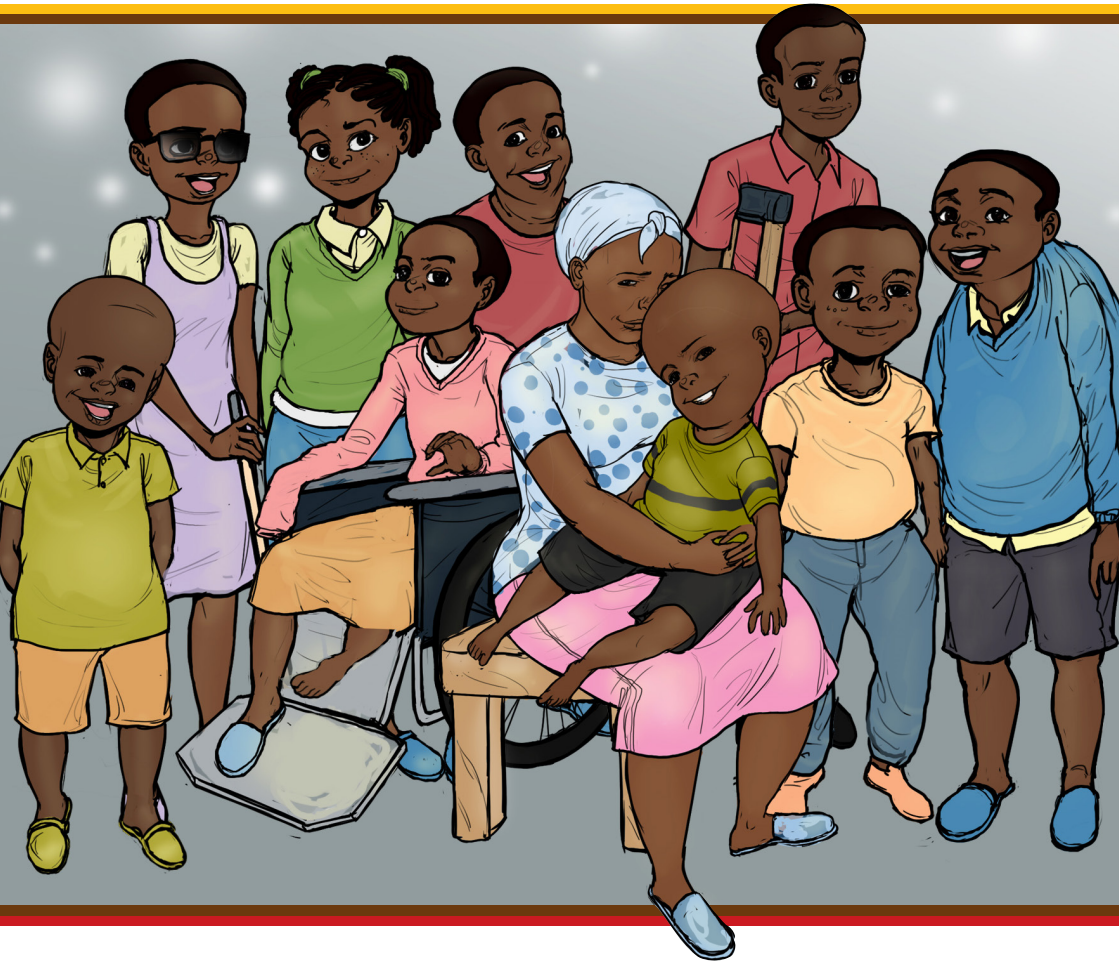
MINISTRY OF EDUCATION AND SPORTS
DEPARTMENT OF SPECIAL NEEDS AND INCLUSIVE EDUCATION

Resource Guide
to the
Learning Needs Identification Tool



cranex
Children at Risk Action Network

Partnering with
viva
together for children

Girls' Education Challenge
UKaid
from the British people

Resource Guide
to the
Learning Needs Identification Tool

Layout and design by Melissa Kidd.
Cartoons and illustrations by Nandi Impressions Ltd and Reminac Comics: www.reminacccomics.com

This material has been funded by UK aid from the UK Government; however the views expressed do not necessarily reflect the UK Government's official policies.

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Abbreviations

- **ADD:** Attention Deficit Disorder
- **ADHD:** Attention Deficit Hyperactivity Disorder
- **AIDS:** Acquired Immune Deficiency Syndrome
- **ASD:** Autism Spectrum Disorder
- **CP:** Cerebral Palsy
- **CRANE:** Children at Risk Action Network
- **DCD:** Developmental Coordination Disorder
- **DFID:** The Department for International Development
- **DS:** Down's Syndrome
- **E.A.R.S:** Educational Assessment and Resource Services (Special Needs Resource Centers)
- **E.N.T:** Ear Nose and Throat
- **GEC:** Girls' Education Challenge Project
- **HIV:** Human Immunodeficiency Virus
- **MOES:** Ministry of Education and Sports
- **NCDC:** National Curriculum Development Centre
- **NHS:** National Health Service
- **KCCA:** Kampala Capital City Authority
- **SNE:** Special Education Needs
- **SQUAMI:** Special Needs Quality Assurance and Monitoring Initiative
- **UNEB:** Uganda National Examination Board
- **UNICEF:** The United Nations Children's Fund (originally known as the United Nations International Children's Emergency Fund)

Technical Overview of the Tool and Guide

The learning needs identification tool is one of the most powerful tools in the process of supporting learners who are at risk of being excluded in education.

Exclusion of children from the educational system may happen at the enrolment, attendance, attainment and transition levels. Technically, identifying children with special learning needs is the first step in inclusion criteria. Learners with notable special learning needs once identified can be referred to appropriate services for more detailed evaluations. Such services may include ear, nose and throat (E.N.T) assessment, speech, language and communication assessment, ophthalmological (vision) assessment, psychological assessment, among others.

In an ideal situation, there is need for multi-disciplinary professional teams who should perform detailed assessments to determine specific abilities and learning needs in order to plan the amount of support needed by each individual learner. Unfortunately, there is a general lack of such professionals to conduct detailed assessments in Uganda. Therefore, training of personnel and revamping of Special Needs Resource Centers formerly known as the 'Educational Assessment and Resource Services' (E.A.R.S) should be seen as top priority for sustaining inclusive education for all children and young people.

Lastly, collaboration by all stakeholders in line ministries of; Health, Gender, Labour and Social Development, Education, Finance and Public Service is critical in ensuring availability of the urgently needed resources (both human and physical). Such resources are required for sustainable early identification, assessment of learning needs and subsequently educational support at all levels.

Dr. Eria Paul Njuki
Chairperson, CRANE, Special Needs Quality Assurance and Monitoring Initiative (SQUAMI)

Acknowledgements

The development of a tool for identification of learners with learning needs and the resource guide has been a long process. It involved a lot of discussions, presentations, consultations and commitment with various stakeholders.

The Tool and Resource guide is aimed at early identification of learners with learning needs. It is designed to inform appropriate interventions that address the diverse learning needs of learners at all levels and promotion of education so that no learner is left behind.

On this note, the Ministry of Education and Sports, Department of Special Needs and Inclusive Education is grateful to partners who have worked together to come up with the tool and resource book. Special recognition goes to management of Children at Risk Action Network (CRANE) and Viva.

Special appreciation goes to members of Special Needs Quality Assurance and Monitoring Initiative (SQUAMI) for spearheading the development of the tool and resource book. These members represent individual organizations such as; Centre for Lifelong Learning, Kyambogo University, Private Education Development Network, Marigolds Preschool, and Friends of People with Disabilities, Silent Angels, and Backup Uganda. Ministry of Education structures such as Teacher Education, UNEB, NCDC, KCCA, Principals of Teacher Training Colleges who through several discussions contributed to the refining of the Learning Needs Identification Tool to ensure that no one is left behind. The Ministry also recognizes contributions of individuals such as Dr. Eria Paul Njuki, Charlotte Thorpe, Dr. Sam Lutalo-Kiingi, Sarah Ayesiga, Deogratious Atukwase, Annemaaike Kruisselbrink, Connie Jarlsberg, Florence Namaganda, Mim Friday, Stella A. K. Guma, Dr. Pamela Nizeyimana , Samuel Ogwere, John Buyinza, Kellen Busingye, Vicent Ssenyondo, Cissy Namatovu, Rebecca Martin, Geraldine Misanvu, Priscilla Kisakye, Asiimwe M. Cate, Aaron Carford-Hamlin and Julie Ssebidde B. Kamya for their exceptional contribution towards the development of this resource guide.

The tool and resource guide will support the sector to meet the SDG 2030 Goal 4 on Quality Inclusive Education.

Onen Negris

Commissioner, Special Needs and Inclusive Education

Preface

The Department of Special Needs and Inclusive Education in the Ministry of Education and Sports is championing the agenda to **'Leave No One Behind'**. To support this cause, a Resource Guide and a Learning Needs Identification Tool have been designed. The Resource Guide and the Learning Needs Identification Tool will support users to have a better understanding of learning needs. It is confidently believed that with increased understanding of learning needs, early identification of learners with learning needs will be made easier and consequently, learners will be recommended for proper assessment and will be placed in appropriate learning institutions.

The guide is made available to parents, teachers and any other relevant stakeholders with the intention of increasing learning opportunities for learners who have a variety of learning needs. The guide has information that helps to prepare teachers to develop their ability to work with learners who have variety of needs as assessment for their specific learning needs is being sought.

I would like to thank the team that has spearheaded the development of these two resourceful documents. The Staff of the Special Needs and Inclusive Education Department, CRANE Special Needs Quality Assurance and Monitoring Initiative led by Dr. Eria Paul Njuki. I also extend sincere appreciation to the management of Children at Risk Action Network (CRANE), Viva and DFID Girls' Education Challenge Project for initiating and funding this initiative.

Now is the time to include all players in the learning process if Uganda is to 'win'. The Learning Needs Identification Tool and Resource Guide support early identification and inclusion of potential team players. The talents and great skills of our learners will be identified if the tool and the resource guide are made available to all relevant users.

I call upon all parents, teachers, teacher trainers to read and use the information in these two documents for the good of our Country.

Alex Kakooza

Permanent Secretary

Introduction

Many children with a disability are excluded from accessing education (MOES, 2018).

UNICEF (2014) shows that there are very low enrolment and completion levels in primary and secondary education for children living with disabilities. While there are no confirmed statistics for children living with disabilities in Uganda, disabilities most certainly affect resource allocation for these children. The Learning Needs Identification Tool is designed to contribute towards the collection of reliable statistics to inform resource allocation in schools.

This resource guide is designed to offer detailed information about the 21 conditions that are reflected in the Learning Needs Identification tool commonly seen in Uganda. The conditions include: Down's Syndrome, gifted and talented, Autism Spectrum Disorders, hearing impairment, visual impairment, deafness, blindness, social-emotional difficulties, Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, speech and language difficulties, dyslexia, dyscalculia, dyspraxia, Down's Syndrome, cerebral palsy, epilepsy, sensory processing disorder, spina bifida, hydrocephalus, multiple disabilities, intellectual disability, albinism, little people and other health-related conditions like HIV/AIDS and sickle cell anaemia. Note that a child may present with more than one condition.

The tool will be used to identify children at risk of failing to benefit from inclusive education in order to live independent lives, to identify persons who may need follow-up assessment in order to determine their learning goals and resources for optimal learning. Information gained from the tool will provide opportunity to advocate for better service provision and resource mobilisation in Uganda.

Target Users of the Tool

These may include parents, caregivers, teachers, guardians, social workers, community development workers and any other person who has been trained and certified for that purpose.

Procedure for Identification

This is a multi-step process involving:

1. Accessing the child either at home or institution (school or child care centre).
2. Building rapport with the stakeholders (teachers, parents, siblings, child carers, guardians, therapists, social workers, religious leaders and family members).
3. Talking with the guardians about the importance of identifying the child's specific need.
4. Scoring the behaviours of the child against the indicators in the Learning Needs Identification Tool.
5. Summarising the scores (total the scores in each column).
6. Drawing conclusions as to whether there is need for further action.

NB: If the summary shows an indication of a challenge or behaviour in a given condition, then the child must be referred for follow-up assessment. See attached sheet for possible referrals.

Key Definitions

Learning Needs

These are barriers to acquisition, retention and application of knowledge, skills and attitudes during a learning process. This may be as a result of physical and or social-emotional factors.

Learning Needs may be general or specific. Specific Learning Needs include; dyslexia, dysgraphia and dyscalculia. General Learning Needs include; Down's Syndrome, low intellectual functioning (formerly known as mental retardation), inability to master activities of daily living such as feeding, dressing, eating and bathing.

Special Needs

These are impairments, deficiencies or learning disabilities, presenting as physical, emotional or behavioural needs that may require specialized services or accommodations for the individual to be able to lead and independent life in the areas of education, recreation among others.

Special Educational Needs

These are barriers to learning and development that affect the individual's ability to participate in and benefit from available educational opportunities, which prevent them from succeeding in education. They may arise from impairments, disabilities or other physical or social factors. Learning disability or any other condition which may require them to learn differently compared to another child without that condition.

Disability

This is a loss of function as a result of impairment or other factors such as accidents, surgery or disease. Disability may be physical, mental, sensory or social and have a long term effects on one's ability to conduct activities of daily living.

Learning Disability

This is a condition that arises as a result of the brain not functioning efficiently and effectively. This condition affects the processes involved in acquisition, processing, retention and application of knowledge, skills and attitudes. Varying in degrees, learning disabilities lead to the inability to solve problems independently. They also affect the ability to organise, plan, manage time, reason, remember previous and past experiences and predict occurrences. They are sometimes referred to as hidden disabilities.

Impairment

This is a challenge that results from having restrictions in body function which leads to limitations/restrictions in performing tasks or participating in ways considered appropriate for a particular society.

Inclusive Education

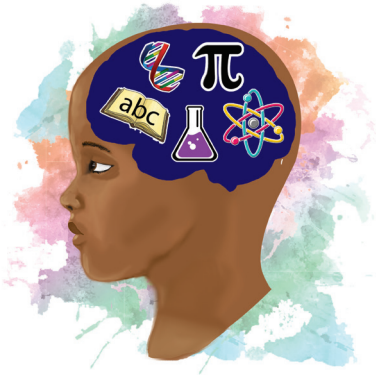
This is a system of education that welcomes and celebrates differences and diversities in mainstream education. All learners regardless of ability, ethnic backgrounds, gender, and social economic or any other difference are continuously welcomed in ordinary school settings. Teaching and facilities are adjusted to learners' needs.

Gifted and Talented

'Gifted and talented' is a term used to describe individuals who have the potential to develop way beyond what is expected of their age and social norms. These individuals have abilities in one or more fields such as unique reasoning, creativity, innovativeness, problem solving and high vocabulary way above their age. 'Talented' refers to an individual who has skills in a practical area such as music, sports, art and/or mechanics.

Categories

According to Gardner's' theory of multiple intelligences, individuals have multiple intelligences such as:



Linguistic Intelligence: Verbal skills; word, sounds, meanings, rhythms

Mathematical – Logical Intelligence: Capacity to discern numbers or Logical patterns

Spatial Intelligence: Capacity to visualise pictures accurately

Musical Intelligence: The ability to produce and appreciate rhythm, pitch and timbre

Intrapersonal Intelligence: Self- reflection (feeling, beliefs and thinking process)

Bodily – Kinaesthetic Intelligence: Ability to control one's body movements.

Interpersonal Intelligences: The skill of awareness and ability to respond appropriately to the moods, motivations and desires of others

Naturalistic Intelligence: The ability to recognise and categorise like plants, animals, or any natural objects

Existential Intelligence: The skill to handle deep questions about human existence, (Herndon, 2018)

Common Features

A child who is gifted and talented will tend to:

- Develop speech and vocabulary early
- Ask lots of questions and be very curious
- Read early
- Learn new concepts quickly
- Have a good memory
- Be good at puzzles
- Enjoy problem-solving and reasoning
- 'Lose interest in learning' if not stimulated

Causes

This is usually a combination of nature (biological makeup and brain structure) and nurture factors (sociological, the way the child is raised; education, exposure and emotional security).

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Provide greater challenges in lessons.	Provide opportunities to develop breadth of knowledge through problem solving, critical thinking activities.
Offer further opportunities for them to develop their gifts or talents outside of the normal timetable.	Offer clubs outside of school, set challenging tasks.
Support emotional development.	Keep in mind the emotional and social development needs as well as their academic progress. Encourage and reward social interaction with others.
Allow time to complete extra work.	Give enough time for the child to complete challenging tasks.
Provide opportunities for the child to lead.	Ask the child to teach others a skill or the next stage in learning (for example teach others how to add larger numbers, multiply, explain food chains, etc.).

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD), is a complex developmental disability. Persons with autism show difficulties in:

- Social interaction and communication
- Behaviours
- Sensory sensitivity among others

It is considered a lifelong disorder.

Categories

The term “spectrum” reflects the wide variation in challenges and strengths possessed by each person with autism. No child on the autistic spectrum is the same.

Asperger’s Syndrome/High Functioning Autism: This is a form of autism on the autistic spectrum. Persons with Asperger’s syndrome do not usually have the learning disabilities associated with autism but may still have difficulties, particularly in understanding speech, language and social interaction.

Causes

The exact cause of autism is unknown. It is more common in boys than in girls, Halladay et al (2015). ***Autism is not caused by a person’s upbringing and is not the fault of the individual with the condition. Studies show, (Groce & McGeown, 2013), it is not caused by witchcraft or possession, etc.***

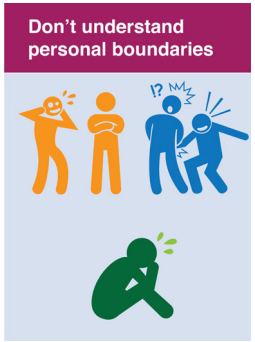
Common Features

A child with autism may have difficulties with:

Social Interaction and Communication: Each child with ASD has different communication skills. Some can speak well. Others can’t speak at all or only very little. About 20-30% of children with an ASD do not talk at all, (Lofland, 2018).

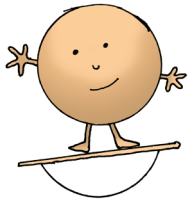
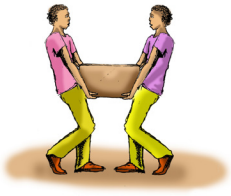
A child on the autistic spectrum may have difficulties with:

- Maintaining eye contact
- Understanding others facial expressions and use of gestures
- Understanding other people’s feelings or talking about their own feelings
- Sharing imaginative play – playing ‘pretend’ games, e.g. pretending to ‘feed’ a doll
- Making friends
- Adjusting behaviour to suit various social contexts
- Developing and responding to language – delayed speech and language skills
- Interacting – they may only interact to reach a desired goal (they may ask for a biscuit, or a favourite toy but will not ‘chat’ socially)
- Understanding personal space boundaries (they may sit very close to, or far away from others)



Repetitive Behaviours: A child with autism may have repetitive patterns of behavior, interests or activities. These may include:

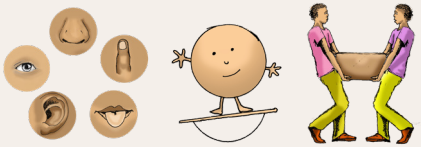
- Lining up toys or other objects
- Playing with toys the same way every time (not in an imaginative way)
- Liking parts of objects, e.g. spinning the wheels of a toy car
- Getting upset by minor changes
- Having an obsessive interest that they talk about constantly
- Repeating words or phrases over and over (echolalia)

Sensory Sensitivity: A child on the autistic spectrum may experience sensory stimulation too intensely. Alternatively, they may seek out stimulation from the senses – seek objects with strong smells/tastes/textures. They may:

- Repeatedly smell or touch objects
- Have a fascination with lights or movement
- Become very distressed if a favourite texture/smell is taken away from them
- Find it difficult to have physical contact (touch sensitive)
- Find some noises/sounds/smells too intense and become distressed (cover ears/eyes)
- Flap/wave arms in the air, rock body forwards and backwards

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Use gestures – Ugandan Sign Language.	When offering a drink, gesture the action of drinking by pretending to hold a glass in one hand and bringing it your mouth.
Give time for them to understand and respond.	Wait for a response, be patient.
Say less and say it slowly. Be clear and concise.	Use fewer words, particularly when giving instructions.
Avoid using sarcasm, idioms or exaggeration.	Don't say 'the house is on fire' to mean people are arguing. They may think the house is on fire.
Use a visual timetable so they know what is happening next. Prepare the child for changes taking place.	Keep a timetable of the lessons each day. Use simple drawings to make it easy to see the order of an activity or the day ahead. Use this visual strategy to prepare for any changes ahead.
Observe changes in behaviour – is there a sensory cause? 	If a child finds playtime difficult could it be too noisy? If lunchtime is challenging, are the smells too overpowering? Observe and see if you can make changes to help with this. If the repetitive behaviour is unusual, but not harmful to themselves or others, allow the behaviour to continue.
Provide opportunities to develop social skills.	Play games that encourage turn taking in conversation, discuss emotions, and provide phrases for conversation starters.
Keep a behaviour diary.	Write down challenging behaviour – note the time and what happened immediately before. Can you see a pattern in behavior? Could you give headphones to block out noise?
 Praise positive behaviour.	Clearly praise positive behaviour – with visual support from drawings/ pictures and use of Ugandan Sign Language.
Maintain eye contact.	Encourage the child to make eye contact when signing or lip-reading.

Deafness

Refers to partial or total inability to hear through either one or, both ears. It does not mean there is a intellectual disability, rather a problem with their hearing. It is also possible to be deaf and have other learning difficulties.

Categories

Congenital: Someone who is born deaf and has never heard sound. They use Ugandan Sign Language as their main mode of communication.

Pre-lingual: Someone who was born with a hearing loss, or whose hearing loss occurred before they began to speak. They also use Ugandan Sign Language as their main mode of communication.

Post-lingual: Someone whose hearing loss occurred after learning how to speak and understand a language. People who have post-lingual deafness usually have a less challenging time communicating through spoken language because they have heard words spoken prior to their deafness.

It should be noted that technology is available for people with mild to profound hearing loss. They have supportive devices such as hearing aids which enhance their hearing

Causes

There are a wide range of possible causes of hearing loss. Some are:

- Damage to the eardrum by infection (may be caused by viruses such as mumps, measles, chickenpox)
- Damage to the eardrum by trauma (such as a loud noise)
- Age-related hearing loss (usually seen in older adults)
- Acoustic neuroma (tumour of the auditory nerve)
- Collection of fluid in the middle ear ('glue ear' in children)
- Blockage of the outer ear (by wax)
- Otosclerosis, a condition affecting growth of the surrounding bone.

Deafness may be genetic, (Harvest, 2014). Scientists agree it is not caused by witchcraft or possession, etc.

Common Features

- The person has difficulty hearing some or all sounds
- The person has difficulty saying some words
- The person's speech sounds are unusual (nasal – it sounds like he/she is pinching the nose)
- The person needs the volume turned up louder than usual even when using a hearing aid
- The person does not respond to sounds even when he/she is looking at you but uses signing/gestures to express him or herself
- The person speaks loudly or softly; the person over concentrates on the speakers face and tends to lip-read the speaker's lips

How can you best support this child in the learning environment?

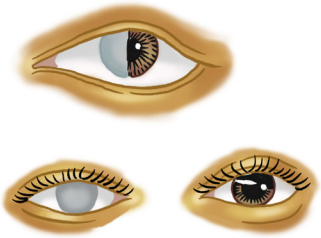
Strategies	Examples/Comments
 Use Ugandan Sign Language to support visual materials.	Mouth patterns should be encouraged as you sign in order to aid lip-reading.
Use drawings, pictures, writing or fingerspelling to help.	Increase the use of images to help the child understand.
Seat the child near the teacher/ activity.	Let the child sit near to the teacher, away from other noise (such as traffic noise from the road).
Let the child know you are about to talk to them.	Tap the child on the shoulder before you start talking to them.
Face the child when talking.	Let them see your face and watch your lips move and your facial expressions.
Adjust volume.	Speak loudly, slowly and clearly.
 Understand their hearing aid.	If the child is wearing a hearing aid, encourage them to use it, ask questions and learn how it works.

Visual Impairment

Visual impairment is the inability to see at all or to see clearly. Vision also includes how the brain makes sense of what an individual sees. A person with visual impairment may not see at all or may need support such as glasses or contact lenses to be able to see.

Categories

Some people are partially sighted, have low vision or are totally blind. Others have the following impairments:



Far Sightedness: Can see objects far away well, but not those close to them.

Near Sightedness: Can see objects that are near well, but not those far away from them.

Causes

There are a wide range of possible causes of visual impairment. Some diseases/ conditions are:

Macular Degeneration and Cataract: Clouding of the lens in the front of the eye that prevents light from reaching the retina (significant cataracts can be like looking through a thick fog). This is the leading cause of blindness.

Glaucoma: A group of eye conditions that develop when too much fluid pressure forms inside the eye leading to damage to the optic nerve. This is the second highest cause of blindness after cataract.

Corneal Opacification or Cataract: A disorder of the cornea stopping light from passing through the cornea. It may make the cornea appear cloudy or milky.

Trachoma: A contagious infection of the eyes and eye lids. It is the leading infectious cause of blindness in the world, (WHO, 2018).

Traumatic Brain Injury: Traumatic brain injury is the result of some kind of injury to the brain following hitting the head or being hit in the head. Visual impairments that may result from TBI include: blurred or double vision, light sensitivity, color blindness or reading problems.

Environmental Factors: Radiation, allergies, strong light, self-medication, some drugs, foreign bodies striking the eye.

Visual Impairment may co-exist with another condition such as autism.

Visual impairments may be hereditary but scientists agree it is not caused by witchcraft or possession, (Groce & McGeown, 2013).

Common Features

- The person has difficulty seeing clearly or at all
- The person writes letters and numbers incorrectly
- The person rubs his/her eyes to try to see
- The person must hold an object closer or further away, or moves closer, or further away themselves
- Pain in the eye or feeling like there is something in the eye
- The appearance of the eye is either red, watery or itchy
- The person has difficulty correctly identifying colours
- The person has difficulty seeing even when wearing glasses or contact lenses
- The person bumps into objects.

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Seat the child near the teacher/activity.	Seat child closer or further away from board depending on their needs.
Encourage use of glasses.	Remind child to use glasses to help them.
Use bigger writing.	When writing on the board make sure the child is a able to read it.
Ask the child.	Ask the child to explain what would help them in the learning environment.
Make sure the learning environment is bright.	The learning environment should be brightly lit, not dark.

Strategies	Examples/Comments
 Use Braille books.	Braille is a form of language using raised dots to represent words. It is "read" with the fingers.
Providing a barrier-free, safe area for exploration.	Rails on buildings, modification on toilets.

Please note that there are more strategies that can be employed.

Deafblindness

Deafblindness is a combination of sight and hearing impairment that affects how the person/child communicates, accesses information and explores the environment.

Deafblindness does not necessarily mean that the person/child is totally deaf or blind – most individuals who are deafblind have some residual sight and/or hearing. It's not about the amount of sight and hearing the child has, it's about the combined impact of having more than one sensory impairment.

Categories

The two broad types of deafblindness are:

Congenital Deafblindness: A term used if a child is born with a sight and hearing impairment. This may be due to infections during pregnancy, premature birth, birth trauma or rare genetic conditions.

Acquired Deafblindness: A term used if a child experiences sight and hearing loss later in life. Anyone can become deafblind at any time through illness, accident or as a result of ageing.

Causes of Deafblindness

There are many causes of deaf blindness, including:

- Medical complications during pregnancy and birth
- Premature birth
- Illness and accidents
- Sensory loss as a result of ageing
- A range of syndromes, including Usher Syndrome, Congenital Rubella Syndrome
- Sometimes the cause is unknown

Deafblindness is not caused by a person's parents and is not the fault of the individual with the condition. Scientists agree it is not caused by witchcraft or possession, (Rohwerder, 2018).

Common Features

- Difficulty in seeing and hearing
- Using more of touch (feeling), smell and taste when exploring objects
- Difficulty interacting with others and the environment
- Difficulty in performing activities of daily living such as washing, dressing, etc.
- Rubbing/blinking the eyes to try to see and cupping the ear to be able to hear
- Taking extra time to respond when spoken to
- Rocking backwards and forwards, banging the head or poking the eyes
- Needing to turn up the volume on the television or radio
- Difficulty following a conversation
- May not hear noises such as a knock at the door
- Asks others to speak loudly, slowly and more clearly
- Needs to hold books or newspapers very close, or sits close to the television

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Use the sense of touch and other active senses. 	Offer objects to feel and explore.
 Allow opportunities for repetition and practice of previously introduced material.	Routines and repetition can help in the learning environment.
Say what you are going to do and use tactile cues.	Before moving a child tap them on the arm (in the direction you are going to move) and say 'we are going to move you'.
Carefully consider the learning environment.	Consider the arrangement of the learning environment so that mobility is encouraged and comfortable for the child.

In addition see strategies for visual and hearing impairment noted above.
A person with deafblindness may have other conditions as well.

Social-Emotional Issues

Social-emotional difficulties include the difficulty to build or maintain satisfactory interpersonal relationships with peers and others expressed through inappropriate types of behaviour or feelings under normal circumstances.

Causes

- Environmental
- Post-traumatic stress disorders, for example nightmares, severe anxiety, uncontrollable thoughts
- Nature
- Group dynamics
- Attitudes of society
- Personal Perception
- Diseases
- Unrealistic expectations from parents

Common Features

A child with social-emotional issues may present the following signs:

- Clings to selected adults
- Finds it difficult to make or keep friends
- Experiences frequent mood swings (looks either very unhappy or very happy without an obvious reason)
- Shows physical symptoms of fear/anxiety (expressed through headaches/ stomach aches)
- Finds it difficult to talk to a new person
- Frequently seeks attention
- Looks exhausted without obvious cause
- Shows aggressive tendencies
- Cries or laughs without reason

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Give thinking time.	Encourage the child to take time away from the learning environment to have space to think.
Keep a behavior/emotions diary.	Write down challenging behavior – note the time and what happened immediately before. Can you see a pattern/reason for behavior?
Be patient and understanding.	Allow time in your learning environment to discuss emotions and what to do if angry/sad, etc.
Prepare a child for change.	Let the child know if something new is happening in the school. Prepare learners for change of lessons.
Be friendly and accommodative.	Model words like 'sorry', 'I understand', 'please', 'thank you', etc.
Encourage associative and cooperative play.	Join in with what other children are doing, make up the rules of the game together, give each other things.

Attention Deficit Disorder

ADD/ADHD are developmental disorders that are marked especially by persistent symptoms of inattention (such as distractibility, forgetfulness, or disorganisation).Unlike ADD, ADHD also includes symptoms of hyperactivity (overly active at inappropriate times, lacks concentration) and impulsivity (acting without thinking).

Causes

This is usually a combination of nature (biological makeup and brain structure) and nurture factors (sociological, the way the child is raised; education, diet, exposure, and emotional security).

Categories

When it comes to ADHD, no one diagnosis or treatment fits all. Everyone is different.

Inattentive Type: Not paying attention not paying attention to detail, making careless mistakes, failing to pay attention and keep on task, not listening, being unable to follow or understand instructions, avoiding tasks that involve effort.

Hyperactive-Impulsive Type: Symptoms like fidgeting, squirming, getting up often when seated, running or climbing at inappropriate times, having trouble playing quietly or talking too much amongst others.

Combined Type: Not paying attention and not concentrating. This is the most common type of ADHD. People with this have symptoms of both inattentive and hyperactive-impulsive.

Common Features

A child with ADHD may exhibit the following:

- Easily distracted and/or distracts others
- Shouts/signs unnecessarily
- Loses or misplaces things
- Finds it difficult to concentrate
- Interrupts conversations
- Finds it difficult to wait for his/her turn
- Finds it difficult to sit still
- Has difficulty in remembering things
- Looks exhausted
- Gets confused

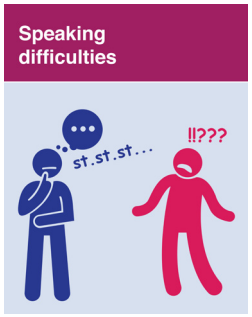
How can you best support this child in the learning environment?

Strategies	Examples/Comments
Be patient and understanding.	Find ways of letting the child use excess energy so that they do not disturb the other children, e.g. let the child hand out books.
Teach turn-taking.	Use traffic lights i.e create a traffic light out of paper for this; if it's red, only the teacher talks, if it's green, pupils can talk.
Seat the student with ADHD away from distractions.	Could the child be seated away from the window to avoid distractions? Take care not to isolate the child.
Where possible create a quiet area.	This area can be free of distractions for test-taking and quiet study.
If possible, work on the most difficult material early in the day.	Let the afternoon be less academically challenging.
Help with organization.	Use visuals: charts, pictures, colour coding.
Encourage breaks.	Give the child regular breaks throughout the day.
Vary the pace of the lesson.	Some children find it hard to concentrate. Add short competitive games and activities.
Give specific praise.	Praise the child for effort and progress made.
Teach the use of a calendar for scheduling assignments.	Record homework, encourage homework partners.

Speech and Language Difficulties

Speech and language difficulties are conditions when the child has difficulty expressing their needs or understanding what other say to them. These difficulties may be expressed verbally or non-verbally.

Speech and language difficulties manifest in two forms:



Receptive Language Difficulty: A person/child has difficulty understanding what others say or sign. They are consistently uninterested when others are speaking, interrupt when others are talking, may wait to act until when they see what others are doing, and fail to follow directions, or give unrelated answers. They consistently misunderstand what is asked, said or written and struggle to connect ideas and words for greater meaning.

Expressive Language Difficulty: A person/child has difficulty sharing thoughts, ideas, and feelings.

It is possible to have both receptive and expressive language problems.

Categories

Articulation and Processing of Sounds (Phonological Process Disorders): Mispronunciation of sounds leading to errors such as substitutions (toat for coat), distortions (bru for blue), omissions (pay for play) and sometimes, addition of extra sounds, hesitation.

Difficulties With Voice (Dysphonia): Inappropriate variation of voice quality, thus leading to issues such as hoarseness, breathlessness, harshness, hyper nasality and hypo nasality (speaking through the nose), speaking in a whisper.

Disorders of Speech Fluency: The most common type is stuttering characterized by repetition of words or word parts and clattering.

Causes

Speech, language and communication needs can occur as a result of hearing loss, general developmental needs, developmental needs, feeling insecure/not

safe or as part of a disability or medical syndrome, such as Down's Syndrome, Cerebral Palsy or Autistic Spectrum Disorders.

Common Features

A child with ADHD may exhibit the following:

- Difficulty in expressing him or herself through words, signs and/or gestures
- Difficulty in expressing meaning through words, signs, gestures, etc.
- Difficulty imitating word/signs
- Reduced vocabulary according to age and exposure
- Difficulty following instruction, conversations or stories in relation to age and exposure
- Difficulty understanding what others are saying
- Stuttering or stammering
- Refusing to speak in some situations
- Difficulty in applying rules of the language (grammar)
- Difficulty pronouncing sounds or words

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Providing strategies to ask for help	Write 'help' on a card and ask the child to give it to you when work is difficult, use gestures, signs.
Play speaking and listening games.	Work on games that encourage turn taking – asking and answering.
Give time for the child to answer.	Wait patiently for a child to answer the question, do not answer for them.
Use visual timetables or pictures.	This will help the child understand what is going to happen each day and to follow instructions.
Give thinking time.	Give the child enough time to think of an answer, allow others to go first so they have an idea what to say.
Encourage efforts to speak.	Increase a child's confidence – do not force them to speak in front of others, but praise efforts when they do.
Be friendly and accommodative.	Model words like 'sorry', 'I understand', 'please', 'thank you', etc.

Please contact speech and language therapists for more support.

Dyslexia

Dyslexia is a common specific language impairment that affects the learner's ability to understand and express meaning through words. The learner finds difficulty with reading, writing, spelling and numeracy. People with dyslexia find it difficult to recognise, interpret and read different words, letters, and symbols. People with dyslexia have problems with reading comprehension, which impedes growth in their vocabulary. Dyslexia isn't related to a person's general level of intelligence. Children and adults of all intellectual abilities can be affected by dyslexia. The word 'dys' means difficulty with 'lexia' comes from a Latin word meaning reading.

Categories

Some of the common categories/types of dyslexia include:

Surface: Difficulty applying rules of a language, i.e. grammatical challenges.

Visual: Brain finds it difficult to remember what the word looks like.

Processing Sounds (Phonological): Difficulty dividing and blending the smallest units of speech sounds.

Common Features

- Difficulty identifying shapes
- Making mistakes when speaking – puts words in the wrong order
- Difficulty drawing shapes, writing numbers and letters
- Finding spelling difficult
- Writing or drawing is difficult to read or understand
- Letters and numbers are written the wrong way (b instead of d, w for m, u for n, 9 and 6)
- Difficulty finding a word that rhymes (cat, hat...)
- Difficulty with the names of letters and the sounds they make
- Finding reading difficult
- Difficulty copying shapes, letters or words

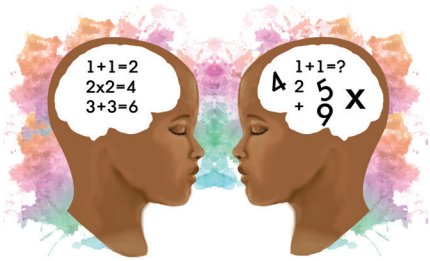
Causes

The exact cause of dyslexia is unknown, but it often appears to run in families. It is a genetic disorder. Dyslexia isn't related to a person's general level of intelligence. Children and adults of all intellectual abilities can be affected by dyslexia, (NHS, 2018).

Strategies	Examples/Comments
Help child to recognise and identify sounds in spoken words, teach children sounds.	Helping them recognise that even short words such as 'hat' are actually made up of three sounds: 'h', 'a' and 't'.
Monitor their own understanding while they read.	Encouraging them to ask questions if they notice gaps in their understanding.
Use multisensory approaches (use all the senses when teaching anything).	To see the letter 'a', say its name and sound and write it in the air, sand, in beads, all at the same time.
Develop a love for books by reading to the child and monitor while they read.	Read stories, poems aloud to develop a love for books. It will also improve their vocabulary.
Focus on developing gross motor and fine motor skills.	Clap hands, button and unbutton, build a tower of blocks,complete puzzles with more than six pieces, cut using scissors, paste things on to paper.
Use repetition and re-telling.	If a child likes a book read it several times – ask them to retell the story afterwards to a friend. Teach them to follow the words they read with their fingers at the same pace at which they are reading.
Be patient when errors are made, give extra time to finish tasks.	Explain the correction to the child and praise effort made.
Be friendly and accomodative.	Model words like 'sorry', 'I understand', 'please', 'thank you', etc.

Dyscalculia

Dyscalculia is a specific learning disability in mathematics. Persons with dyscalculia may have difficulty understanding number-related concepts or using symbols or functions needed for success in mathematics. It is not simply someone who finds maths difficult.



Categories

Verbal Dyscalculia: Naming specific amounts, difficulty in communicating quantity

Practognostic Dyscalculia: Manipulating objects mathematically, making comparisons to determine which is smaller or larger, less or more, etc.

Ideognostical Dyscalculia: Difficulty in understanding mathematical and arithmetic concepts and relationships.

Lexical Dyscalculia: Reading mathematical symbols, such as operational signs (+, -, <, >, etc.) and numbers.

Graphical Dyscalculia: Writing mathematical symbols such as operational signs (+, -, <, >, etc.) and numbers.

Operational Dyscalculia: Performing arithmetic and mathematical calculations.

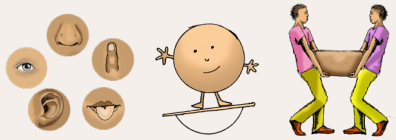
Causes

Genetic/family factors and sometimes environmental factors.

Common Features

- Difficulty identifying shapes
- Struggling to recognize patterns, like smallest to largest or tallest to shortest
- Finding it difficult to draw shapes, writing numbers and letters
- Writing numbers the wrong way around
- Difficulty learning and recalling basic number facts such as 6 + 4 = 10
- Finding counting difficult – may count backwards
- Finding it difficult to copy shapes, letters or words
- Avoiding situations that require understanding numbers, like playing games that involve maths

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Use multisensory approaches (include the senses). 	To see the number "3", say its name and write it in the air, all at the same time.
Be patient when errors are made and give them extra time to finish the tasks.	Explain the correction to the child and praise effort made.
Play maths movement games.	Write numbers on a ball, throw it around the circle of children and when they catch it they read out a number and jump that many times. Make it fun!
Make learning practical.	Hold shapes, draw shapes inside, outside, count real objects, etc.
Draw maths problems.	For example, when working out 4 x 6 = ? ask the child to draw it.

Developmental Coordination Disorder (DCD)/ Dyspraxia

Developmental co-ordination disorder (DCD), also known as Dyspraxia is a condition that affects a person's ability to do a wide range of daily tasks involving body movement, posture and coordination without any obvious physical impairment. It causes a child to perform less well than expected in daily activities for his or her age, and appear to move clumsily.

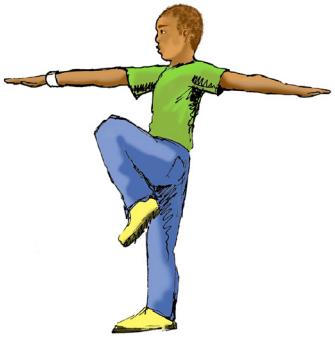
Causes

The actual cause of dyspraxia is unknown. It is more common in boys than in girls. Carrying out coordinated movements is a complex process that involves many different nerves and parts of the brain – it is therefore not always clear why co-ordination doesn't develop as well as other abilities in children with DCD. It may be related to:

- Poor nutrition in pregnant mothers
- Being born prematurely – before the 37th week of pregnancy
- Being born with a low birth weight
- Having a family history of DCD – although it is not clear exactly which genes may be involved in the condition
- The mother drinking alcohol or taking dangerous drugs while pregnant

Common Features

- Difficulty walking up, down or over obstacles like logs
- Speaking fluently
- Performing activities that require small body movements, i.e. dressing, doing up buttons, zips or shoelaces
- Catching or throwing a ball
- Writing legible work – handwriting or drawing is not easy to read or understand
- Holding objects/grip
- Coordination, i.e. bumps into things, following rhythms



- Performing large body movements such as hopping, skipping, balancing, jumping or dancing
- Using his/her hands to feed self
- Completing tasks with a series of steps, e.g. dressing, brushing, and bathing

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Use multisensory approaches.	Practice multi-sensory letter formation, e.g. write letters in mud, on sand, bead counting, etc.
Help with dressing and undressing by breaking task down.	Break activities into manageable tasks, into stages – use pictures. For example, 'first pull your arms out of the jumper'.
Give safe opportunities to make large movements.	Play games outside where it is safe to do so, throw balls, walk on a line, run to a space, etc.
Be patient and supportive.	Do not get cross if child knocks something over or bangs into something or falls frequently.

Structure their day with pictures:


Toilet


Brush teeth


Wash face


Greet people


Socks on


Shoes on

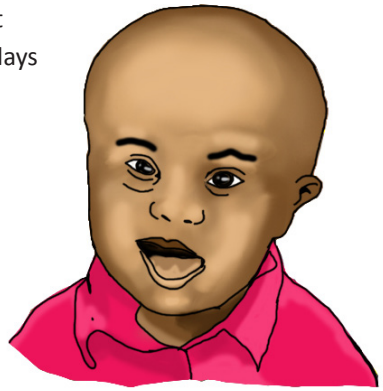

Brush hair


Eat breakfast


Pack bag

Down's Syndrome

Down's Syndrome is a genetic condition that results in developmental and intellectual delays in age-appropriate skills in addition to other obvious observable physical features.



Down's Syndrome (DS) is the most common cause of developmental disorders and malformation in a new-born. It occurs because of the presence of an extra chromosome.

Causes

Genetics: Down's Syndrome is caused by an error in cell division during fetal development resulting in the presence of three copies of chomosome 21. Often, there are many members within a family who are similarly affected.

Parents Age When Child Is Born: Females 35 and over and males 47 and over.

Low Birth Weight, Premature Birth or the Birth of Multiples (twins, triplets, etc.)

Studies show it is not caused by witchcraft or possession, (Rohwerder, 2018). There is no evidence that anything done before or during pregnancy increases or decreases the chance of having a child with Down's Syndrome.

Common Features

Unlike other conditions noted in this document, those with Down's Syndrome have similar physical features:

- Small flat nose
- Flat back of the head
- Small mouth with a tongue that usually protrudes, short hands with short fingers
- Single, deep crease across the palm of the hand
- Slower understanding abstract information than his/her peers of the same age
- Varying degrees of hearing problems
- Problems with his/her sight
- Varying degrees of learning difficulties
- Difficulty in understanding social boundaries
- Seems floppy and weak
- Big toes far apart from other toes
- Flat face
- Small short head
- May have heart defects

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Teach routines, e.g. using timetables, rules and routines.	Use pictures/drawings to help with this.
Using simple language and short sentences and visual objects when explaining.	Allow them time to answer.
Allow opportunities for independent work.	Child may become unnecessarily dependent on adult support.
Allow opportunities to work with groups.	Children with Down's Syndrome generally show good social skills – use this to learn.
Make learning practical and multisensory and between learning and playing games.	Use real objects when learning and playing games.

Cerebral Palsy

Cerebral Palsy (CP) is an injury or abnormality of the developing brain that affects movement and posture. This happens before the brain is two years old. It is irreversible, non-communicable and not hereditary and is also non progressive. The child's function might get worse or better but does not mean that the brain has changed. Although, Cerebral palsy is a lifelong condition, with early identification and support, the quality of life of a person with cerebral palsy can be improved.

Categories

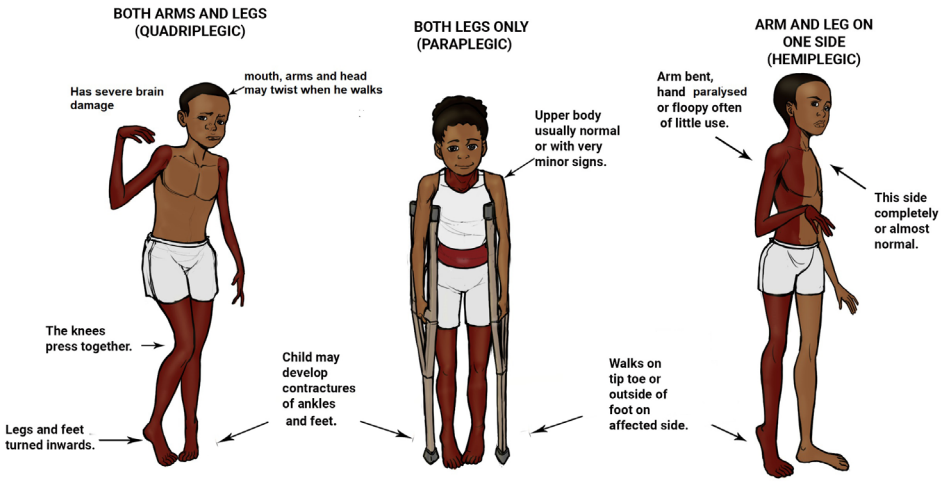
CP can be described by the number of limbs (arms and legs) involved.

Quadriplegic: Both arms and both legs (four limbs) are affected. This does NOT necessarily mean that the child cannot move his arms and legs at all, just that both arms and legs are affected

Hemiplegic: One arm and one leg (two limbs) on the same side are affected

Diplegic: Both legs are affected only, upper body is usually normal

Triplegic: Both legs and one arm (three limbs) are affected



CP can also be described by the type of movement pattern or tone in the body. These include:

Paralysis: The child with CP has increased muscle tone and muscles may feel 'tight' or 'stiff'.

Hypotonic: There is low muscle tone. The limbs may appear 'floppy'.

Athetoid: There is repetitive twisting and turning of the limbs. These are subtle movements with no purpose. Children with CP often have trouble controlling their movements.

Most children with CP have some overlap in types; however, usually one type is most notable. For example, a child with spastic CP may have increased muscle tone in the limbs but have low muscle tone (hypertonia) of the neck and trunk muscles.

Common Features

- Delay in milestone development
- Floppy or stiff arms or legs or both
- Poor head control
- Poor gait (moving steadily without staggering)
- Poor coordination
- Poor oral motor control
- Poor cognitive skills (in about 30-50% of affected children)

Causes

CP has a variety of causes and these can be before, during and after birth.

Before birth, including:

- Trauma, e.g. accidents, force on the womb
- Drug abuse, e.g. alcohol, narcotics and misuse of prescription drugs especially in the first three months of pregnancy
- Diseases, e.g. measles, high blood pressure, diabetes.
- Depression and other mental illness, unknown causes

During birth, including:

- Prolonged or delayed labour
- Poor presentation, i.e. breech birth (legs first or abnormal positioning during birth).
- Lack of oxygen at birth
- Infection, like sexually transmitted diseases such as syphilis

After birth, including:

- Neonatal jaundice
- Infections such as meningitis
- Trauma/accident
- Malnutrition

Low birth weight, premature birth or the birth of multiples (twins, triplets, etc.) are also causes of Cerebral Palsy.

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Get to know the specific needs of the particular learner.	They may need assistance in seating, clear spaces for easy movement and assistive devices like walking canes, crutches.
Encourage support from peers.	Call on volunteers.
Allow extra time to complete tasks.	More time than that given to peers.
Use audio-visual aids in the teaching process.	Charts, pictures.
Teach social skills.	Encourage communication with peers to avoid isolation.
May need specialized equipment.	Adapted keyboard, page turners, word boards, special desks.

Refer to nearby medical facility for further assistance.

Epilepsy

Epilepsy is a condition that affects the brain and causes repeated seizures. The severity and frequency of seizures can differ from person to person. This condition is characterized by fits and convulsions followed by unconsciousness, sometimes brief and at times a little longer.

Seizure Triggers: Seizures are influenced by certain situations and vary from person to person. Common triggers are tiredness, lack of sleep, stress, alcohol or drug use, not taking medication or use of certain medicines, specific time of day or night, fevers or illnesses, hormonal changes, not eating well, low sugars, flash bright lights or patterns.

Categories

Tonic-clonic (Grand Mal): This is the most familiar subtype, the arms and legs get stiff, then the limbs will jerk around. The head will also move about.

Absence Seizures: Individuals lose consciousness for few minutes being unaware of what is going on around them. Recovery is immediate. Children get these seizures more often than adults.

Febrile Seizures: Febrile seizures (febrile convulsions) are fits that can happen when a child has a fever. They mostly happen between the ages of six months and three years. The fits are usually harmless and almost all children make a complete recovery if treated.

Infantile Spasms: These usually stop by age 4. The child's body gets stiff suddenly and his head goes forward. Many children with such symptoms go on to develop epilepsy in later life.

Focal Onset Aware Seizure: The seizure is very brief (usually less than 2 minutes). The child may or may not be able to respond to people while it's happening.

Focal Onset Impaired Awareness Seizures: Can cause unconsciousness. The child may behave in a number of unusual manners, such as lip smacking, chewing, moving their legs.

Causes

Possible causes of epilepsy include:

- Stroke
- A brain infection, such as meningitis
- Severe head injury
- Problems during birth which caused the baby to have less oxygen

In over half of all people with epilepsy, scientists don't know what caused it. Some may have a family history of epilepsy, suggesting that they may have inherited it. Scientists are trying to find out more about how epilepsy might be inherited, (Mayo Clinic, 2019).

Epilepsy is not caused by a person's parents and is not the fault of the individual with the condition. Scientists agree it is not caused by witchcraft or possession, etc. Epilepsy cannot be caught by touching someone with epilepsy.

How can you best support this child in the learning environment?

Emergency Help During a Seizure

How to help if someone is having a seizure?

1. Stay calm.
2. Look around – is the person in a dangerous place? If not, don't move them. Move any objects which may harm them away from them.
3. Note the time the seizure starts.
4. Stay with them. If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
5. Cushion their head with something soft if they have collapsed to the ground.
6. Don't hold them down.
7. Don't put anything in their mouth.
8. After the seizure has stopped, gently put them into the recovery position (see picture on next page) and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or mucus. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.
9. Stay with them until they are fully recovered.

Seek medical help if:

- It's the person's first seizure
- They have injured themselves badly
- They have trouble breathing after the seizure has stopped
- The seizure lasts two minutes longer than is usual for them
- The seizure lasts for more than five minutes

When supporting children with epilepsy, it is important to remember what to do to help during a seizure. Please see the instructions below for information.

Tilt head backwards, ensure clear airway and straighten head and neck.

Place arm at side and other arm across chest with hand against cheek.

Bring far knee up to a 90 degree angle.

Roll person over towards you with knee at angle and ensure head is supported.

Common Features

A child with epilepsy may:

- Have difficulty remembering what has happened after a fit
- Have stiffness in some part of the body, an arm or hand
- Make uncontrollable strange noises
- Make uncontrollable shaking movements of the arms and legs
- Have stiff muscles and fall over
- Lose consciousness (appear to fall asleep and cannot be woken up)
- Have difficulty controlling bodily functions (person may urinate or defecate)
- Have progressive loss of ability to perform skills originally mastered
- Appear tired and confused after a convulsion
- Appear absent-minded

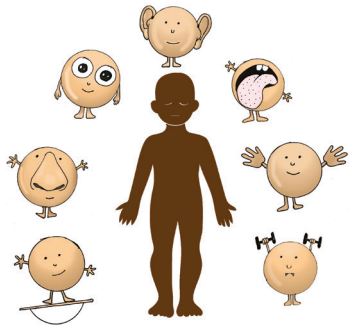
Sensory Processing Disorder

Sensory processing disorder is a condition in which the brain has difficulty receiving and responding to information that comes in through the senses.

Categories

Sensory Modulation Disorder:

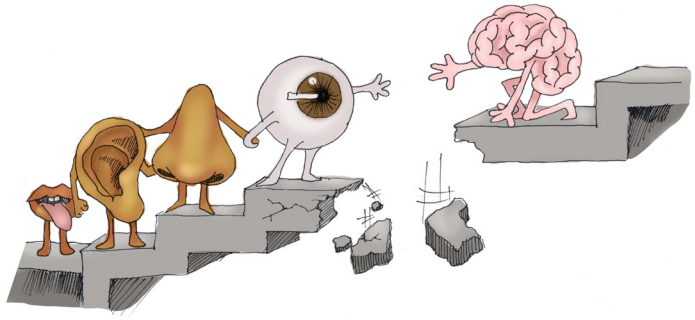
- **Sensory Seeking:** These are the individuals who actively seek or crave sensory stimulation. There is a constant need for sensory input. These children are constantly in motion, crashing, bumping into things, and/or jumping. They may constantly touch everything, be overly affectionate, or not understand personal boundaries.



- **Sensory Over-responsivity:** These are the individuals who are overly sensitive to sensory stimuli because their bodies feel sensations too easily and intensely. They feel bombarded with information and are often in a fight or flight mode. They will try to avoid the situation or may cover their ears.
- **Sensory Under-responsivity:** These are the individuals who are quiet, passive, and don't respond to stimuli. They may appear withdrawn, difficult to engage, or self-absorbed. This is because they cannot detect the sensory input in their environment. They may be clumsy or not be able to tell when something is hot or cold. They also may not feel pain appropriately, they may not be sensitive to danger and are prone to accidents.
- **Postural Control Disorders:** These are individuals who have difficulty stabilizing their body while moving or at rest in order to meet the demands of the environment or the motor task they are trying to do. They have a difficult time maintaining a good standing or sitting position, so they move around more.

Sensory Discrimination Disorder: These individuals have difficulty understanding accurately what is seen, heard, felt, tasted, or smelled. They cannot determine the characteristics of sensory stimuli which results in a poor ability to interpret and give meaning to the specific qualities of stimuli. Examples of this are not being able to tell the difference between a 'p" versus a 'q" or the words 'tap' and 'top', or not knowing whether they are falling backwards or sideways. They need extra time to process the important aspects of sensory stimuli.

NB: These individuals should not be confused with ADHD but present similar characteristics.



Common Features

- Becomes upset in busy places
- Does not like putting on certain pieces of clothing or touching certain objects,
- Dislikes touching certain things – like water or sand but likes listening to the flow of water
- Covers his/her ears in noisy or crowded environments
- Does not respond to pain appropriately

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Identify appropriate seating area.	Seat the child in a part of the classroom that does not over or under stimulate the child.
Identify the specific stimuli that may bother the child so that you can accommodate him/her accordingly.	Put together a kit of items that can help the child when they are over or under-stimulated, e.g. vibrating toys, ear defenders.
Keep calm.	Avoid touching or speaking too loudly to avoid causing the upset. Get down to their eye level and ask what they need.
Give chance for the child to retreat to a quiet place to calm down when he/she feels overstimulated.	Encourage breaks.
Talk it through.	Go through an activity with them and slow them down. Get their attention with their names and assign practical tasks that are easy to follow.
Maintain consistence.	Strategies used at school are shared with caregivers at home. Speak to family members about the individual needs of the learner and the most effective way of dealing with them.

Intellectual Disability

Intellectual disability is a condition that affects a learners' ability to develop age-appropriate skills for independent living. It is identified by problems in both intellectual and adaptive functioning. It involves problems with general mental/cognitive abilities that affect functioning in two areas:

Intellectual Functioning: Such as learning, problem solving and judgement

Adaptive Functioning: Activities of daily life such as communication and independent living

Three areas of adaptive functioning are considered:

1. **Conceptual:** Language, reading, writing, numeracy, reasoning, knowledge and memory
2. **Social:** Empathy, social judgment, communication skills, the ability to follow rules and the ability to make and keep friendships
3. **Practical:** Independence in areas such as personal care, job responsibilities, managing money, recreation and organizing school and work tasks

Intellectual disability is identified as mild (most people with intellectual disability are in this category), moderate or severe. The symptoms of intellectual disability begin during childhood or adolescence. Later in life intellectual disability is known as dementia. Delays in language or motor skills may be seen by age two. However, mild levels of intellectual disability may not be identified until school age when a child may have difficulty with academics.

Causes

Anything that interferes with brain development can cause learning disabilities and in most of the cases of intellectual disabilities, the exact cause is unknown.

The most common predisposing factors include:

- Genetic conditions like Down's Syndrome
- Problems in during pregnancy such as preeclampsia (high blood pressure), infections, drug and substance abuse
- Deprivation of oxygen during childbirth

- Severe head injury
- Extreme malnutrition
- Infections causing brain damage like meningitis, measles and whooping cough

Common Features

- Difficulties in learning academic skills
- Lacking curiosity (self-ambition)
- Difficulty in regulating emotions and behaviour, e.g. explosive tantrums
- Needing support in activities of daily living
- Difficulty with remembering things
- Difficulty understand the consequences of his/her behaviour/actions
- Difficulty with problem solving

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Understand the child, understand their abilities and their need.	Understand that learners are different. They do not develop skills at strict timetables and not even at the same time.
Teach one small step at a time.	Start with the simplest step and provide opportunities to master before introducing a new concept.
Use hands-on tasks to teach skills and provide opportunities to practice the learnt skill.	Give opportunities outside classroom setting to practice acquired skill. Set the environment to allow for continuous learning, e.g. use play dough, clay to make letter shapes.
Use play to demonstrate cognitive skills.	Use role plays or join in the play activity with the learners.
Use groups to teach various skills.	Encourage participation of all group members by rewarding group efforts.

Motor Impairments

Motor impairment is the partial or total loss of function of a body part, usually a limb or limbs. This may result in muscle weakness, poor stamina, lack of muscle control, or total paralysis. Motor impairment is often evident in neurological conditions such a cerebral palsy, Parkinson's disease, stroke and multiple sclerosis.

Categories

Neuromuscular: Affects the voluntary muscle movements.

Musculoskeletal: The muscles controlling movements are weak affecting performance of the limb, e.g. lack of balance, unable to lift an object because of muscle weakness.

Causes

- Conditions (Cerebral palsy, neuromuscular dystrophy)
- Accidents
- Before birth, e.g. nutrition causing damage to neuro-motor cells
- Stroke
- Spinal cord injury
- Brain injury

Common Features

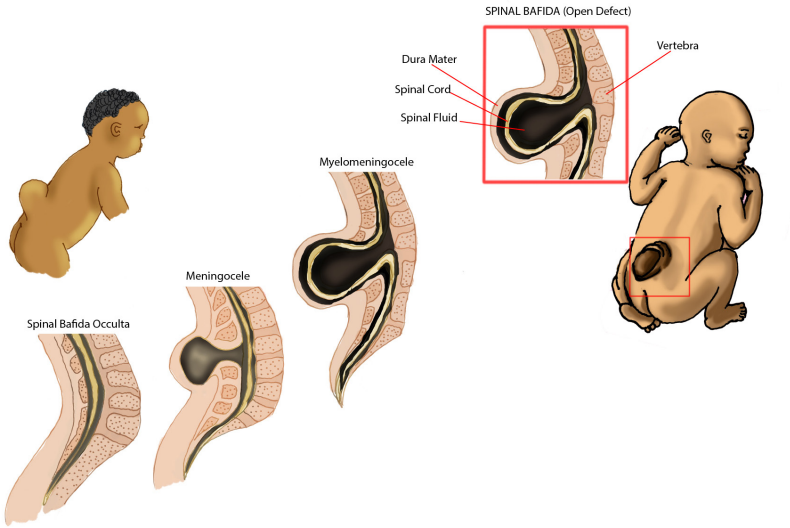
- Delayed milestone development
- Limited joint range of motion
- Shortening of limbs
- Impaired sensation in some limbs
- Uncoordinated movement
- Poor speech/speech problem
- Poor gait
- Weak muscle power
- Stiffness of muscles
- Challenges/limitations to do activities of daily living

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Make the classroom accessible and safe.	Remove any potentially dangerous objects, avail space for movement within the classroom.
Break down learning tasks in to small steps.	One step at a time. Avoid overwhelming learners. Step two can only be introduced after step one has been mastered.
Connect the child to a buddy who can help with practical skills.	Encourage peers to be friendly and patient with the learner.
Ensure hands-on tasks.	Use of concrete experiences during teaching process rather than abstract explanation.
Ensure availability of visuals.	Have charts, pictures and graphs.
Provide direct and immediate feedback.	This helps them to have a connection between their behavior and teacher's response. Delays in feedback makes it difficult to connect the cause and effect and consequently the learning point.

Spina Bifida

Spina bifida is a birth defect causing abnormal development of the back bones, spinal cord, surrounding nerves, and the fluid-filled sac that surrounds the spinal cord. This condition can cause a portion of the spinal cord and the surrounding structures to develop outside, instead of inside, the body. The defect can occur anywhere along the spine.



Categories

Spina Bifida Occulta: A mild form of spina bifida in which the spinal cord and the surrounding structures remain inside the body, but the back bones in the lower back area fail to form normally. There may be a hairy patch, dimple, or birthmark over the area of the defect. Other times, there may be no abnormalities in the area.

Meningocele: A moderate form of spina bifida in which a fluid-filled sac is visible outside of the back area. The sac does not contain the spinal cord or nerves.

Myelomeningocele: A severe form of spina bifida in which the spinal cord and nerves develop outside of the body and are contained in a fluid-filled sac that is visible outside of the back area. These babies typically have weakness and loss of sensation below the defect. Problems with bowel and bladder function are also common. A majority of babies with myelomeningocele will also have hydrocephalus.

Common Features

Abnormal appearance of the baby's back, varying from a small, hairy patch or a dimple or birthmark, to a sac-like protrusion that is found along the back bone area.

- Bowel and bladder problems, i.e. faecal and urine control
- Loss of feeling below the area of the defect, especially in babies born with a meningocele or myelomeningocele
- Inability to move the legs

Child may present with other coexisting conditions including:

- Hydrocephalus (increased fluid and pressure around the brain occurs in most cases)
- Heart problems
- Bone problems
- Lower than normal intelligence level

Causes

Normal development of the brain and spinal cord may be affected during the first three to eight weeks of pregnancy by the following:

- Genetic problems
- Uncontrolled diabetes
- Exposure to hazardous chemicals and other substances
- Lack of proper vitamins and nutrients in the diet, especially, folic acid
- Infection
- Drug interactions (including some prescription medications)
- Alcohol consumption

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Regular physical activities.	Engage in active play with friends.
Encourage positive social interactions.	Reward friendliness.
Encourage active participation in the classroom.	Reward participation.
Allow learners adequate time to complete tasks.	Give extra time depending on the complexity of the condition.

Hydrocephalus

This is the build-up of fluid (cerebral spinal fluid) in the cavities (ventricles) within the brain, causing enlargement in head size. In Latin, hydro means 'water' and 'cephalus' means head. People commonly refer to hydrocephalus as 'water on the brain'. If there is no early intervention of putting a shunt/tube to drain the cerebral spinal fluid, the fluid will continue to expand exerting pressure on the brain causing damage.

Categories

The two main types of hydrocephalus are congenital (developed before birth) and acquired (developed during or after birth).

Common Features

In babies:

- A full or bulging soft spot located on the top of the head
- Increasing head size
- Seizures
- Bulging eyes and an inability of the baby to look upward with the head facing forward
- Large scalp veins
- Increased irritability
- High-pitched cry
- Poor feeding
- Forceful vomiting
- Sleepiness or less alert than usual

In older children or adults:

- Problems with balance, coordination or walking
- Headache followed by vomiting and nausea especially in the morning
- Eyes that tend to look downward
- Blurred or double vision
- Drowsiness, tiredness, irritability or changes in personality

- Neck pain
- Slowing of thinking/dementia
- Difficulty in walking

Causes

The normal brain and spinal cord contain fluid. The fluid is formed in the ventricles of the brain and drains around the brain and spinal cord. When this fluid is not absorbed by the body, or becomes blocked from draining normally, or too much is produced, it builds up and causes the pressure inside the head to increase. In a child, this causes the bones of the skull to expand and separate to a larger than normal appearance.

Before birth:

- Malformations of the ventricles
- Bleeding in the brain
- Traumas
- Infections

After birth:

- Infections, e.g. Meningitis
- Traditional practices of applying cow dung on the umbilical cord leading to infections
- Injuries or traumas
- Prematurity
- Bleeding inside the head
- Birth injury
- Abnormal blood vessel formation inside of the head

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Attract the learner's attention before telling him/her something.	Call them by name.
Give short assignments that can be done successfully.	Break down tasks into small and clear tasks.
Decrease required quantity of written work.	Allow verbal reporting as an alternative to writing.
Build rapport with parents.	Communicate to parents early and frequently.

Sickle Cell Anaemia

Sickle Cell Anaemia is an inherited blood disorder and normally associated with decrease in number and abnormal shape of red blood cells.

Causes

Faulty genes inherited from parents. Genes come in pairs. A child inherits one from the mother and one from the father. Sickle Cell Anaemia usually happens when both parents are 'carriers' of the faulty gene/sickle cell trait.

Sickle Cell Anaemia not caused by anything a parent did before or during pregnancy. You cannot catch it by touching someone who has the condition.

Common Features

- Pain in a part of the body particularly the joints like hands or feet, ribs and breast bone, spine, pelvis, which may last up to 7 days on average
- Painful swelling of hands or feet.
- Vision problems, blurred, reduced night vision, sudden vision loss.

- Frequent infections
- Delayed growth

The complications of the disease may cause learning problems. Students may require extra help when illness affects learning or attendance at school.

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Ensure access to adequate water/hydration.	Drink plenty of water, small frequent drinks rather than large amounts at once.
Allow frequent bathroom breaks.	These learners produce large amounts of dilute urine even when dehydrated. Do not restrict bathroom breaks.
Allow accommodation during extreme temperatures.	Hot or cold temperatures trigger pain. They may need to take off a layer of cloth when temperatures are hot and need to wear sweater if temperatures are cold.
Encourage engagement in moderate activities and roles that are less vigorous.	These may include, umpire, score recorder.
Maintain open communication between the parents.	Keep up to date numbers of the parent and doctor in case of any emergency.

Albinism

Albinism is a rare, non-contagious, genetically inherited condition which occurs worldwide regardless of ethnicity or gender. It results in the lack of melanin pigment in the hair, skin and eyes (oculocutaneous albinism), causing vulnerability to sun exposure, more common in Africa than other places in the world. This can lead to skin cancer and severe visual impairment. Both parents must carry the gene for it to be passed on to their children, even if they do not themselves have manifestations of the condition.

Causes

Genetic condition resulting in the inability to produce melanin the pigment that is responsible to for skin, hair and eye color.

Common Features

- Pale skin, hair and eye color
- Sensitivity to the sun
- Visual impairments
- Extreme near or farsightedness
- Eyes do not function together; eyes may move rapidly and uncontrollably back and forth
- Light sensitivity

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Set us seating plans accordingly, most of the learners with this condition have low vision.	Take time to review the learners' work in case the size of the teacher's texts need to be enlarged.
Font sizes can be an issue for learners with albinism.	Present instruction in large clear fonts. Use of bright coloured illustrations and objects in class as these children will see bright colours better.
Allow extra time to complete assignment/tasks.	Create a friendly environment to reduce panic and fear.
Encourage learners to participate in activities with other children.	Reward learners who practice tolerance and inclusion.
Do not engage in activities that expose these learners to the sun.	Provide opportunities to do any activity away from the sun.

Little People

This is a condition characterized by short stature for age, in relation to average people of a particular community. They experience stigmatisation, need respect, dignity and participation. This condition does not affect one's intellectual ability. There is no cure for this condition.

Causes

It is caused by genetics.

Common Features

- Short upper arms and legs,
- Short hands and figures
- Bowed legs

How can you best support this child in the learning environment?

Strategies	Examples/Comments
Educate peers about little people so as to decrease bullying and increase self confidence.	Provide opportunities for equal participation with peers.
Provide additional accommodations in the learning area.	Provide stools for additional support.
Motivate and encourage their participation because they feel embarrassed, anxious and depressed by their situations.	Encourage and reward peer support.
Provide for extra time to complete tasks.	They may need extra time to access learning environment.

Conclusion

Inclusion is a critical element in ensuring success within the education system. To promote the principles in the agenda, 'Leave No One Behind' it is important that all stakeholders promote a culture of believing in and practicing inclusion. It is clear that there is a need for tools such as this one as many learners with Special Educational Needs are not identified early enough and not given appropriate support. As a result they fail to complete education due to a lack of suitable differentiation and inclusion in activities.

As outlined in this resource guide, one of the first steps to supporting children with Special Educational Needs is to understand their needs in the first instance. This means to know what behaviours, triggers, trends and patterns to look out for in everyday interactions, school and at home. Every single person in the learner's life should have access to enough information to not only protect all learners but to allow them to better cater for their specific needs.

Each learning need has different features and strategies attached to it, which further promotes the usefulness of this guide not only as a reference guide but also as a tool for that promotes awareness.

In order to realise the goal for which this tool was developed, all stakeholders (teachers, officials, NGOs and other agencies) need to work together to ensure that it becomes an everyday practice to be able to think about identifying the learning needs faced by learners in Uganda. This guide provides a brief overview of each of these needs and assists individuals to quickly and effectively come up with strategies to help these children and promote inclusion. These definitions, advice, images and strategies have all come from a collaboration of experts in this SNE field, research and policy makers. All this is done to ensure that schools, the home and community is made safe for everyone regardless of their abilities. This tool is the first step in ensuring that all learners no matter their differences are included in the education system of Uganda in a cost effective and sustainable manner.

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Ministry of Education and Sports

Embassy House

P PO Box 7063, Kampala, Uganda

T 234451/8 | **F** 234920

E permasec@education.go.ug

W www.education.go.ug

T +256 (0) 414 271 733 | +256 (0) 77 589 9692 | +256 (0) 77 652 2601

E administrator@cranenetwork.org | keepingchildrensafe@cranenetwork.org

P PO Box 14003, Kampala

A Plot 879 Centenary Road, Namirembe, Kampala, Uganda

W www.cranenetwork.org

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