PARENT RESOURCES

This workshop will introduce parents and interested parties to resources such as books, websites and DVD’s that are useful in learning more about dyslexia and learning disabilities.

Presented by Elena Mendoza
Educational Therapist
www.integrative-learning.com
Outline

1. Warning signs
2. Getting tested (who is qualified)
3. Helping parents deal with the fact their child has a disability
4. Taking the first step
5. Where do I begin?
6. National Reading Panel: video
7. Reading matrix
8. What to do with the results
9. Differences between educational therapy and tutoring
10. Questions to ask when deciding who is qualified to work with your child
11. Recommended websites, memberships and readers
The point of living is to believe the best is yet to come.

~ Peter Ustinov
What are Learning Disabilities?

A learning disability is a neurological disorder. In simpler terms, a learning disability results from a difference in the way a person’s brain is “wired.” Children with learning disabilities are as smart or smarter than their peers. But, they may have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information and doing mathematics, if left to figure things out by themselves or if taught in conventional ways.
The reality is that a learning disability cannot be cured or fixed; it is a lifelong challenge. Take heart in knowing that with appropriate support and intervention, children with learning disabilities can achieve in school and go on to successful, often distinguished careers.

You are your child’s best advocate. You can help your child by capitalizing on strengths, defining areas of weakness, understanding the educational system, working with teachers and other professionals, and helping your child learn strategies for dealing with his or her difficulties.
Early Warning Signs of Learning Disabilities

By: Coordinated Campaign for Learning Disabilities (1997)

Becoming aware of the warning signs of learning disabilities and getting children the necessary help early on can be key to a child's future. Learning disabilities affect one in seven people according to the National Institutes of Health. Parents, therefore, need to be familiar with the early indicators of a learning disability in order to get the right help as soon as possible.

The earlier a learning disability is detected, the better chance a child will have of succeeding in school and in life.
Parents are encouraged to understand the warning signs of a learning disability from as early as pre-school. The first years in school are especially crucial for a young child.

The most common learning disability is difficulty with language and reading. A recent National Institutes of Health study showed that 67 percent of young students identified as being at risk for reading difficulties were able to achieve average or above average reading ability when they received help early.

All children learn in highly individual ways. Children with learning disabilities simply process information differently, but they are generally of normal or above-average intelligence. Having a learning disability can affect a child's ability to read, write, speak, do math, and build social relationships.
How Do I Know If My Child Has a Learning Disability?

Preschool -

- Delay in speech development; difficulty articulating or pronouncing words.
- Slow vocabulary development; using the wrong word.
- Difficulty rhyming words.
- Delay in learning numbers, alphabet, weekdays, colors, shapes.
- Difficulty following directions, learning routines.
- Awkward when running, jumping, skipping.
- Difficulty controlling pencil, crayons, scissors.
- Difficulty buttoning, zipping, tying.
- Increased activity level, inattention and/or impulsive behavior.
- Trouble interacting socially with peers.
Early warning signs: Kindergarten through fourth grade

Slow to learn the connection between letters and sounds

Confuses basic words/word recognition (run, eat, want)

Makes consistent reading and spelling errors including letter reversals (b/d), inversions (m/w), transpositions (felt/left), and substitutions (house/home)

Transposes number sequences and confuses arithmetic signs (+, -, x, /, =)

Slow recall of facts

Slow to learn new skills, relies heavily on memorization

Impulsiveness, lack of planning
Reads words accurately but unable to comprehend the material

Weak oral language comprehension

Weak oral language expression

Weak written language skills

Poor coordination, unaware of physical surroundings, prone to accidents

Difficulty with comprehending concepts (seasons)

Difficulty with summarizing facts and information

Unable to produce a main idea

Unable to separate main idea from details
Grades 5 – 8

Continued difficulty with grade-level reading comprehension, written language or math skills.

Avoids reading, writing, math or other specific skills.

Difficulty organizing space (bedroom, locker, etc.), material (loses or misplaces paper, assignments, etc.) or thoughts when writing or speaking.

Difficulty planning time and developing strategies to complete assignments on time.

Difficulty understanding discussions or expressing thoughts when speaking.

Difficulty making friends.
Grades 9 – Adult

Continued spelling errors; frequently spells the same word differently in a single document.

Avoids reading, writing, math or other specific skills.

Trouble with open-ended questions on tests.

Weak memory skills.

Difficulty adjusting to new settings.

Works slowly.

Poor grasp of abstract concepts.

Pays too little or too much attention to details.

Misreads information.
Life is too important to be taken seriously!

~ Oscar Wildepp
Who Can Diagnose LD and/or ADHD

By: Kathleen Ross Kidder (2002)

This table explains the role of some of the professionals who provide services. Recall that many of these professionals can suspect LD and/or ADHD but all are not licensed, or have the needed certifications, to diagnose the disorders. **It is always important to ask the professional about his/her credentials.** When you go to a person in a private practice, not in the school system, **it is important to determine if the professional has the needed license to be in private practice and to make the diagnosis of LD and/or ADHD.**
Qualified Assessors

- Learning Rights Workshop

Assessment must be conducted by a qualified person. Assessor must meet:

Federal and state certification

Licensing

** If public school –

Registration or other comparable requirements that may apply to area in which assessor is providing special education or related services. Assessor must be “knowledgeable” of the child’s disability.
<table>
<thead>
<tr>
<th>Professional</th>
<th>Role of Professional</th>
<th>Licensure</th>
<th>Can they diagnose LD and/or ADHD?</th>
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</thead>
</table>
| Clinical Psychologist       | Provides assessment of intellectual and emotional functioning. Provides therapy for emotional and behavioral problems for individuals and groups. In general, does not do educational testing needed to diagnose LD. | PH.D. and licensure required in most states for private practice.        | LD. Yes, either by doing complete psycho/educational assessment or by including educational assessment of educational specialist.  
ADHD- Yes.  
Cannot prescribe medication for ADHD. |
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<tbody>
<tr>
<td>School Psychologist</td>
<td>Provides assessment of learning and school related problems. Provides therapy that relates to emotional and behavioral problems evolving from school distress. Trained primarily to do both intellectual and educational testing. Can also assess emotional functioning. Usually practice in public school systems. Increasingly in private practice as well.</td>
<td>Ph.D. or MA Licensure in most states if in private practice. School certification within school systems.</td>
<td>LD-Yes. ADHD- No, in general, in schools. This is a medical condition. *-Yes with training if private practice. Cannot prescribe medication for ADHD.</td>
</tr>
<tr>
<td>Professional</td>
<td>Role of Professional</td>
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| **Educational Psychologist**| Provides educational testing. Some trained to provide assessment of cognitive, intellectual functioning as well. Important question since test companies define a Level C test which is to be administered by a PhD-trained psychologist or a professional whose training has been approved by the company who produces the test. Many tests of intellectual functioning are Level C tests. Not, in general, trained to assess emotional functioning. | Ph.D. or MA Licensure if in private practice. | **LD- Yes** if qualified to do assessment of intellectual functioning or if uses results of assessment done by PhD level psychologist or trained school psychologist.  
**ADHD- Can offer guidance.**  
Depends of level of training.  
Cannot prescribe medication |
<table>
<thead>
<tr>
<th>Professional Role of Professional</th>
<th>Neuro-psychologist</th>
<th>Licensure</th>
<th>Can they diagnose LD and/or ADHD?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D. level psychologist who assesses brain processing and functioning. May not be skilled in administering educational tests. In general does not assess emotional functioning.</td>
<td>Licensure required if in private practice in most states.</td>
<td>LD-Yes</td>
<td>ADHD- Yes</td>
</tr>
</tbody>
</table>
Questions to ask your neuropsychologist

Are you formally trained in Neuropsychology?

Did you complete formal internship training in Neuropsychology?

Did you complete formal fellowship training in Neuropsychology?

Are you board eligible?

Is your training consistent with the accepted guidelines for Neuropsychologists?

What percent of your practice is dedicated to Neuropsychological Examination/Services?

How many years have you been in practice?
<table>
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<th>Can they diagnose LD and/or ADHD?</th>
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<tbody>
<tr>
<td><strong>Educational Therapist</strong></td>
<td>Not licensed</td>
<td>LD-No, ADHD-No</td>
</tr>
<tr>
<td><strong>Dyslexia Specialist</strong></td>
<td></td>
<td></td>
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<tr>
<td>Professional Role</td>
<td>Can they diagnose LD and/or ADHD?</td>
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<tr>
<td><strong>School Counselor</strong></td>
<td><strong>No</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

**Role of Professional:** Counseling and help with school problems.

**Licensure:** Not licensed for private practice.
<table>
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<th>Can they diagnose LD and/or ADHD?</th>
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<tbody>
<tr>
<td><strong>Speech and Language Specialist</strong></td>
<td>Specialist diagnosing speech and language problems. These can be a component of a learning disability. Part of a diagnostic team.</td>
<td>MA. Private practice and schools. Licensure and certification may be required.</td>
</tr>
<tr>
<td>Professional Role</td>
<td>Role of Professional</td>
<td>Licensure</td>
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<tr>
<td><strong>Occupational Therapist</strong></td>
<td>Specialist working with motor and visual-motor problems. These can be a component of a learning disability. Part of a diagnostic team.</td>
<td>MA. Private practice and in schools. Licensure and certification required in some states.</td>
</tr>
<tr>
<td>Professional</td>
<td>Role of Professional</td>
<td>Licensure</td>
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</tbody>
</table>
| Psychiatrist       | Medical doctor who specializes in the functioning of the mind. May provide some counseling for emotional and behavioral problems. | State medical board certification required. | LD-No  
ADHD-Yes  
Can prescribe medication |
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<th>Professional Role of Professional</th>
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</thead>
<tbody>
<tr>
<td>Physician Medical doctor</td>
<td>State medical board certification required.</td>
<td>LD-No, ADHD-Yes, Can prescribe medication</td>
</tr>
</tbody>
</table>
Preparing Your Child for Testing

Preparing your child for educational testing can reduce anxiety and encourage cooperation through the upcoming battery of tests. One practice is to introduce the discussion by the number of days as the child is old; if the child is eight years old, discuss the evaluation at least eight days in advance of the testing.¹ Reassure your child that the reason for testing is to understand why school is a struggle despite hard work and attempts to do well. Explain that the tests will contain a variety of questions, puzzles, drawings, stories, and games; and that the tests are neither painful nor about whether the child is crazy. Most importantly, offer the child hope in that the evaluation should show adults how best to help. Be open and honest as much as possible.
Schedule the test sessions (there will be many) during the time of day when your child usually functions best. Try to retain your child’s favorite classes or activities so that testing will not be a negative experience. Ensure that the child is well rested and not hungry. Feeding your child protein is highly recommended versus a load of carbohydrates. Take something along to do while you wait; stay in the area during the testing. My son felt better knowing that someone familiar was nearby whenever he was being tested even if he was familiar with the proceedings.

Your child will want to know about what will happen. Students should understand the roles of the professionals conducting the testing and the reason(s) for the assessment. If possible, visit the test site with your child before the first day of testing. When scheduling the assessment, you should be able to find out about the expected types of questions, testing methods, and the length of each session. The test administrator should explain all that the child needs to know in order to do the test. Your role is to get the child to the test site on time and in a condition to do the best work possible.
For many tests, observations of the student's behaviors are important. Tests of skills, for example, present increasingly difficult problems or tasks until the child fails three or more times. The test administrator will note the situations causing fatigue, inattention, frustration, or delayed responses. This is all part of the diagnostic process. Tell the child to do his or her best and not to be discouraged. The child should remain calm and collected during testing. The test administrator should permit breaks as needed. Ask if you can send your child with a healthy snack.
Happiness is like a butterfly;
the more you chase it,
the more it will elude you,
but if you turn your attention
to other things, it will
come and sit softly
on your shoulder…

~ Thoreau
Helping Parents Deal
with the Fact That Their Child
Has a Disability  - Bill Healey (1997)

Being told that your child has a disability can be as traumatizing as learning of a family member's sudden death. Many parents are stunned by such news. Receiving such a message can produce overwhelming emotions of shock, disbelief, anxiety, fear, and despair. Within that moment, research has shown that some parents cannot distinguish between the unconscious wish for an idealized normal child from an unthinkable, sudden reality of one who is not.
For some parents, just trying to comprehend the disparity between their desires for their child and the disability that exists compounds their emotional and intellectual efforts to adjust to the situation. They may feel grief, depression, or shame. Some may also ask questions of "why me" and conclude that they are being punished for sins or bad acts of the past. Depending on the severity of the disability and the magnitude of the demand for coping, a few parents may even contemplate death for the child or themselves. These thoughts represent an all-encompassing need to achieve inner peace.
Stages of Adjustment

**Stage one:** The parent may be shocked, and he or she may cry or become dejected. Sometimes parents may express their feelings through physical outbursts or, occasionally, inappropriate laughter.

**Stage two:** This is an extension of stage one, and some parents may deny their child's disability or try to avoid that reality in some other way. Some parents will search for or try to propose various actions in an attempt to change the reality. Some may "shop for a cure" or try to bargain for a different reality.
Stage three: At this stage, parents may feel anger. They may demonstrate their anger outwardly, in the form of rage, or become withdrawn and passive from intense feelings of guilt. Verbally attacking anyone who might be blamed for their unfortunate circumstance, including displacement of responsibility onto the original diagnostician or any supportive professionals, is common. If the parents are feeling angry, guilty, or both, professionals must understand this stage is a very positive point to reach in the process of adjustment and not become defensive if attacked.
Stage four: Parents become resigned to the fact that their child has a disability. In some situations, one or more of the family may slip into depression. Feelings of shame, guilt, hopelessness, and anxiety stemming from a new overwhelming burden of responsibility can become intense. For a few parents, retreating, accompanied by an attempt to hide the child, especially from friends and persons during organized or routine social encounters may be the first sign that they have begun to accept the fact their child has a disability. However, any inclination toward or demonstration of behavior that results in abnormal isolation of one or any family members must be prevented or eliminated.
Stage five: This is the stage of acceptance, meaning the parents have achieved an unconditional positive regard for the child. Specialists debate whether or not this stage of adjustment includes parents who show only acceptance of their child's condition, commonly called neutrality, or a very important new stage of cognition when parents not only begin to understand and appreciate their child but strengthen their skills in coping with life's trials as well as being able to help their child, themselves, and others. Reaching this stage is highly correlated with the school inviting parents to become team members in a program with caring professionals, and often paraprofessionals, that is designed to meet all of the child's needs.
Stage six: Parents are able to put their lives back together and enjoy living, imagine a future, and talk of their child free of undue emotion. They can discuss and participate in designing or providing instruction objectively.
“DO WHAT YOU CAN, WHERE YOU ARE, WITH WHAT YOU HAVE!”

~ Teddy Roosevelt
Take the Plunge:

It is scary to admit that your child is struggling to learn. Research tells us that parents fear that their child may be “labeled for life” if he or she is identified as having a learning disability. Please know that you are not alone. Consider that at least 2.7 million children are receiving help in school because of a learning disability. The National Institutes of Health even estimate that one of every seven Americans (15 percent) has some degree of learning disability. So, keep in mind that you are in good company—not only with other parents, but with legions of experts and educators who are ready to help you.
Not All Great Minds Think Alike

Did you know that Albert Einstein couldn’t read until he was nine? Walt Disney, General George Patton and Vice President Nelson Rockefeller had trouble reading all their lives. Whoopi Goldberg and Charles Schwab have learning disabilities, which hasn’t affected their ultimate success!
Where do I begin?
In 1997, Congress asked the Director of the National Institute of Child Health and Human Development (NICHD), along with the Secretary of Education, to convene a national panel on reading. The National Reading Panel (NRP) was asked by Congress to assess the status of research-based knowledge about reading, including the effectiveness of various approaches to teaching children to read. The panel was made up of 14 people, including leading scientists in reading research, representatives of colleges of education, teachers, educational administrators, and parents. The NRP met over a period of two years to discuss their findings and prepare the results in two reports and a video titled, "Teaching Children to Read."
What research topics did the Panel examine?

The Panel concentrated on the following areas:

1. **Alphabeticics**, including the issues of phonemic awareness instruction and phonics instruction.
2. **Fluency**
3. **Comprehension**, including vocabulary instruction, text comprehension instruction, and teacher preparation and comprehension strategies.
4. **Teacher Education and Reading Instruction**.
5. **Computer Technology and Reading Instruction**.
Matrix of Multisensory Structured Language Programs

Live in the moment and make it so beautiful that it will be worth remembering!

~ Fanny Crosby
Is there a difference between educational therapy and tutoring?

EDUCATIONAL THERAPY: Learning centers or individuals that provide quality educational therapy are few in number. Educational therapists treat individuals with specific learning disabilities. Individuals who receive educational therapy most often qualify for special services through the school system, but are not making sufficient progress toward attaining grade level skills. The expert knowledge of an educational therapist, along with intensive remediation, may be necessary to help such individuals attain grade level functioning.
ACADEMIC TUTORING: There are many learning centers and individuals that offer academic tutoring. These centers help students in content areas to increase study skills and elevate grade or test scores. Students who receive academic tutoring do not typically have learning disabilities and do not need special services from the school system.

For example: Sylvan Learning Centers, college students, high school students
What is a Trained Educational Therapist?

Educational therapists are trained in research-based, multi-sensory instructional methods. They may have backgrounds in regular education, special education, speech and language pathology or psychology. In addition, educational therapists must have further training in educational and psychological testing, brain-based research and child development.
What do Educational Therapists do?

The primary function of the educational therapist is to remediate learning disabilities, including but not limited to:

- Dyslexia
- Organizational & Study Skills
- Non-Verbal Learning Disabilities
- Language Processing Problems
- Other reading and spelling difficulties
- Math
Educational Therapists Should be Trained to do the Following:

- Use formal and informal assessments to identify specific strengths and weaknesses.
- Interpret & synthesize information from other specialists.
- Analyze data to design an effective treatment plan.
- Implement treatment plan.
- Evaluate progress.
- Provide a supportive, positive environment in order to foster risk taking self-esteem.
- Attend school meeting and assist in the development of IEP goals. (Learning Rights Law Center / www.learningrights.org)
What are the Principles of Educational Therapists?

- Establish trust, honesty, integrity, and mutual respect with client and family.
- Respect confidentiality.
- Assist in dealing with social and emotional aspects that impact learning.
- Be a positive role model.
- Maintain open communication.
- Be available to answer questions from individuals and families.
- Encourage and support efforts through positive, honest, and constructive feedback.
- Create a safe environment in which clients feel comfortable taking risks and sharing feelings.
Questions to Ask an Educational Therapist or Tutor

1. How long have you been an educational therapist/tutor?

2. What credentials, certifications, and/or degrees do you hold?

3. What other specialized training have you received?

4. Where and when did you get your training?

5. How long have you been using that program?

6. Do you have training and/or experience working with kids with learning disabilities or attention problems? If so, how do you remain current in the field of learning disabilities or attention problems?
7. Do you have teaching experience? What subjects did you teach and at what grade level?

8. What is your experience working with students my child’s age?

9. How do you deal with motivation, behavior, and/or attention problems?

10. How soon will I see improvement?

11. Do you offer individual or small group instruction?

12. How will I be informed of my child’s progress?

13. Are you willing to attend an IEP?
14. What are your fees?

15. How long is each session?

16. How frequently do you recommend meeting?

17. Do you have clients who might be willing to share their experiences working with me?

18. If a learning center, ask the owner/director:
   
   (1) Where did you work before opening your learning center?
   
   (2) What training did your receive before opening your learning center?
   
   (3) How long were you in that field, specifically dyslexia, before opening your learning center?
   
   (4) Who did you use as a mentor to help coach in opening your learning center?
   
   (5) How is quality control managed with your instructors?
Recommended Websites

1. The International Dyslexia Association - www.interdys.org

2. LD Online - www.ldonline.org


4. Recording for the Blind and Dyslexic - www.rfbd.org

5. Schwab Learning Center - www.schwablearning.org

Recommended Memberships

1. International Dyslexia Association (San Diego Branch) - www.dyslexiasd.org


3. Recording for the Blind and Dyslexic - www.rfbd.org

Books and Readers

1. Overcoming Dyslexia, Sally Shaywitz, M.D.
2. The Dyslexic Advantage: Unlocking the Hidden Potential of the Dyslexic Brain, Brock & Fernette Eide
3. The Voice of Evidence in Reading Research, McCardle & Chhabra
5. Speech to Print, Louisa C. Moats, Ed.D. & Susan L. Hall
6. Laughing Allegra, Anne Ford
7. Nonverbal Learning Disabilities at Home, Pamela B. Tanguay
8. Nonverbal Learning Disabilities at School, Pamela B. Tanguay
8. Your Child's Growing Mind, Jane M. Healy, Ph.D.

9. The Other Parent: The inside story of the media's effect on our children, James P. Steyer

10. The Gift of Good Manners, Peggy Post & Cindy Post Senning, Ed.D.

11. Financial Planning: Showing your kids that money matters, Larry Burkett & Rick Osborne