a definition to identify adults with LD. Before 1981, the Rehabilitation Services Administration (RSA) recognized only the classification of mental and physical disabilities. Learning disabilities were viewed as educational problems, which did not fall under these categories. In 1981, the RSA issued a policy directive, making a specific learning disability a medically recognized disability, and, in 1985, it was classified as a neuropsychological condition. The definition states:

“Individuals who have a disorder due to a central nervous system dysfunction involving perceiving, understanding and/or using concepts through verbal (spoken or written language) or non-verbal means. This disorder manifests itself with difficulties in one or more of the following areas: attention, reasoning, memory, communicating, reading, writing, spelling, calculation, coordination, social competence and emotional maturity. These disorders may constitute, in an adult, an employment handicap. The condition has an impact on employment.”



The RSA suggests that a learning disability is a lifelong condition due to a central nervous system dysfunction and highlights problems with attention, memory, coordination, social competence and emotional maturity. These areas are relevant when considering eligibility for vocational placement. However, the definition does not use the discrepancy of academic under-achievement, which is a discrepancy between ability and achievement in any of these areas. *(Vocational Rehabilitation Services (VRS) does use a standard measure of discrepancy based on IQ and performance tests to determine LD eligibility.) Shapiro, J., Rich, R., Facing Learning Disabilities in the Adult Years, Oxford University Press, 1999. p 18-19.)

"When I first started my job, the company put me into a training program. It was like a classroom, like going back to school with tests. I needed a certain average to advance in the company. After failing the first test, I told the trainer about my learning disability. The remainder of tests was administered orally, and I did fine."

QUESTION

What is an accommodation?

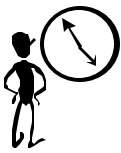
ANSWER

An accommodation takes many forms, depending on the learner and the context. It is defined by the University of Kansas in its handbook *Accommodating Adults with Disabilities in Adult Education* as "any change to a classroom environment or task that permits a qualified individual with a disability to participate in the classroom process, to perform the essential tasks of the class, or to enjoy benefits and privileges of the classroom participation equal to those enjoyed by adult learners without disabilities. An accommodation is a legally mandated change that creates an equitable opportunity for task completion or environmental access. An accommodation is an individually determined adjustment to a functional need. Such an accommodation may include use or modification of equipment or changes in the environments, procedures or attitudes." (1998, page 54)

ADA states that a business or institution does not have to provide an accommodation if such an accommodation imposes an undue hardship. Hardship is determined by the type and cost of accommodation, the financial resources of the business or institution, the type of program and the impact of the accommodation on the program or operation.

Accommodations may mean using different kinds of learning materials and employing instructional strategies, specialized equipment or assistive technology, modifications in testing procedures or having a special tutor or other qualified person.

An accommodation **does not** include making changes in rules to make it easier for the individual with a learning disability than for others. It should not create an "undue hardship" for the center. The individual may not get the most expensive or "best" accommodation, just one that will help the individual do what needs to be done.



An accommodation is considered reasonable if it does not fundamentally change the nature of the program. Examples of students in ABE/GED classes include giving them extra time when taking tests, providing them with readers and/or note-takers, administering exams to them in a separate room and/or in a different format or other technical aids.

"One of the most difficult times for me was when I was called upon to read out loud in class. The harder I tried to read like my peers, the more I sounded as though I belonged back in my first-grade reading group. One time, I remember the class laughing and laughing, louder and louder. The teacher yelled. Finally, the bell rang. I remember the book falling from my hands. There was nothing to say. I never returned to that classroom. That night, I cried myself to sleep."

QUESTION

Doesn't providing accommodations for adults who are learning disabled somehow give them an unfair advantage?

ANSWER

"Everyone, students, parents, counselors and educators must agree from the onset that it is reasonable, fair and entirely appropriate to offer accommodations for students with disabilities, including those with learning disabilities. Equity means that the achievement of equal opportunity for certain groups may depend on providing special support or additional services. Support services do not give disabled students any advantage over others; they merely enable disabled students to overcome the disadvantages placed on them and put them on an equal footing with their non-disabled peers. "The process for learning, receiving information and demonstrating information, not changing course content is the focus of accommodations for learning disabilities."(Scheiber, B., Talpers, J., *Unlocking Potential*, Adler & Adler Publishers, 1987, p. 94)

Federal law guarantees that students with documented learning disabilities that meet minimum program requirements should be provided with instructional modifications and special testing accommodations that are based on the individual's needs.

Examples of some accommodations for adults with learning disabilities include:

- Class and test settings free from interruptions and distractions
- Extra time for testing and learning
- Note-takers
- Repeated instructions or directions
- Taped or typed answers
- Individual testing
- Extended time

Not only does an accommodation include using special equipment, doing work in a different way or working a different place, but also changing how others think about disabilities.

"I felt like a thousand pounds had been taken off my back when I told my counselor about my learning disability. She helped me obtain services and discussed what accommodations were available to me."

QUESTION

What are the responsibilities of the adult with learning disability and the literacy provider?

ANSWER

Individuals with learning disabilities should:



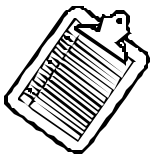
- Advocate for themselves by explaining their disability, suggesting some accommodations and finding ways to help themselves.
- Tell about their disability (self-identify) if they want accommodations.
- Tell what accommodations have worked for them in the past.
- Know that they have legal rights.

- Ask for accommodations based on their need and the law.
- Document their disability through testing and assessment reports by professionals such as a physician, educational counselor, psychologist, special education teacher or rehabilitation counselor.

Adult education/literacy providers should meet the needs of students with disabilities by:

- Not showing discrimination
- Providing free adult education services
- Using barrier free facilities
- Evaluating for appropriate placement
- Providing accommodations, modifications or auxiliary aids during learning and testing
- Determining an individual's preferred learning style by using learning style inventories
- Screening for learning disabilities using valid screening tools

Glenn Young, Disabilities and Adult Education Specialist, Office of Vocational and Adult Education (OVAE), U.S. Department of Education in his article, *Seven Critical Needs for Systemic Change*, outlined seven elements needed for programs to successfully serve adults with learning disabilities. They are described in more detail below:



1) Provide **screening** of all adults for LD during the intake process using valid screening tools such as the Learning Needs Screening Tool developed in the state of Washington and validated in 1998 by the Washington State Division of Employment and Social Services. Download a copy from the Seattle King County Workforce Development Council's website:
<http://seakingwdc.org/ld/WaScreenTool/htm>.

2) Have a system in place for **rapid referral for testing** when screening indicates the possibility of a learning disability. A period of three weeks is recommended for the time the educational psychologist does the initial assessment to the time a completed report is available. The report should include recommendations for appropriate accommodations and assistive technology as well as teaching techniques. If applicable, the report should also indicate what kind of testing accommodations the person needs in order to take the GED Test or be successful in other education programs or settings.

3) **Train appropriate staff** to understand how to interpret the diagnostic report and have the necessary resources needed to provide accommodations, assistive technology and effective teaching techniques.

4) **Develop working relationships** with governmental agencies, independent living programs and other community-based organizations. Many can network to provide assessment, accommodations, instruction and assistive technology as well as psychological support systems.

5) **Make presentations to employers** to help them understand more about learning disabilities, how it may affect an employer, what their legal responsibilities are and how to fully integrate them into the regular workforce.

6) **Help with ongoing supports** in the training and use of accommodations, job coaching, on the job training and in developing and sustaining personal relationships.

“When I read, it’s as though the words fall off the page. My eyes get teary and the longer I stare at the words, the harder it is for me to read.”

QUESTION

What is word blindness and why is it that some intelligent learners with normal vision can’t see printed symbols?

ANSWER

During World War II, Stanley Taylor pioneered a method of photographing eye movements during the act of reading. His research documented that persons who struggle to read usually have irregular, jerky eye muscle coordination. This keeps the eyes from aiming together as a team while the reader focuses and refocuses along lines of print.

In 1976, Helen Irlen discovered the role of color in treating reading disabilities in adults who were dyslexic. She noted that certain adults diagnosed as dyslexic began to read more fluently when the pages were covered with colored overlays. This syndrome, currently known as Irlen Syndrome, is concerned with the visual perception overload that occurs when the eyes concentrate upon black print on white paper under bright fluorescent light.



Readers indicate that sometimes the outer edges of the paper swirl and sometimes the words in the center of passages fade away. Sometimes words seem to slide off the edges of the page. Portions may jiggle or rapidly blink. Often it is impossible for learners who have Irlen syndrome to read longer than two to three minutes. Irlen developed a process for coloring eyeglasses, called Irlen filters, so that the struggling reader can wear full-time color correction.



This procedure met with nationwide criticism despite the remedial practice of using color correction. The dramatic reduction in word blindness when appropriate color is applied made it clear that visual perception deficits in learning disabled adults related to some type of physical difference in how the brain processes visual information. (Jordan, D.R., *Teaching Adults with Learning Disabilities*, 1996)

"I can say it but I can't write it."

QUESTION

What are some strategies to use with students who struggle to write?

ANSWER

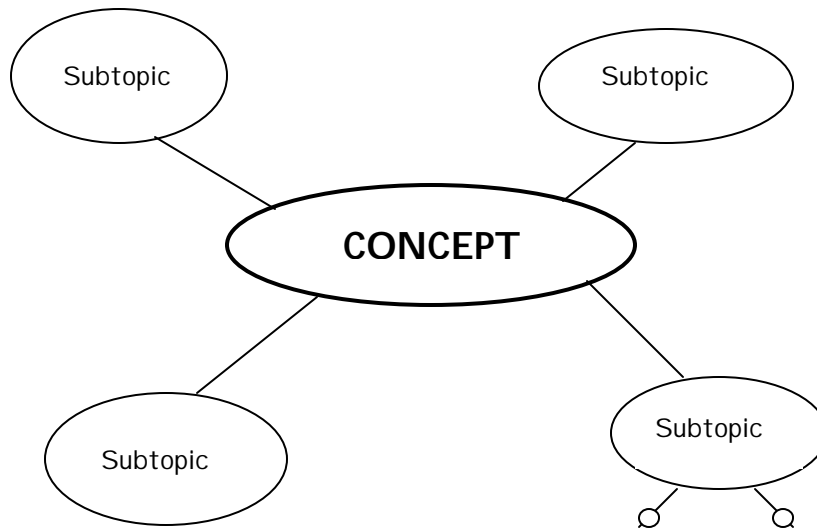


It depends at which point the student becomes confused or begins to struggle? Is it as soon as the student begins to write? Is it halfway through a paragraph? Is it when the student tries to think about more complex ideas rather than just writing a sentence or copying information? Is it the use of manuscript or cursive? Is it the process of trying to think or plan or in the mechanics of writing?

Some students may be able to copy and write simple sentences but struggle with paragraph writing. Try using the **POWER** method and model each stage:

- P= Plan your paper**
- O= Organize your thoughts and ideas**
- W= Write your draft**
- E= Edit your work**
- R= Revise your work**

Visual graphic organizers can create a mind map so that the main idea is placed in a circle, similar to the arms of spider or spokes on a wheel. There are many visual organizers with different formats for different situations. However, graphic organizers are very helpful to individuals needing assistance in getting their ideas on paper.



(Richards, R. G., *Strategies for Dealing with Dysgraphia*, May 1999, LD OnLine)

"I worry my husband will find out I can't read. I have been hiding it all these years. I am so embarrassed!"

QUESTION

What is phonological processing and how is it related to dyslexia?

ANSWER

Dyslexia is a problem with reading which involves words as well as how to construct meaning. Those with dyslexia have a problem identifying words. Research has connected dyslexia to 1) a visual deficit and 2) a verbal or linguistic deficit. One common view was that dyslexia was due to inadequate visual perception of letters and words. Additional research focused on eye movements and control. Although scientists believe that dyslexic readers' eye movements do differ from those of skilled readers, they believe it to be a symptom rather than a cause of dyslexia.

Phonemes are the basic units of language that are used to form words. Phonological processing refers to the ability to blend, segment, retrieve and distinguish among phonemes. It can be classified into three categories:

- 1) Phonological Awareness:** an awareness that spoken language is made up of sounds and that they have a sequence, e. g., cat has three distinct sounds: *c*, *ah* and *t*.

2) The Rate of Processing Phonological Information: the length of time between looking at a person, place, a thing and saying its name. Individuals with dyslexia has difficulty accessing phonological information stored in long-term memory, so it takes them longer to produce a desired word on demand. This is also called *dysnomia* or word-finding problems. All of us have trouble with word retrieval on occasion. For example when we look at a familiar face and cannot recall the person's name, but this by itself does not signify dyslexia.

3) Verbal short-term memory: is the third phonological processing area and requires that an individual listen, briefly retain and then repeat verbatim a string of numbers or a series of seemingly unrelated words. Verbal information is held in short-term, or working memory most effectively when stored in a phonological code-as units of speech rather than as meaningless sounds. Storing information in a phonological code would be difficult to do when the phonological processing is impaired as it is for dyslexics. (Shapiro, J., and Rich, R., *Facing Learning Disabilities in the Adult Years*, 1999, p 57-59.)



**“What am I being asked to do? Do I understand what I am reading?
What do I do next?”**

QUESTION

What are some strategies for teaching reading to adults with learning difficulties?

ANSWER



Some adults may need remediation in basic reading skills in order to recognize single words, phrases and sentences. Adults with documented learning disabilities are entitled by law to auxiliary aides or accommodations, such as books on tape, using grammar and spelling software programs, having note takers and using reading machines. However, a variety of instructional techniques may be using by the tutor or adult educator to assist with remediation. These include the VAKT method for visual, auditory, kinesthetic and tactile modalities.

This multi-sensory approach teaches individuals to read and spell words by repeatedly associating how it looks and sounds and how the hand and speech mechanism feels when the word is produced. Individuals hear, say, trace and write letters or letter combinations in a structured, sequential manner. The literacy provider should use practical reading materials that will enhance motivation and are selected at a lower reading level that will promote initial success. This is considered the instructional level.

Two common reading strategies are the SQ3R technique and Reciprocal Teaching, the latter developed in the mid 1980's by Annemarie S. Palincsar and Ann Brown.

➤ **SQ3R:** The reader **surveys** the paragraph **(S)**, then takes the first subheading and turns it into a **question (Q)**. Later, the reader reads from one heading to the next trying to answer his or her own question. **3R** refers to **reading** from one subheading to another, **recite** or paraphrase the main idea after each section, either verbally or in note form and then **review** the entire selection.

➤ **Reciprocal Teaching:** This technique has the teacher or tutor leading a dialogue aimed at constructing meaning from the materials being read by a group. Four strategies are applied: Summarizing, Self-Questioning, Clarifying and Predicting. Initially, the teacher or tutor models the task and leads the group activity. As the students demonstrate their ability to apply the strategies, the teacher assigns a student to do a segment of the text. Thereafter, the teacher, and the student acting as a teacher, model and provide feedback. There



has been much success with this approach with children and adults in improving reading comprehension. (Shapiro, J., and Rich, R., *Facing Learning Disabilities in the Adult Years*, 1999, p 110-114.)
