

Topic 7 - Who can help?

Chapter 1 - Within the school

Page 1 - The Principal

needs to approve all referrals.

Page 2 - School Counsellor

Can:

- assess the child's needs by **administering psychometric assessments** (see also the Educational Psychologist) **and providing interpretation of the results.**
- **assist in interpreting reports from outside agencies such as speech pathologists.** These reports can give teachers additional information regarding the student's learning - rate, preferred learning style and expected levels of achievement. Results may also provide a profile of the student's strengths and weaknesses.
- **be involved in discussions with the parents** and in decision making about appropriate teaching and learning programs.

Page 3 - Support Teacher Learning Assistance (STLA)

Can

- assess students with learning difficulties.
- work with class teachers to plan, implement, monitor and evaluate personalised learning programs and adjustments to the class program and may provide support through:
 - o withdrawal for assessment
 - o withdrawal for short term intensive instruction
 - o support of peer tutoring and volunteer programs
 - o team teaching
 - o the provision of training and development of appropriate teaching strategies

Page 4 - Reading Recovery Teachers

Available for short intensive period for Year 1 students most in need of short term literacy support.

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Page 5 - The school Learning Support Team

- Coordinates the identification and provision of support for students with special educational needs.
- Develops systems within the school to make this possible.

Chapter 2 - At the local region – NSW only

Page 1 - At the Local Level (Within the region)

This is only relevant to the NSW School System. Most school systems have similar situations please check for their guidelines.

- **Assistant principal learning assistance-(APLA:)** Co-ordinates local services for students with learning difficulties and provides professional support and training for STLA networks.
- **Designated STLA** -Provides specialist support to students with significant learning difficulties and their teachers in their home schools on a referral basis.
- **STLA (Language)** provides intensive support to primary students with significant language difficulties in a special class or outreach service.
- **STLA (Reading)**-provides intensive short term literacy support to primary students with severe reading difficulties in a special class or outreach service.

Chapter 3 - At the State level

Page 1 - At the State level

Dalwood Assessment Centre/Palm Avenue School

A joint NSW Health and NSW Department of Education and Training facility that provides specialist assessment and intensive intervention for primary students with significant learning difficulties **who live in isolated country regions of the state.** The service may be residential or outreach. Assessment is provided free of charge. Families living more than 200kms from Sydney are eligible for transportation and accommodation assistance under the Isolated Patients Travel Assistance Scheme.

www.nsh.nsw.gov.au/services/dalwood

Jill Sherlock Memorial Learning Assistance Library

Oatlands Public School; Belmore St East, Oatlands NSW 2117

Ph: 02 9630 3486

Fax: 02 9890 1914

Provides a range of learning difficulties resources for use by:

- teachers,
- support teachers and

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- school counsellors across the state.

Chapter 4 - Allied Professionals

Page 1 - Paediatrician

(Recommendations from these professionals can assist teachers in providing support for the SLD child)

Paediatrician - Some can **assess the development and functioning** of the central nervous system. Atypical patterns of motor development and spatial orientation frequently indicate SLD

Page 2 - Educational Psychologist

Educational Psychologist - can assess/diagnose a **processing disorder**. Assessment will provide a profile of strengths and weaknesses in the intellectual abilities of the child.

Page 3 - Speech Pathologist

Speech Pathologist - can identify **communication difficulties** and then provide programs for intervention to assist speech and language development, including phonemic awareness.

Speech Pathologists are trained to assess all aspects relating to speech and language development.

It is now recognised that reading is primarily a language skill.

It is also widely recognised that children who fail to develop oral language skills often go on to have difficulty acquiring competent literacy skills. Indeed, it appears that the same core deficit (phonological impairment) is often at play in the development of both oral and written language. With this in mind, the speech pathologist can play a crucial role in assessing the language skills of children presenting with failure to learn to read.

The Speech Pathologist can assess and treat difficulties with:

- Receptive language (understanding and remembering what is heard)
- Expressive language (formulating language and expressing wants and needs)
- Auditory Processing
- Narrative Skills
- Phonological Awareness (Hearing and understanding how sounds combine to form words and using that understanding for literacy.)
- Reading Accuracy and Comprehension
- Spelling and Written language

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Page 4 - Occupational Therapist

Occupational Therapist - can help children with **fine** (eg hand writing) and **gross motor** (eg lack of coordination) problems.

Page 5 - Physiotherapist

Physiotherapist - can provide programs to increase **muscular strength and flexibility**, balance and hand-eye coordination.

Page 6 - Behavioural (Developmental) Optometrist

Behavioural (Developmental) Optometrist - Behavioural Optometry is simply an expanded area of optometric practice. A behavioural optometrist **will evaluate all your visual, visual motor and visual perceptual skills.**

Behavioural optometrists **do not diagnose or treat specific learning difficulties.** The role of behavioural optometric intervention is **to identify and treat vision problems that affect learning, including reading.**

Much of the way we learn, both at school and in the workplace, is by reading printed information. Individuals with reading difficulties may experience difficulty in 'learning to read' or may have learned to read but experience difficulty in 'reading to learn'. Perhaps the person lacks concentration or comprehension, or is slow to complete the task, or experiences headaches or sore eyes. Perhaps the child is performing satisfactorily academically, yet not as well as expected. All of these cases suggest a vision examination is required.

Behavioural Optometrists recommend that children undergo a visual assessment at 6 months of age, at 3.5 years of age and again in the first year of school, the third year of school, the final year of primary school and in the last year or two of high school. This covers the **major times in life** when the eyes change or when the visual demands on the individual change.

Page 7 - Behavioural (Developmental) Optometrist

A comprehensive vision evaluation includes an assessment of:

- **Eye health, visual acuity and refractive status** (for example, longsightedness, astigmatism).

- **Visual efficiency** including accommodation (focussing), **binocular vision** (eye alignment and teaming).

- Visual information processing including **visual spatial skills** (right/left discrimination), **visual analysis skills** (matching and discrimination skills), **visual motor skills** (required for drawing and handwriting), **eye movement control skills** and **visual imagery skills.**

Treatment strategies may include the **prescription of spectacles** for part time, or

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sometimes full time wear. Advice may be given on how to **adapt the environment** and alter work habits to reduce the load on the visual system. **Vision therapy** may be prescribed to aid visual efficiency and/or visual information processing. Referral to another professional may be needed.

The expected outcome of optometric intervention is **an improvement in visual function with the reduction of associated signs and symptoms**. While optometric intervention does not directly treat learning or reading difficulties, it does address physical and developmental **barriers to learning**, and so renders the affected individual more amenable to educational remediation. The earlier the problem is addressed the better the long term results usually are.

An optometric examination is essential before a diagnosis of Irlen Syndrome (Scotopic Sensitivity Syndrome) can be made.

Page 8 - Irlen consultant/screener

Irlen consultant/screener - can check for **visual perceptual distortions** affecting reading (Scotopic Sensitivity/Irlen Syndrome)

Page 9 - SPELD

SPELD - Is a **support organisation** in each state that provides advice and information about SLD to both teachers and parents.

Its library is open to members and there are **regular workshops, conferences and teacher training courses**.

Books on the subject may be purchased.

For details of SPELD in your state see the website: www.ausepeld.org.au - AUSEPELD is the Australian Federation of SPELD associations.

Chapter 5 - Parents

Page 1 - Parents

If you are helping a child with difficulties, discuss your concerns with the child's parents. They know their child better than anyone as they have **observed them in a greater variety of situations** than anyone else.

Parents are a **good source of information** about their child's learning and developmental background.

Have a ready list of questions that will provide you with the information you need.

For example, questions about:

- typical **early childhood development** - crawling, walking, talking, coordination
- **personal characteristics** - independence, attention, interests, confidence
- **social skills** - appropriate in various situations, copes well in a (play/work) group

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Parents may have their own private concerns or may even have already had some assessments done outside school. Parents will also be valuable allies in providing support and extra tuition for their child.

Chapter 6 - Referring a student to the Learning Support Team

Page 1 -

While this procedure may not be exactly typical of your situation, **it provides an example of one school's policy on referring students.** School Learning Support Teams operate in different ways to support the specific learning needs of their students. Teachers should consider how their school operates and how it might be improved.

If concerned about a student's progress (academically, socially, behaviourally, emotionally) please follow these steps.

Teacher checks Learning Support Team Database to establish if this student already has a file in existence.

Page 2 -

If the student already has a file on the Support Team Database, follow this procedure:

- Files contain information regarding assessment, intervention etc.
- Questions may be answered or concerns addressed at this point, or after discussions with the D.P. and/or School Counsellor.
- If a **re-referral** is felt necessary by the teacher, then **proceed using the same process as for new referrals.**

Page 3 -

If the student does not have a file on the Learning Support Team Database

1. Class teacher puts **support/intervention program** in place for this student and closely monitors progress. Discussion with Grade Supervisor/colleagues is required at this stage.
2. Class teacher **discusses concerns with the student's parents** and informs them of what is being done to support the child, and perhaps suggests how parents may also support the child.
3. Class teacher has tried everything **yet the student remains a concern** due to lack of anticipated progress.
4. Class teacher completes **yellow Referral form** (Kept in pigeon hole in staffroom) and puts it in the D.P.'s pigeon hole.

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5. The Learning Support Team **invites the class teacher to the next meeting** where the referral will be discussed.
6. The class teacher referring the student will receive a **Response Sheet** from the learning Support Team outlining a suggested plan of action. It will state who has responsibility for different aspects of the plan and detail a time frame.
7. The student, upon referral, will have **his/her name added to the Database and a file established.**

Chapter 7 - Role of the Educational Psychologist

Page 1 - The Role of the Educational Psychologist

The Educational Psychologist is often recommended as the appropriate professional to formally assess the educational status and needs of a child who appears to have a learning difficulty. The educational psychologist may be a School Counsellor (as in many state education systems) or private practitioner, and is skilled in the assessment of the processes involved in learning.

The Educational Psychologist should thus be expected to assess the learning status, attainments and needs of an individual, and to make recommendations about appropriate courses of action to maximise the child's learning.

[The Dyslexia Institute \(UK\)](#) recommends that assessment cover the following areas:

- child's history.
- underlying ability,
- educational Attainment,
- diagnostic (skills) testing, and

Page 2 - Child's History / Underlying ability

Child's History.

Usually the psychologist will begin by interviewing the parent and the child about their reasons for requesting an assessment. S/he will be interested in the parent and child's report of the home background, their school experiences, and the child's developmental and medical history.

Underlying ability is usually called intelligence, and the Educational Psychologist will most often assess this using an individual intelligence test such as the WISC (Wechsler Intelligence Scale for Children) or another similar test.

Based on this test, they will compute (where possible) a measure of verbal ability, a measure of non-verbal ability, and a total score. They will also review any significant differences in scores on the sub-tests that make up these scores. These results may in themselves give some indication of a Specific Learning Difficulty. They may also be

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used to suggest difficulties in areas such as attention, short-term and working memory, and visual perception that may require further investigation.

Page 3 - Educational Attainment / Diagnostic Testing

Educational Attainment requires testing the factors that are most important for success in literacy and numeracy in particular. Testing should include reading words in context (speed, accuracy and comprehension), reading words out of context, spelling, and in some cases handwriting, story writing and maths. Here, or during diagnostic testing, a non-word reading test should also be given.

Diagnostic Testing should cover auditory perception (including phonological awareness), visual perception, memory, spoken language and speed of processing. The psychologist will often choose which tests are most likely to be appropriate for the individual concerned.

On the basis of the above, the Educational Psychologist endeavours to discover patterns of behaviour and performance indicating underlying strengths and weaknesses in learning processes. On the basis of these patterns, s/he will recommend a course of action designed to explore the probable areas of weakness in more detail with a view to intervention and or remediation, and ways of using strengths to facilitate learning.

Page 4 - Conclusion

The Educational Psychologist may then recommend further detailed testing, such as by a speech pathologist for detailed spoken language investigation. Assistance regarding self-esteem, stress management and behavioural issues should also be expected.

For older children, career planning may be involved, as well as provision of reports regarding any special provisions in examinations.

Finally, the Psychologist will take time to explain the report and discuss its implications with the parent and, if in a school context, the child's teacher, so as to ensure that follow-up occurs.

Chapter 8 - How can I help the dyslexic child while I teach everyone

Page 1 - Building for Success

Teachers often ask how they can help a dyslexic child in class. Here are a few suggestions: some may seem too obvious to mention and others too difficult to implement.

What can be done must depend on the circumstances and on the ingenuity of the

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individual teacher.

Please remember that the learning environment can make the difference between success or failure for a dyslexic pupil.

He has difficulties **listening, learning, looking, sitting still, concentrating and finding things**. **The quieter and more organised the working environment, the greater the chance he has of success.**

Page 2 - Things to do...

- **Praise and encourage** wherever possible.
- Find something he is **good at**.
- Give **less homework** (eg shorter essays, or underline main points to learn).
- Mark written **work on content** (not spelling) - **tick what is right** instead of crossing what is wrong.
- **Mark on oral** responses when possible.
- If reading long words, **divide syllables with a pencil line**.
- Help him to **pronounce** words correctly.
- Put him at the **front of the class** so you can help.
- Make sure he **understood and remembered** instructions.
- Let him work with **textbook open**.
- Put **important words** clearly on the board.
- Check whether he **knows his alphabet**, and that he can **say days of the week and months of the year in the right sequence**, also whether he can **tell the time**.
- Send an **exercise book home with him, with homework assignments written in**, and a note of important things to remember (eg bring money for excursion).
- Have **expectations of success**

Page 3 - Things NOT to do...

Do not...

- Make a dyslexic **read aloud in public** if he is reluctant to do so.
- **Ridicule** or employ sarcasm.
- **Correct all mistakes** in written work - it's too discouraging.
- **Give lists of spelling words to learn:** two or three are as much as he will manage and it is better if they are related eg. Plate cake name.
- Make him **rewrite** work.
- **Compare** him with others.
- Make him **change his writing**

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Page 4 - REMEMBER, a dyslexic person

- **tires more quickly** than a 'normal' person: far greater concentration is required.
- may read a passage correctly **yet not get the sense of it.**
- may have **great difficulty** with figures (eg learning tables), reading music or anything **which entails symbols.**
- usually has **difficulty learning foreign languages.**
- **is inconsistent** in performance.
- **may omit word or words**, or write words twice.
- suffers from **constant nagging uncertainty.**
- cannot take good notes because he **is unable to listen and write at the same time.**
- may have **great difficulty in finding his place again** when he looks away from a book he is reading or a board he is copying from.
- **reads slowly** because of his difficulties, so is always under pressure of time.
- will probably be **personally disorganised** - he may also be clumsy and forgetful, no matter how hard he tries.
- is likely to have **difficulty following a string of instructions**

Page 5 - For teachers in Primary Schools...

- use **wooden or plastic letters** to teach the names, sounds and alphabet sequence. Have him close his eyes to feel **the shape and remember the associated name** and sound/sounds.
- **use pictures** and memory hooks (such as in Letterland).
- **use the labels** vowels and consonants and teach about the jobs they do.
- **teach joined up writing from an early age** - practise in the air, in sand, on the board and in books.
- **follow a structures classroom program** that introduces the concepts of letters and words, teaches sentence and paragraph construction, models different styles of writing (genres) and **provides plenty of opportunities for practice.**
- Let children develop their **own work bank/dictionary** where they can record their own 'difficult' words.
- Talk about letters, words, stories to **create an interest in words and books.**
- Use technical aids to individualise work - **tape recorder and earphones, computers etc.**
- **Play games to reinforce learning.**
- Give as much practice in reading, writing and spelling as possible to develop automatic skills - remember **dyslexic children need more practice** than most children

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