Workshop Training Kits Book 3 Part 2

Ted Ward
S. Joseph Levine
Nancy Carlson

1973

During the late 1960s/early 1970s Ted Ward was the Associate Director of a federally funded project at Michigan State University that dealt with providing in-service education to Special Education teachers in Michigan, Indiana and Ohio. A team of three: Ted, Joe Levine, and Nancy Carlson worked together on the development of in-service education materials that were self-contained and easily replicated in teacher education workshops throughout the region. Though designed primarily for special education teachers, the workshop training materials, for the most part, were applicable to a variety of different contexts. Three sets of materials were created through this project: Experience Teaches! (1970), Resources for Effective Teaching (1971), and Workshop Training Kits (1973). The following pages are the set of materials from 1973 – Workshop Training Kits

USOE/MSU Regional
Instructional Materials Center
For Handicapped Children And Youth

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Learning Disability Card Game

Primary Author
Nancy Carlson

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Leader's Guide

Overview

This workshop activity is designed to facilitate understanding of the symptoms, remedial strategies, and terms that are used in dealing with children who have learning problems. The activity is built around a matching game whereby the teachers, operating in groups, are asked to sort out terms, symptoms and strategies into appropriate combinations. There are a total of 22 terms introduced in stages during the activity, with each group working at their own pace. Following the small group matching experience, a large group discussion follows which allows the participants to discuss concerns, questions, etc., given a similar base of information.

Objectives

Through the activity the participant will

- Be able to match diagnostic terms with symptomology and remedial strategies in a process that approximates diagnostic/prescriptive teaching.
- Be able to interact with other participants in a problem-solving situation.
- Be exposed to the technique of using programmed feedback for self-correction.

At the conclusion of the activity the participant will

- Be able to list at least one new idea, concept, or practice that was learned through the activity and that has applicability to the participant.
- Be able to define at least one "new" term.
- Be able to take home a booklet containing the information which the groups have been organizing.

Prerequisites

For the leader: Familiarity with the information presented in this kit. The leader does not have to be an "expert" in Learning Disabilities to run this activity.

For the participants: Interest in (but not necessarily knowledge of) the field of Learning Disabilities. The workshop activity runs equally well with regular and special education in-service teachers, regardless of their experience and training.

Time Needed

It is *absolutely essential* to plan for one hour and 15 minutes to one hour-and-a-half. With less time than that, participants feel pushed to accomplish the activity, and learning decreases.

Materials Needed (*more explicit instructions appear under Procedure*)

1. To be duplicated:

All pages to be duplicated are marked "Duplicator Page ___ in the upper right hand corner. Use the pages in this kit so marked as masters. The pages marked "Visual Page___" should be used as masters for projection.

A. Materials for the workshop activity

One for each group: (cut up and placed in envelopes)

Pack A	Duplicator Pages 2-5
Pack B	Duplicator Pages 6-10
Pack C	Duplicator Pages 11-16
Pack D	Duplicator Pages 17-23

One for each person:

Content Evaluation Form	Duplicator Page 24
Workshop Evaluation Form	Duplicator Page 25

B. Materials provided as Supplementary (take-home) Information

Booklet (cover page and game card sheets)	Duplicator Pages 1-23
"Who Is This Child?" (optional)	Duplicator Pages 26-27

2. Other materials:

Prepared transparencies	Visual Pages 1-2
Projector	

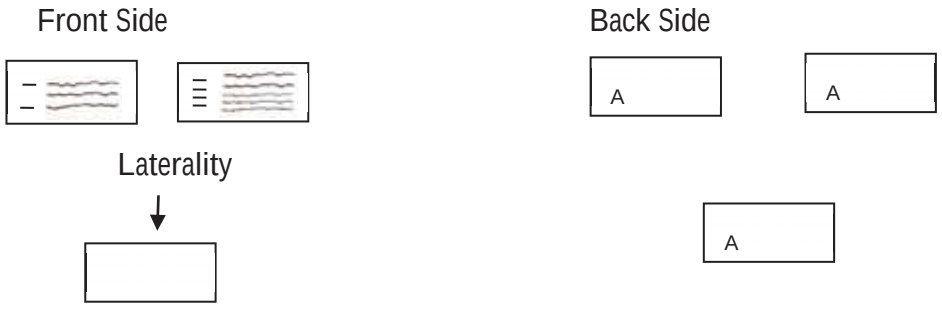
Physical Arrangements Needed

Participants *must* have enough room to lay out a maximum of 35 cards, therefore table space of about 3 square feet per group must be provided. Try to arrange for each group of three people to have a separate table if possible. (That means you'll need 10 small tables if you expect 30 participants.)

Procedure

A. Preparatory activity prior to workshop:

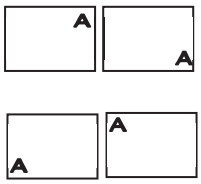
1. Duplicate sufficient quantities of the game card sheets to cut up for the activity. (If you expect 30 participants, duplicate *at least* 10 sheets.) Be sure to run them on *both sides*, as the letter coding is essential. **Note**: If you are unable to run the sheets on both sides, you can code each card with a penciled letter in the same place that it appears on the attached copy.
2. Cut up each sheet so that you have 5 cards. *Each card* will have a letter (A, B, C, D) on the reverse side. The letter itself is your clue as to which pack that set of cards will be placed in. Example:



These cards would belong in Pack A.

The following four game card sheets when cut up will constitute Pack A.

Figure-ground distortion		5 cards
Conceptual disorder		5 cards
Laterality		5 cards
Hyperactivity		5 cards
	Total	20 cards



All 5 cards that relate to figure-ground distortion will have an A in the upper-right hand corner on the reverse side. Cards relating to conceptual disorder will have the A in the lower-right hand corner of the reverse side. Laterality cards will have an A in the lower left corner, and hyperactivity in the upper left. All 20 cards will have A's on them but in differing positions. Shuffle the 20 cards together, *place them all in an envelope* and *mark "Pack A."* You will need at least 10 Pack A's to run this activity with 30 participants.

3. Follow the above procedure to make all the packs ready. You will cut up 5 sheets for each Pack B, 6 for each Pack C and 7 for each Pack D.
4. Prepare two visuals from the masters provided in this kit.
5. Duplicate the cover page and game card sheets (front only), collate and staple. Have available one take-home booklet for every participant. **Note**: This is really important! Participants really want to have this information, and it therefore becomes essential for you to have it available at the end of the activity to take home and *use*.
6. Duplicate sufficient quantities of "Who Is This Child?" to use as handouts.
   Note: This part of the activity is optional. Participants have usually expressed a desire to have this handout also, but in no case is it a substitute for the booklet.

B. Procedure to follow during the workshop

1. Divide the participants into small groups, preferably three, but no more than four per group.
2. Instruct the groups to clear everything off the tables–they will need a large workspace. *If you plan to administer a pre-test, this would be an appropriate time.*
3. Provide a brief introduction to the activity. You might want to focus on 1) using L.D. terms diagnostically and 2) in relation to specific strategies for remediation. Mention that they may see new words, but sufficient resources are available–either in the form of the written information on the cards, or from human resources. Also mention that they won't have to take notes–they'll get the information at the end of the activity.
4. Provide each group with the first of four packets (Pack A), *and . . .*
5. Put visual 1 on the overhead projector. This will help to explain that the groups are to match the cards so that there are 5 cards that relate to each term (2 symptom cards, 2 strategy cards and one term card). There are four terms in Pack A, and hence 20 cards. The remainder of the packs are as follows:
   Pack B – 5 terms, 25 cards
   Pack C – 6 terms, 30 cards
   Pack D – 7 terms, 35 cards

6. Tell the groups that when they have finished matching all the cards, you will check their work if they'd like feedback.
7. Start the activity. All groups should finish in about 10 minutes. **Note**: A good leader will try to emphasize the *cooperative* nature of the task rather than a competitive group-against-group type of thing. When a group finishes Pack A, go to that group and turn over one set of five cards that they have matched. If they are correctly matched, the letter A will appear in the same position on each card. It becomes apparent, then, that they can check themselves.
8. When all groups have finished, ask if there are any questions. Request that the groups shuffle the cards from Pack A and replace them in the envelope.
9. Collect the A Packs and distribute B Packs, telling the groups that there are three Packs left to match.
10. From now on your task is one of managing. As each group finishes a Pack, pick up that envelope and distribute the next one. If any of the groups finish extremely quickly, you might want to hand them the booklet so that they can look over the information. **Note**: When observing the groups, bear in mind any special things you see happening for the discussion following.

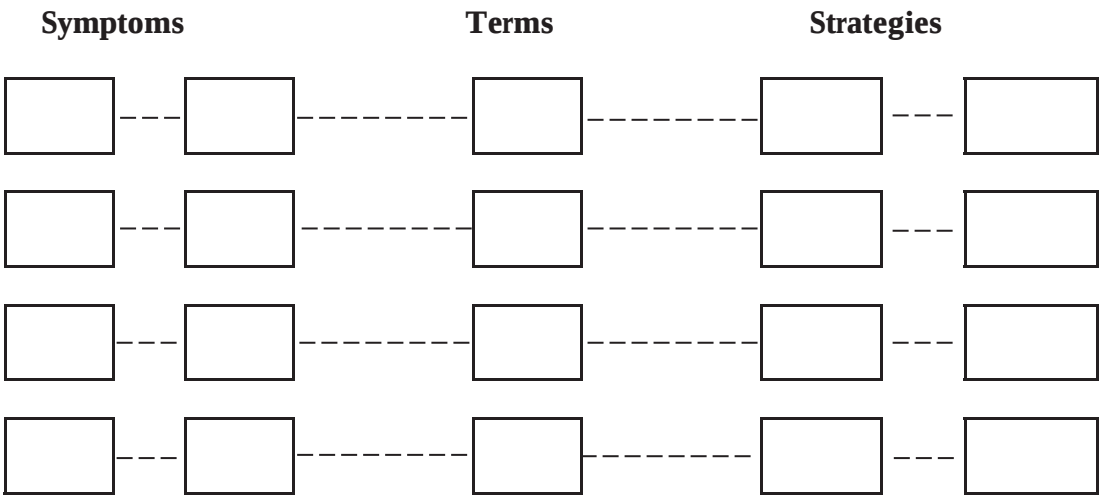
Discussion Guide

When all groups have finished, conduct a large group discussion with all participants. You may want to use visual 2 to focus discussion. The activity itself and the visual will help keep you from having to be an "expert." There will be people in the group who are willing to share their ideas, information, etc.; encourage them to help clarify also. If you plan to read "Who Is This Child?" now would be an appropriate time. (The message is powerful–there isn't apt to be any discussion following.)

Evaluation

Two forms are provided in this kit which can be used to help you gather data on content learning and the workshop activity itself. On the content evaluation form we have included in italics those answers most frequently occurring during our field-testing of the kit. Perhaps they will assist you to evaluate your workshop responses.

Possible Organizational Frameworks for Matching



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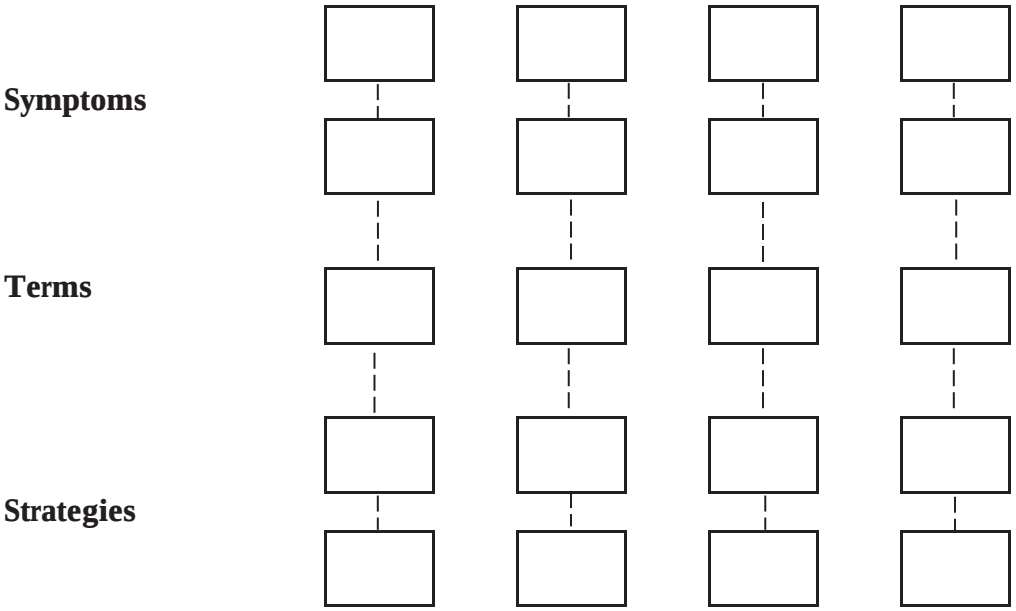

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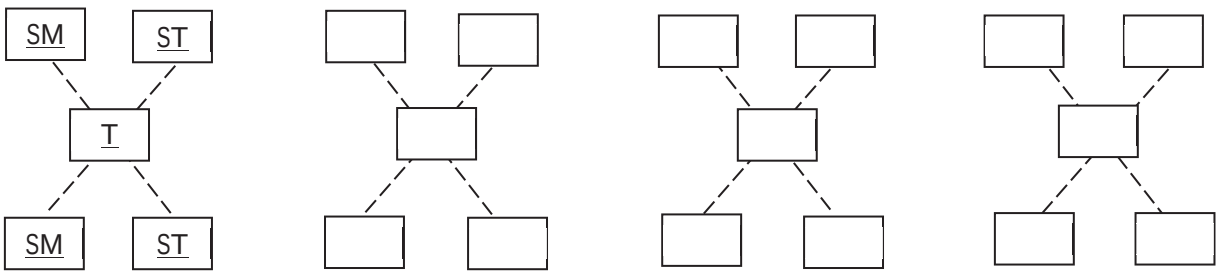


OR

. . . .

Questions for Discussion

How does this activity relate to the diagnostic/teaching process?

With what terms did you have the most difficulty? The least?

How did your group use the self-check feedback on the back of the cards?

In what situations could children in your class use this type of feedback?

Cover Page

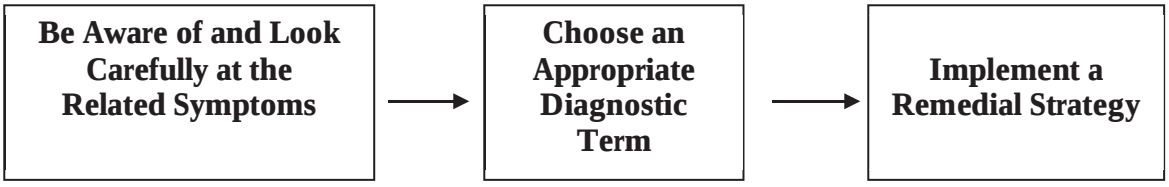
Take-Home Booklet

The following pages are organized around a central theme that relates to the diagnostic/prescriptive teaching process. Although each of the terms selected is in a central position on the page, the more important aspects surround it.

That means to each of us that if we are to use a specific term to describe a child who has difficulty in learning, we need to be very aware of the different clues or *symptoms* that helped us to choose that term—in other words, to use the term *diagnostically*.

Even more importantly, however, we need to be aware of *what can be done to help alleviate the difficulty.* It will help us in working with a child to be able to select an appropriate *strategy* or technique or material that *fits* that child's need.

That's why the booklet is organized in this way–so that you might feel more comfortable in using this process to work with children.



Visual

- Can't seem to pick out an object when competing objects are in the picture.
- Has great difficulty with "Find the Hidden Figure" games.
- May color the entire picture one color, because of inability to focus on the component parts.
- Will probably score poorly on the Frostig subtest (but bear in mind that outlining objects involves motor performance in addition to *seeing* the required stimulus.
- May be unable to pick out a specific word when faced with a number of words (paragraph).

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

FIGURE-GROUND DISTORTION

- Activities should be provided so that the child can see both the whole *and* the parts.
- Use an overhead visual that is made up of a set of overlays. The picture becomes more detailed as overlays are added to the basic picture. Or add successive "masking" overlays to the picture (e.g., shading masks, crosshatch masks). Then individually remove each mask and have the learner attempt to identify the basic picture. Pictures and masks can be varied to suit the learner.
- To begin training it is helpful for the teacher to focus on the part to be discerned (i.e., outlining or coloring). Later the child can find the part and outline.
- Marianne Frostig's worksheets for this visual perceptual problem are good basic training materials. This child will probably still need help in seeing individual letters as part of a word.

Auditory

- Cannot identify the intended auditory stimulus when more than one sound is heard at a time.
- Often cannot "hear" teacher if class is busy and noise level is appreciable.
- Cannot discriminate between sounds—all sounds like a jumble to child.
- Has difficulty with phonics—can't identify sounds in syllables, vowel sounds, and so on.

Related Symptoms ←

Intervening Remedial →

- For efficient learning the child must be able to hear both the whole *and* the parts.
- To begin training it is helpful for the teacher to *focus* for the child, and then allow him or her to discriminate between two things only. Later increase the number of things.
- The use of headphones will alleviate much of the background distortion. They help the child to focus or "tune out" irrelevant noise.
- Spoken or taped material should be very clear, with perhaps overemphasis at the beginning.
- If possible, use tapes or records to present auditory material. They usually provide more motivation to listen.

- A lack of foresight and organizational ability often leads children into troublesome situations, since they can't see the consequences of their own actions.
- May be poor at expressing thoughts in writing.
- Reading comprehension scores usually significantly lower than sight vocabulary scores.
- More confident in expressing themselves non-verbally than verbally.

Duplicator Page #3

Related Symptoms ←

Intervening Remedial Strategies →

- Praise the process as well as the end product. Effort and improvement should both be rewarded in a learning situation.
- The teachers can provide appropriate labels to help children categorize their experiences. ("Yes, those are all examples of fruits.")
- It is important that the teacher carefully choose a level of communication within the children's repertoire. (This will usually involve use of concrete examples, including physically manipulating children in some cases to produce response.)
- Often the consequences of particular behaviors will have to be explained to the children. A teacher may need to outline many "If . . . then . . . s" during the day.

Term Often Used ↓

CONCEPTUAL DISORDER

- Can handle concrete examples ("the boy went to the store") much better than abstract examples ("honesty pays").
- Extreme difficulty in going beyond stimulus presented.
- Cannot classify and categorize experiences, (e.g., pictures, objects, nouns).
- Often "beats around the bush" when trying to describe something.
- In later elementary years still have difficulty understanding relationships, such as those stimulated by the use of analogies.

Related Symptoms ←

Intervening Remedial Strategies →

- The use of *many* concrete examples–especially if children can manipulate or "find" them–will help lead toward generalization (i.e., in presenting the concept "red," perhaps as many as 30-40 examples given over a period of time may have to be utilized). More difficult concepts such as "time" may take more than two or three years to internalize.
- Don't confuse the children with too many words. Try "telegraphic" speech.
- Don't expect experiences presented to generalize. Help the children to make these generalizations by presenting material in a step-wise and gradual progression.

- Overactive. Fidgets constantly.
- As a toddler "into everything"—and at an early age.
- Unable to sit still at desk, dinner table, in front of T.V., etc.
- Excessively walks around the room.
- Constantly touching objects.
- Some part or parts of body constantly in motion.
- This is not just a normally active child—the use of the words "excessive" and "constantly" is the real key to understanding this term.

Related Symptoms ←

Intervening Remedial Strategies →

- Provide tasks where the children are actively involved physically. This gives them a focus for their general activity.
- Keep the room spacious and relatively uncluttered. This allows for mobility and active physical participation.
- Medication in many cases has proven to be helpful in controlling without becoming addicting. Do not discourage the parents from seeing a physician who has had some experience with medication for this type of child. (The teacher is often asked to record behavioral observations before and after medication is started.) Results, if they are to be forthcoming, will be seen immediately.

  Note: Many normal active children (who happen to have had teachers or parents with low tolerance for noise and activity) have been placed inappropriately on medication. As a result there is a "backlash" against the use of medication to control behavior.

Term Often Used ↓

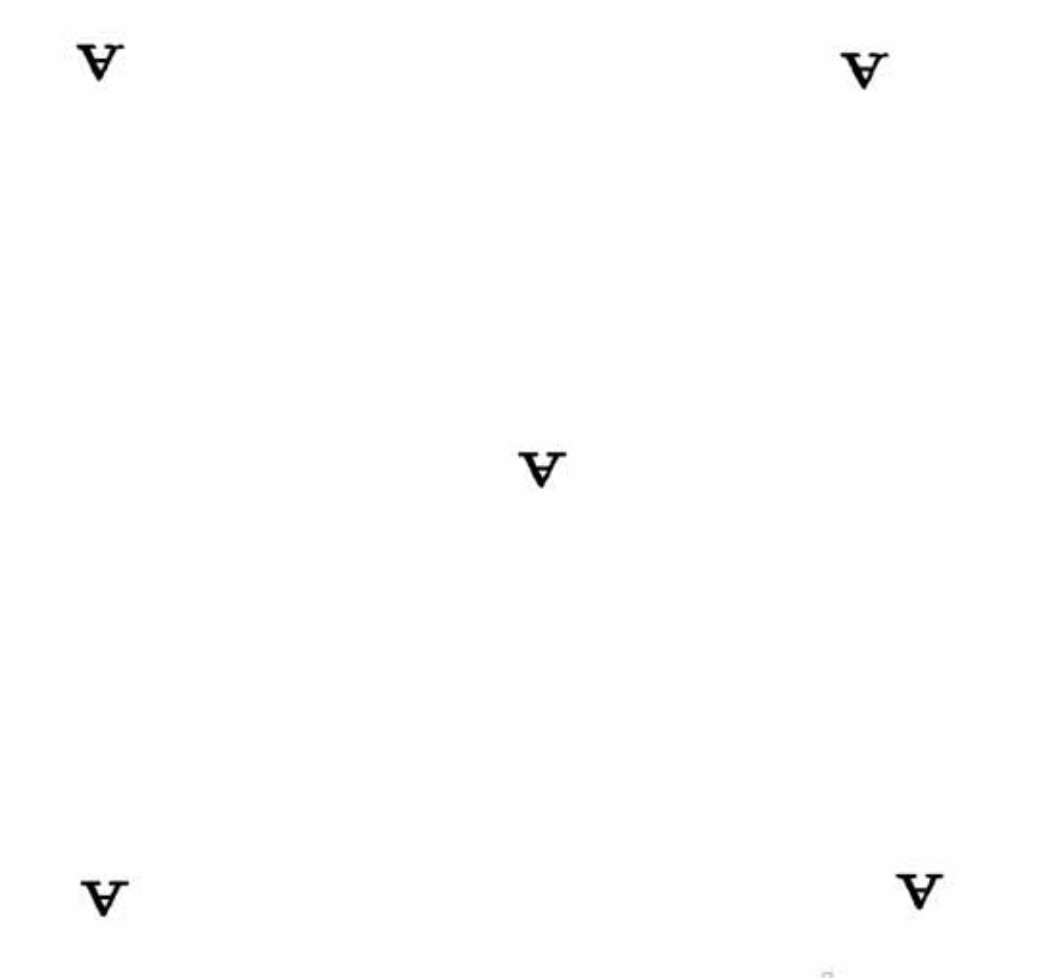
HYPERACTIVITY
or
HYPERKINESIS

- Constant shift of activities.
- No more active than other children on playground, but cannot curtail activity in classroom.
- Cannot inhibit activity when inhibition is appropriate.
- Bed-wetting at night often cited by parents.
- May have problems getting to sleep at night.
- Seems to have chronic case of "ants-in-the-pants."
- May talk constantly—saying nothing of interest or importance to others.

Related Symptoms ←

Intervening Remedial Strategies →

- Allow some provision in the regular curriculum for special activities involving rhythm, coordination and sensory/motor activities.
- Do not reinforce unacceptable behavior by paying unnecessary attention to the student.
- Define limits and reasonable (simple) objectives. Reinforce when they are met.
- If in doubt as to whether you have "seen" all evidences of appropriate and inappropriate behavior, a videotape recording of the child may help to clarify.
- Provide materials that the children can manipulate whenever possible. Working with their hands may help to decrease unfocused generalized activity.
- Relax! *Excessive* motor activity decreases with age.



Duplicator Page #5

- Child is unable to identify left or right side of body correctly.
- Child may use right eye for sighting and left hand for writing and throwing (or vice versa).
- May not realize that he *has* two sides to the body. It may appear to him as a gestalt, with no discernible distinction between the two.
- Or he may be *aware* of the two sides, but unable to verbalize the exact nature of the difference.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

- Established laterality (tendency to perform all functions with the *one* preferred side of the body) may not occur until 6 or 7 years of age. Teaching prior to that time is appropriate, but allowance should be made for normal maturation rates.
- Mixed (or uncertain) laterality (the tendency to mix the right and left preference in the use of hand, feet, eyes, and ears) *often* is found in younger children (up to 7) and in older youngsters with learning disabilities. Research indicates that training to alleviate "mixed dominance" has dubious practical value, particularly relating to reading problems. Then is definitely not a cause/effect relationship.
- Right-left discrimination develops earlier than unilateral hand or foot preference, and hence are independent aspects of development.

IMPAIRMENT IN LATERALITY

- Often gets mixed up in group games such as "Simon Says" or "Looby Lou."
- May write, paint, or eat with either hand.
- May kick a ball with either foot and may not be able to plan ahead which one to use. (Often causes stumbling.)
- May be able to tell differences in right-left with visual stimuli, but not with eyes closed.

Related Symptoms ←

Intervening Remedial Strategies →

- Since the concepts "right" and "left" are abstract, it will help the child to give some concrete referent (examples: tying a red string on the right hand and/or leg, or holding out the left hand with thumb and index finger at a right angle–it makes an "L").
- When playing group games, the leader should stay in a circle with the children, rather than in front of the children, thereby eliminating a "mirror image" effect.
- Teaching should help to develop an *awareness* of similarities and differences between the two sides of the body.

- Child may not be able to move to the right or left upon command.
- May not be able to find the "top, right hand side of the paper" to put his name on.
- May not be able to read or write from left to right (simply because he doesn't know what "left to right" means)!
- When at the chalkboard, may start out with chalk in left hand and transfer it to the right hand at the mid-point.

Related Symptoms ←

Intervening Remedial Strategies →

- The child should know *absolutely* the distinction between the two sides of his own body before he can be trained to project these concepts into either near space or far space.
- But just because a child can differentiate between his right and his left hand, it does not mean that he can magically organize his b's, d's and the order of letters in words. (To do so would refute one of the more established laws of learning related to the transfer of training.)
- Most of the relationships do not occur in a normal child until around age 7-8, and sometimes later. When you become frustrated, think of the adults you know who still have trouble reading maps and understanding directions.

Term Often Used ↓

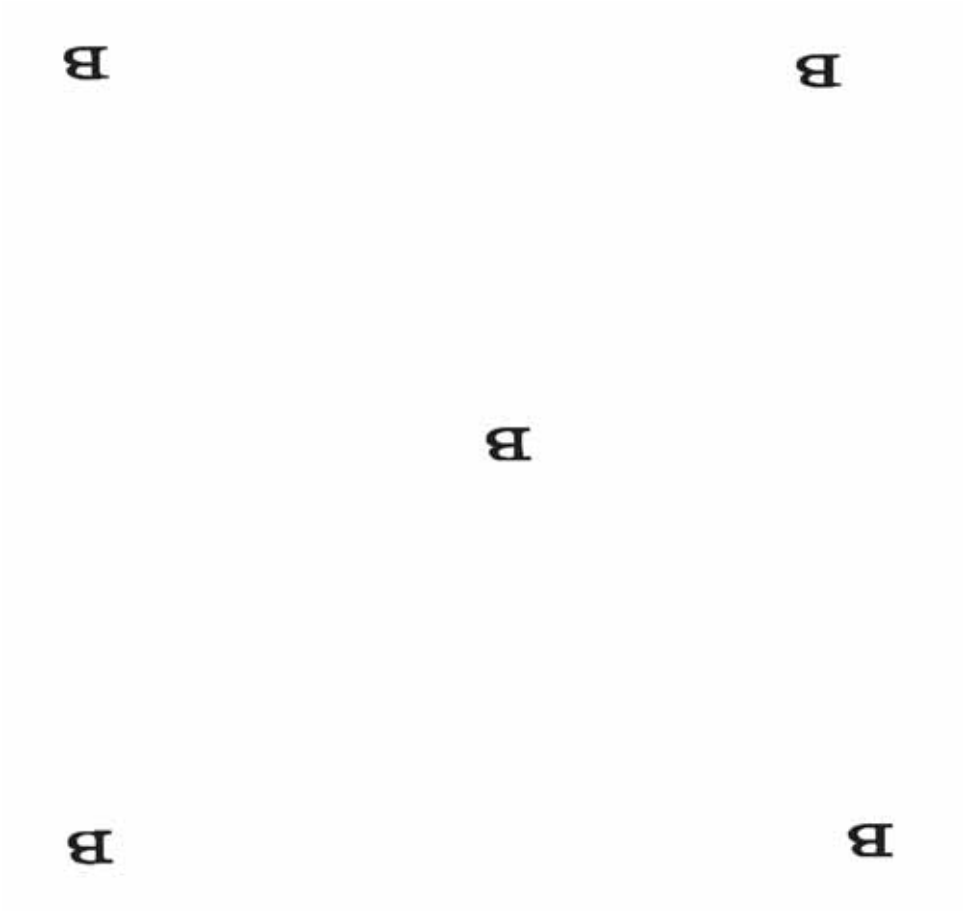
IMPAIRMENT IN DIRECTIONALITY

- May be unable to interpret directions involving "in front of," "on the other side of," "over," etc., with any degree of consistency.
- When given oral directions, may become confused or lost while attempting to follow them. ("Put the book on the top shelf," or "go around the corner; the basket is under the table.")

- Increase *focus* of target area in some way (i.e., mark an X where child is to start).
- A concrete referent linked with an abstract concept may help the child to make the necessary generalizations ("Next to the pencil sharpener on the left side of the room).
- Many examples must be given before a child can grasp the abstract concepts. However, these concepts *must* be grasped before higher order skills can be learned (i.e., reading, graphing, coordinates, map reading, geometry).
- When training, near space relationships (at your right side, over your head) must be worked on before far space relationships (right side of the room, middle of the hall, and so on).

Related Symptoms ←

Intervening Remedial Strategies →



- Child may spread feet wide apart when standing–especially if he or she has to catch something.
- May constantly shuffle feet–when walking or standing still.
- Often may lean against a wall, a table, a person or whatever support is handy.
- Child's posture may seem out of alignment.
- May be unable to balance a paper cup on a plate when going from one place to another.
- This child is *off* a balance beam more than on.

- Cannot move well when provided with minimal support or structure (e.g., walking on a crack in the sidewalk or the curb).
- Cannot support something minimally without letting it fall (e.g., balancing a pencil on the end of a finger).
- Doesn't do well walking in the aisle on (school) bus and may be very afraid of escalators.
- Tends to have more difficulty going down stairs.
- Either has had, or will have, difficulty in learning to ride a two-wheeled bike.

Duplicator Page #7

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↴

PROBLEM WITH BALANCE

Related Symptoms ←

Intervening Remedial Strategies →

Static (support stable, person not in locomotion).

- Have the child stand on tiptoe for 3-5 seconds; increase difficulty by raising object over head at the same time.
- Have the child bend sideways with arms perpendicular to body–gradually lift one leg at a time.
- Increase level of difficulty until child progresses to:

Object (supporting something minimally without letting it fall)

- Beanbag on head–gradually make requested movements more difficult.
- Carry a marble on a spoon to bucket, pretzel on a spatula, and so on.
- Start out with heavier things to support. Gradually decrease weight.

Dynamic (maintaining position on moving surface, or while moving the body with minimal support).

- Balance board can be constructed using 18"x24"x1" board. Attach a 2"x4"x2" piece to the middle of a larger board as a fulcrum. Progress from sitting to kneeling to standing on the board.
- If balance beam is used, use with children creatively. Ask *them* to generate ways to go across the beam (e.g., forward, backward, sideways, stepping over) and ways to use their arms while on the beam.
- Frostig's *Move, Grow, Learn (MGL) Program* has some excellent suggestions in a handy form for teachers. Newell Kephart and Bryant Cratty have additional fun-type activities outlined in their many books.

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- Inability to delay gratification–child cannot wait for resolution. Wants things to happen NOW!
- Doesn't have "stick-to-itiveness."
- Tends to "overreact" –becomes "too excited" at pleasurable situations, similarly, does not tolerate frustration or disappointment well (may have violent reaction).
- A decreased ability to inhibit behavior–which may lead in the extreme forms to anti-social behavior, such as lying, stealing, destructiveness, fire-setting, sexual "acting out."

- Reckless–often manifesting no concern for bodily safety; rushes headlong into things.
- Could be described as "accident prone."
- Reports of injuries probably more a manifestation of problem than a cause.
- Poor planning and judgment.
- Often says the first thing that comes to his or her mind. This may at times cause teacher and parents extreme embarrassment.

Duplicator Page #8

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

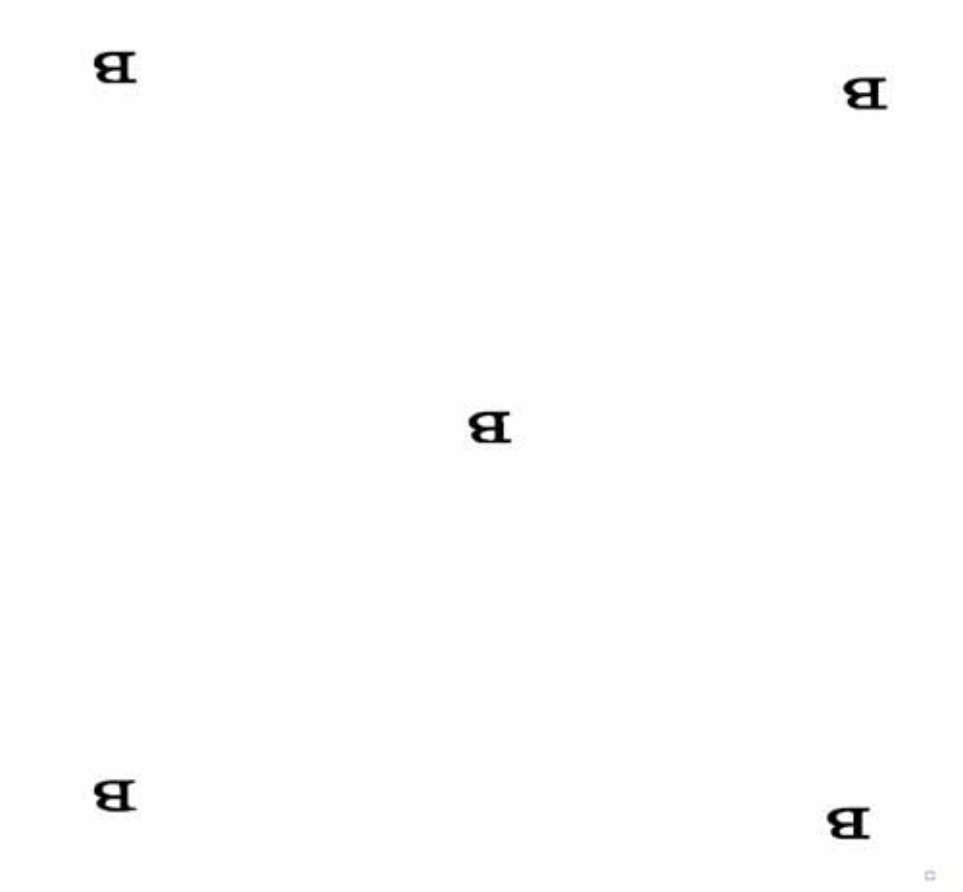
POOR IMPULSE CONTROL

Related Symptoms ←

Intervening Remedial Strategies →

- Needs to have immediate feedback (e.g., praise, reinforcement, correction). Only gradually can this be taken away and then only with a great deal of structure. This child's behavior for a long time will have to be under external control.
- Give as much individual attention as possible.
- Medication may be helpful. (Comments on medication appear elsewhere.)
- Keep room clear of potential hazards.
- This child may perform better if he thinks he is pleasing *you*. The strength of the reinforcement to children is the most important consideration in planning a remedial program (i.e., they will be more apt to stop doing something inappropriate if they think they will be pleasing you, than if you say it is "disturbing others.")

- Provide sound, easily understood rules of behavior in the classroom. Remind often, and reinforce when child behaves in accordance with rules.
- Reward may have to be tangible (stars, checks, etc.) and attractive.
- Provide a cooling-off period or a change of activity if situation gets out of hand. It will help the student get emotions back in perspective.
- If social controls do not help to inhibit anti-social behavior, referral to child guidance clinic (or some sort of psychological counseling) is indicated.
- If a good reinforcement and schedule is found it should be shared with the child's family so that there will be carry-over from school to home.



Auditory

- Child seems to be unable to store and/or retrieve information. For instance:
  Q "The boy's shirt is blue. What color is the boy's shirt?"
  A "I don't know . . ._a"
  Q "What did I just say?"
  A "Uh . . . uh . . . uh . . ._a"
- Child often looks at others to see what they are doing.
- Reluctant to enter into class discussion, seldom contributes appropriate information.
- On diagnostic tests relating to digit span (ITPA subtest, WISC subtest) will probably score low and be unable to retrieve more than 3-4 numbers correctly.
- Probably won't be able to give his telephone number.

Visual

- The children seem unable to remember either what they just saw and/or what they saw a while ago.
- When asked to verbalize what they just saw (picture, word, movie, etc.) will stutter and stammer and be unable to provide appropriate answer, even when helped.
- Often guesses; has trial and error approach to learning.
- If something is erased from the chalkboard, will probably not remember what was there.
- Always "loses" when playing classroom games such as "Memory" or "Concentration."

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↴

MEMORY IMPAIRMENT

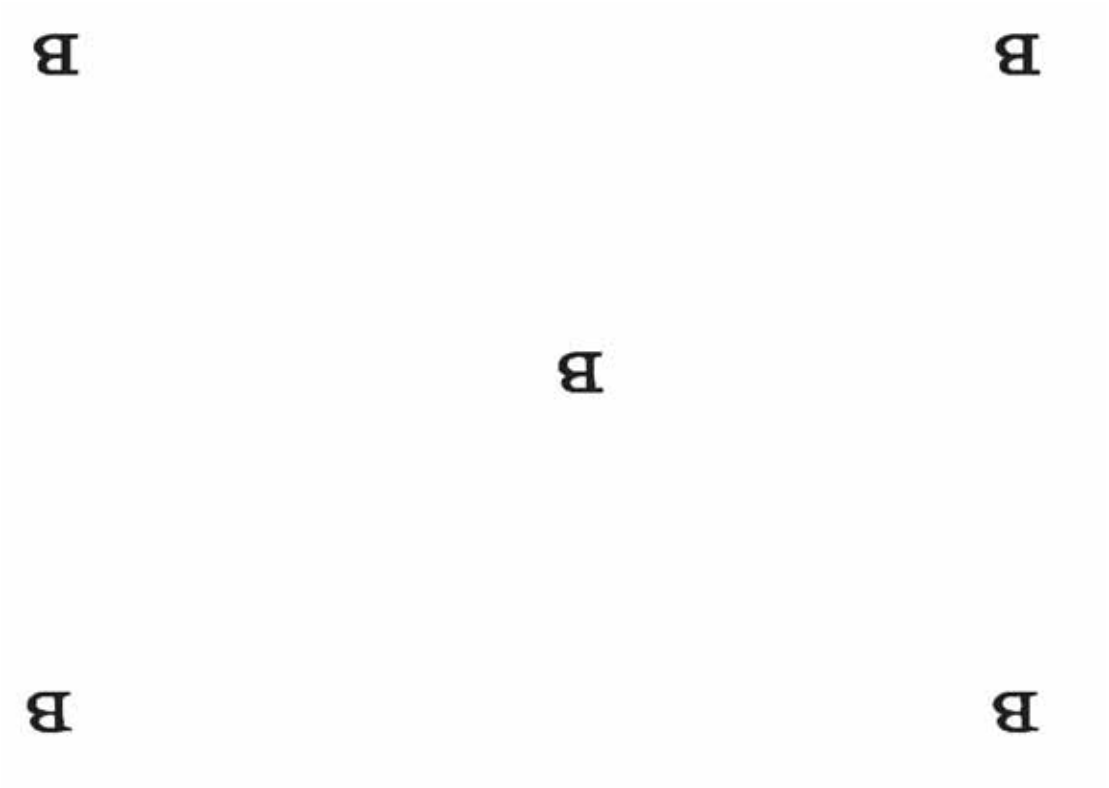
Related Symptoms ←

Intervening Remedial Strategies →

- While there is not sufficient evidence to indicate that memory can be improved by training, practicing certain kinds of organizational strategies may help.
- The experience is more apt to be remembered if it is meaningful–that means meaningful at the child's level and not the teacher's.
- Find out what the child likes—what words, pictures, objects, food, etc.–and play memory games which gradually increase in difficulty.
- If you're having the child repeat after you, keep the stimulus words or numbers close together (i.e., at ½ second intervals). When the child can repeat consistently, increase the interval, so that they have to remember over a longer span.

- Repeated exposures of *meaningful* stimuli increase the probability of remembering. (This is not the same as "drill and practice.")
- Give children some visual clues to help them remember. Place them close at hand so that they can use them as a stimulus.
- Visual clues are especially important when auditory mode is used in instruction. Auditory "hints" are also helpful if visual mode is used for instruction.
- As always, progress from simple (2-3 things) to more complex, and always in an organized, systematic way.
- Flash cards can be used to train visual memory. At the beginning, expose for about 10 seconds. Gradually decrease length of exposure time. Make sure the child "knows" what is on the card.

Reverse



- Child assumes a position in classroom much like a piece of furniture.
- Gets up to leave when the bell rings, and may answer during attendance, but little else.
- Sometimes appears fearful and seems easily frightened, particularly when meeting new people or adjusting to new situations.
- Would rather remain inactive than face shame and ridicule or failure.
- This type of child shows little facial expression, doesn't interact well and hence may be (incorrectly) called "dumb."
- Consistently see: *lack of or decreased ability to participate; little muscular movement.*

Related Symptoms ←

Intervening Remedial Strategies →

- Allow the student to sit near, or be grouped with, those students with whom he or she feels most comfortable.
- Recognize and talk about feelings of inadequacy or fear. Allow for a classroom atmosphere where emotions can surface with impunity.
- Supply student with needed materials. He or she will usually lose or forget such items as books, paper or pencil as an excuse for non-participation.
- This type of child does *not* respond well to punishment.
- Give parents some helpful suggestions if this pattern of behavior is apparent in the home.

Term Often Used ↓

HYPOACTIVE
or
HYPOKINETIC

- Check carefully to make sure there is not a physical or nutritional problem.
- Provide the student with gradual exposure to new people or activities.
- Give the student the time, security, support and encouragement necessary for successful accomplishment of any task.
- Keep your standards flexible in regard to discipline and management. A little chatter, giggling and misbehavior are healthy signs on the part of a withdrawn child.
- Invite and encourage the child to participate in simple games involving motor activities. Gradually try to increase extent of participation.

- Dawdles excessively when changing activities (such as cleaning up).
- Relatively sedate and stationary behavior (little movement at all).
- Preoccupation with one activity (such as drawing).
- Staring out of the window.
- May become a scapegoat for group and peer ostracism and criticism.
- This type of child tends to be ignored both in the classroom *and* at home.

Related Symptoms ←

Intervening Remedial Strategies →

Reverse

- Does not understand oral directions–may look dazed.
- Cannot appropriately answer questions like:
  Do dogs bark?
  Is the boy big?
  Are bananas green?
  requiring only yes/no answers.
- Comprehends non-verbal social sounds (such as bell ringing) but is unable to relate the spoken word to the appropriate unit of experience.
- Listening is demanding–the child fatigues easily. May cover ears during story telling.
- Usually has normal auditory acuity.
- Will probably do poorly on test of auditory discrimination (such as the Wepman) since he or she has trouble receiving any auditory information.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

RECEPTIVE LANGUAGE DISORDERS

- Emphasis should be on visual demonstration, especially pictures, objects, or concrete examples.
- Provide child opportunities to participate in activities such as painting, drawing, sewing, woodworking, with a model to work from, no verbal instruction.
- Speak with deliberation, make all directions *very* simple, one word if possible.
- Work with simple words such as nouns, later progressing to more abstract words which represent actions, qualities, feelings or ideas.
- Decrease phonics emphasis, try a reading approach which emphasizes sight words.

Receptive-Associative (comprehension)

- May have much trouble with phonics (i.e., sound/symbol relationship has no real meaning).
- Cannot relate concepts presented orally. ("How are an orange and a grapefruit alike?")
- May have difficulty classifying or categorizing concepts.
- When asked to tell about a story he or she just heard, may be completely unable to "remember" anything, or may tell the story without any logical sequence.

Related Symptoms ←

Intervening Remedial Strategies →

- Help child form "sets" of objects or concepts which have some attributes in common. Name the attributes, or help the child name them.
- Define, as well as label, those things which are included. Also give example of things which are *not* in the set.
- Help child define his or her own limits of a category by playing a "twenty questions" type game. Questions of child should reflect more and more narrow categories.
- To get child to name objects which satisfy *two* specified relationships (objects both round *and* hard), lead up to gradually by first defining and classifying each (i.e., all round objects, all hard objects).

Grammatical and Auditory

- Has trouble with certain redundancies from his or her experience:
  - Sequence of numerals ("1,2,3,5,6,9"),
  - Order of words in sentence ("He dog play with.")
  - Sequences of common sounds ("We goed to the store.")
- Has great difficulty with sound blending. "Po-ta-to: what is that word?"
- Does not do well with phonics approach to reading.
- Has difficulty with rhyming words and missing words in a sentence.
- Does not know or cannot supply plural forms of words automatically.
- Greatest difficulty to supplying or synthesizing words or parts of words automatically.

Related Symptoms ←

Intervening Remedial Strategies →

- Select a few common expressions with which the child is not familiar and plan situations in which these expressions can be presented frequently and in varying situations. (Such as the child listening to records or tapes, or rephrasing the child's response, "Yes, he played with the dog.")
- Try to develop a habit of rehearsal. Have the child first listen to the material and say it to himself before he or she says it aloud.
- Teach regular forms first (i.e., avoid irregular plurals and verbs until child has formed generalizations about regular plurals and verbs).
- In sound blending, present sounds as close as possible to one another. Work toward a two-second interval.
- The teacher must assist in the *process of achieving completion in behavior or mental act.*

Term Often Used ↓

CLOSURE PROBLEM

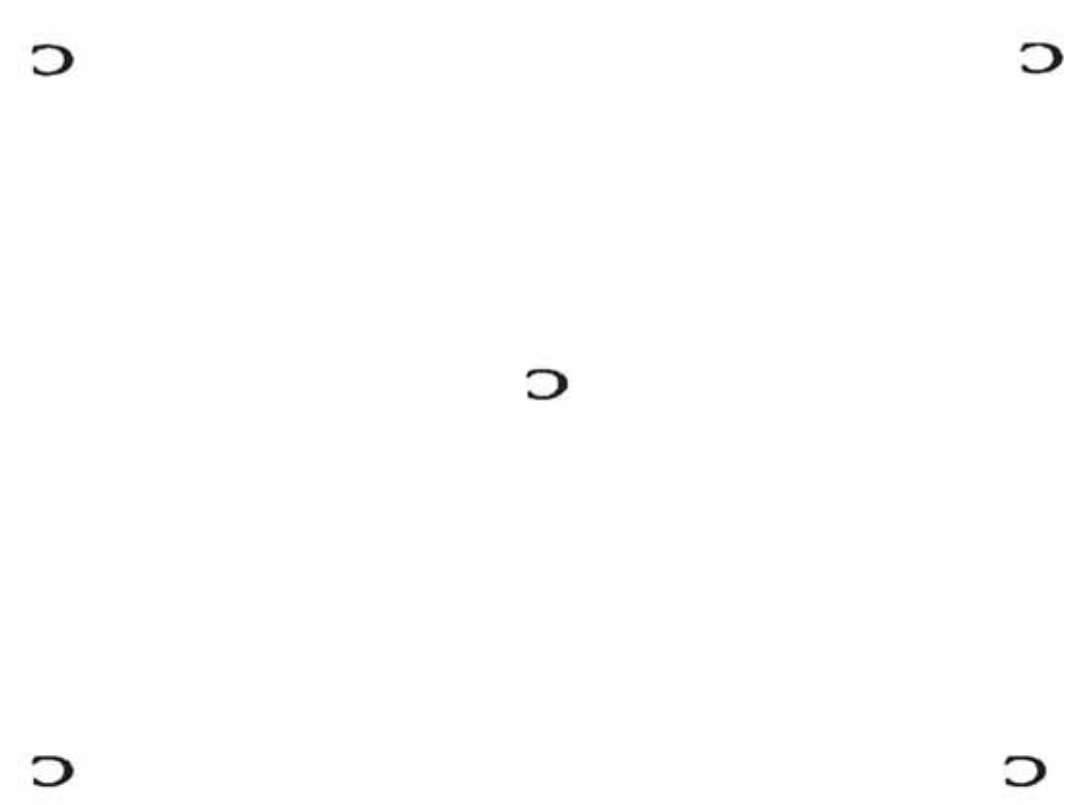
Visual

- May be unable to fill in missing parts automatically (cannot see that the nose is missing from the face).
- Cannot extract necessary parts from distracting background (i.e., the name of the book on the cover).
- If worksheet is muddy or messy, cannot reject that and concentrate on work.
- May be unable to reorient pieces and put them together to form whole (does not turn puzzle piece over or upside down to fit in).
- In reading, fixations per line stays at very high level (8-12), and hence reading speed does not increase.
- Greatest difficulty in seeing the completed form automatically.

Related Symptoms ←

Intervening Remedial Strategies →

- Let the child put together commercial form boards and jigsaw puzzles of increasing difficulty, with and without seeing the completed model. Use simple figures clearly differentiated from the background at first. Make the *total* picture more interesting than the pieces.
- Have the child approach the task *analytically* as well as *synthetically*, i.e., have him or her take apart a completed task (puzzle, word, picture) and then put it back together.
- Use anagrams to develop closure for common words.
- Present experiences in which some parts are missing. Help the child identify or label the missing part, and then find or complete it.
- The teacher must help the child to *fill in missing parts automatically.*



- Child never plays at one game for a long period of time.
- As toddler, pulls every toy from shelf, but never plays with them.
- Doesn't finish work.
- "Doesn't mind."
- Lack of attention to detail.
- Disorderliness characterizes work and behavior.
- Always seems to need to have instructions repeated–but not immediately—usually after a few minutes.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

PROBLEMS OF ATTENTION

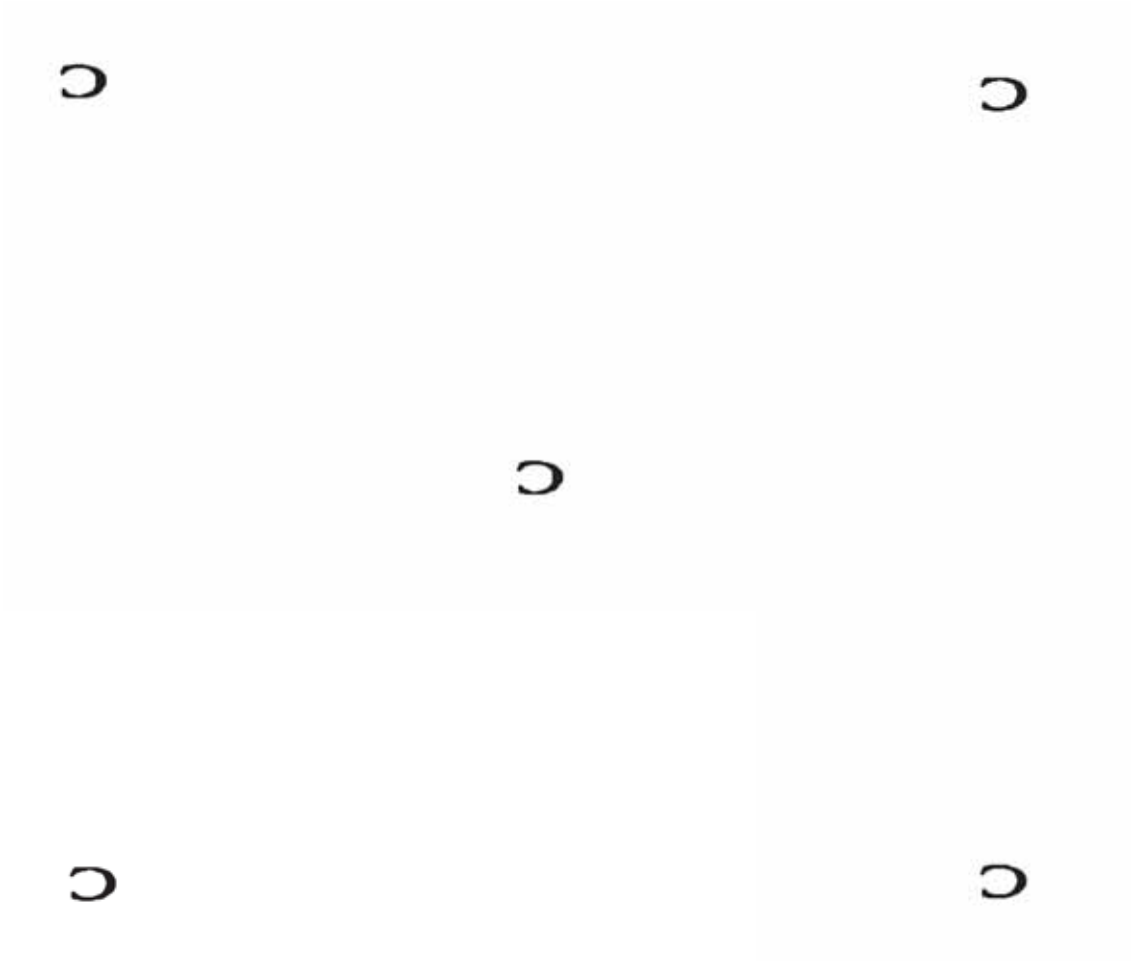
- Remember that the key to understanding the problem is to recognize that lack of attention is tied to the inability to inhibit response to distracting stimuli and not the result of limited motivation, willful disobedience or anxiety.
- Placement in room is important–it should definitely be away from windows, and (if possible) from other children. Cotton in the child's ears may help.
- Decrease the number of examples or problems presented and increase accent or focus on stimulus to which child must attend. (As an example, if you want the child to pay attention to oral directions, see if he or she will listen to you in a completely darkened room–he or she really has no other alternative!)

- Doesn't remember oral directions.
- Functions well on one-to-one basis.
- Appears to be "daydreaming," but differs from schizoid in that the reverie is *not* involved or full of fantasy.
- May only participate in class discussion during the first minute or two.
- Some children may *over-attend* to unimportant stimuli (i.e., may spend all their time looking at the printed page *number*, instead of the printed or pictured material on the page).

Related Symptoms ←

Intervening Remedial Strategies →

- The child *is* able to learn if he or she focuses long enough, however, even with provisions for focusing, the problem still varies from day to day (or minute to minute sometimes!)
- It is this type of child for whom study carrels) are usually recommended. If the school has one, it would be advisable for the teacher to use it. The child should understand that the cubicle is a place where he or she can function better. The child should *not* see it as a punishment area; he or she *should* use it to gain self-control.
- You may be able to increase focus by outlining, color coding, or providing a "window" apparatus through which only one problem or word is seen at a time.



Time

- Does not understand "soon" or "in a little while," or other "vague" terms.
- Calendar months and days are not understood at all (i.e., may know date and month of birthday, but not when it will occur, or did occur).
- Difficulty in telling time by the clock. Even with much work, continues to say, "The big hand is on the . . . "
- May know by rote that 4 follows 3 (1,2,3,4), but can't perceive that four o'clock follows three o'clock.

Space

- Transfers to new spatial relationships are very difficult (i.e., if the room is rearranged while child is gone from the room, he or she becomes disoriented and confused).
- Far space relationships are more confusing than near space. "The other side of the room" has no meaning for the child–neither has "halfway home."
- Much difficulty in copying figures, symbols or words, either in the expected order or position (i.e., papers often look like a disordered hen house).
- Cannot ascertain relationships of two or more objects to each other.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↴

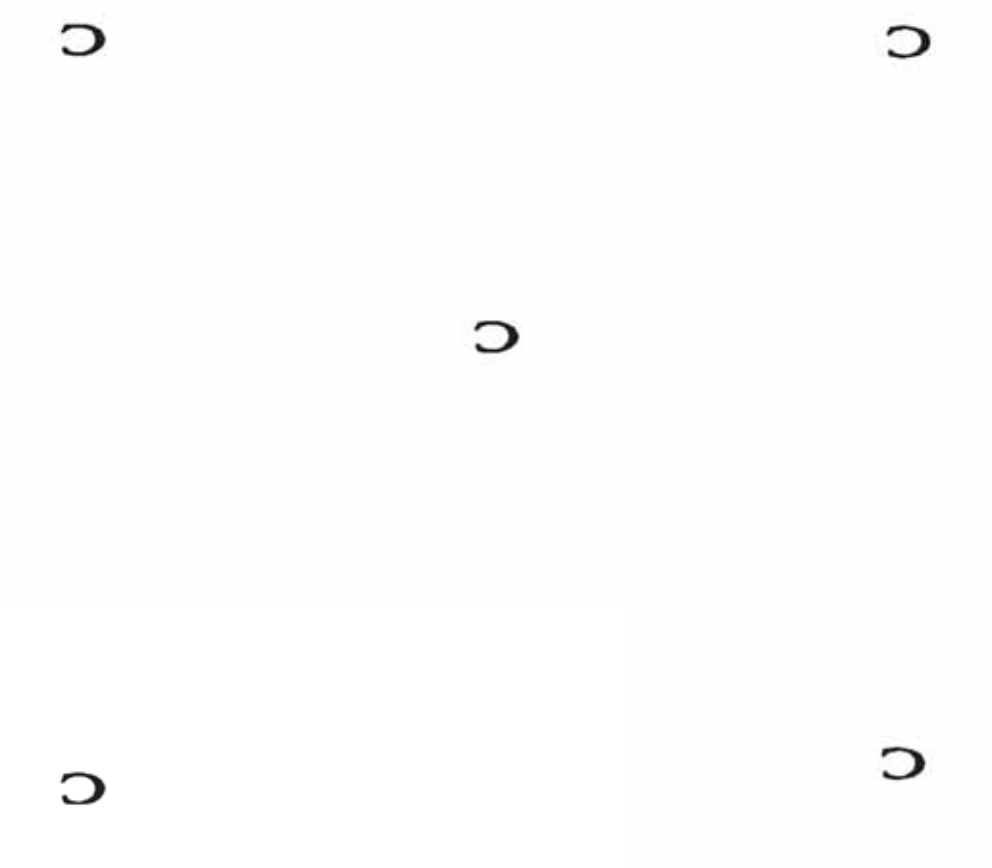
ORIENTATION PROBLEM

Related Symptoms ←

Intervening Remedial Strategies →

- A digital clock with concrete time given may help child to relate time concepts. With the numbers (referring to seconds and minutes) actually "turning" such a child can actually "see" time changing.
- Give the child a concrete referent. Instead of saying, "recess is in a little while," draw a picture of a clock with the hands at 10:15 and say: "When the clock looks like this, it will be 10:15 and then we'll go for recess."
- Be prepared to go over time concepts over and over, until the child is really sure and *every day* can demonstrate his or her internalization of that concept.

- New relationships of objects (moving furniture, changing bulletin boards, etc.) should be planned and carried out with the child aware of the proposed change.
- Work on near space relationships before far space (i.e., work with the child on understanding relationships that have a more personal relationship, such as "on your desk," "under your seat," then such things as "down the hall," "by the swings," "a before e," etc., can be approached).
- Will need *many, many* concrete examples of spatial relationships, especially things like over, under, behind, before, across, etc. (Think BIG–like 40-50 examples).



- Often continues an activity long after the behavior is acknowledged to have become inappropriate.
- Seems unable to modify or stop the activity.
- May write a word incorrectly, erase it, and write it again incorrectly.
- The term does not mean sticking to a task until it's finished, it means endlessly repeating something that no longer is meaningful.
- In coloring, may cover an entire page with one color.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

- Although the student may learn primarily from rote, avoid drill, because drill reinforces the natural tendency to perseverate.
- Keep learning sessions short and frequent.
- Try to help child become aware of appropriate behavior: "Good, you only wrote three 'a's'. That is what you were asked to do."
- Provide materials that are different and that encourage the child to progress to the next step.

PERSEVERATION

- May fill the entire page with one letter, when only three examples were asked for.
- Endless repetition of the trivial—such as whirling around in space or twirling something often occurs.
- A word or tune may be repeated over and over and over.
- May play with one toy (such as a small car) over and over in the same manner.
- May continue to pound a nail after it has been fully embedded.

Related Symptoms ←

Intervening Remedial Strategies →

- Although the activities done are usually trivial, *some* may cause injury—*all* should be stopped.
- The child does not willfully continue, and does *need* outside help to stop. A word or a touch should be sufficient.
- If instructions for a task are given to the group, make sure this child gets additional, more explicit directions (i.e., "Make *one* 'a'").

- Children often describe themselves as bad, inadequate or different.
- "Draw-a-person" test may reflect gross inadequacies in body image.
- Low opinion of self generally occurs in the absence of other sign of sadness or depression.
- May have organized defensive system such that they *pretend* to have failures on purpose, and therefore become "class clown."

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

LOW SELF-ESTEEM

- Give plenty of opportunity for exploring more creative and less academic areas such as: art: finger painting, pasting, making masks, music; moving or painting to mood music, physical activities involving rhythm instruments.
- Child needs positive adult reinforcement best given on one-to-one basis. (Later in group.)
- Involve student in cooperative rather than competitive situations. (Invite, but never coerce, the child to participate in classroom activities.)
- Try more open ended questioning techniques. ("What can we do with this?" "How many different ways . . .?") Any response is appropriate and each response will stimulate more answers.

- Most apt to say, "I can't" –repeated failure experiences might lead him or her to this conclusion. (Probably with some justification.)
- May be unwilling to try new things because of fixed habits, established as "defenses"–often seems compulsive.
- Reluctance to enter activities–tends to remain on the "fringe."
- Pervasive and prolonged anxiety *not* seen.

Related Symptoms ←

Intervening Remedial Strategies →

- Gradually give child opportunities to assume responsibility in order to help him or her gain confidence and independence (i.e., game participation, role-playing in dramatizations or small group activities).
- Provide opportunity for success often.
- If child really "can't," find something he or she *can* do that is related if possible, and try to explain how one leads to the next.
- Keep the student close so you can express your acceptance and approval. The same thing can be accomplished by some physical contact, such as a pat on the arm, hand on hand, smile or wink.

Visual

- Cannot *see* the difference between letters, numbers, objects, forms:
  "Point to the letter K."
  "Which one is a square? Rectangle?"
  "Which is the longer pencil?"
- May have difficulty with p, b, d, and g.

Auditory

- Cannot *hear* differences in spoken sounds:
  "Does it begin with 'b' or 'd'?"
  "Is it 'pin' or 'pen'?"
  "Leaves is plural of leaf."
- May not be able to tell difference between sounds (telephone or doorbell) or intensity (loud, soft) if problem is severe.

Haptic

(Includes tactile/ kinesthetic awareness as well as the less visible or visually apparent aspects of some situation or object).

- Child may be unable to feel something and tell what it is if he or she cannot see it.
- Cannot find his or her way around with a blindfold on.
- May be unable to comprehend (sense) the less visual aspects of something or someone (i.e., may be unable to "sense" when something is wrong).
- If touched at a point on the body, without seeing where, may be unable to point to that same spot right after.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

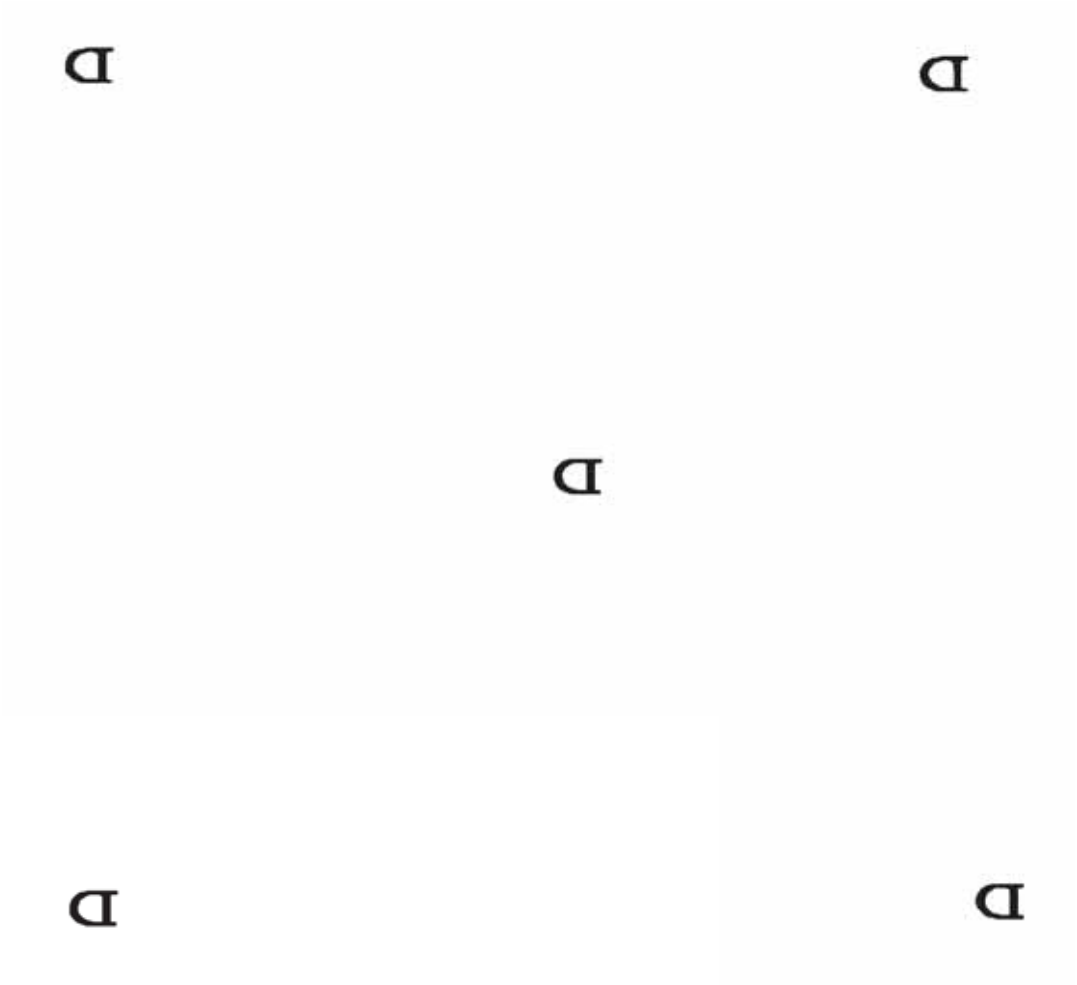
PROBLEM IN DISCRIMINATION

Related Symptoms ←

Intervening Remedial Strategies →

- Provide experiences where child will first find similarities and *then* find differences between objects, forms, etc.
- Help child to verbalize what he or she sees (i.e., "This cow has a longer tail").
- Provide manipulative materials where child can also *feel* the differences as well as see them (sandpaper, letters, different sized blocks, etc.)
- Let children hear how they make sounds. Do they detect differences among the sounds in various positions? (A media player provides a valuable resource tool).
- Consider family background. Do cultural differences contribute to child not hearing the same sounds you hear? What kind of speech is he or she normally exposed to?
- Over-emphasize differences in sounds. Give visual clues whenever possible.

- Provide visual and/or auditory experiences in combination with the haptic sensation (i.e., show or explain what child is doing).
- Let the children experience various objects, temperatures, textures, etc., and help them to verbalize the differences they feel. Include affective too (i.e., "That feels gooey and I don't like that feeling").
- Provide many experiences where children verbalize or write what they feel and how they feel about it. Later, you can progress to learning more about non-verbal stimuli.



Auditory

- Lack of attention to conversation.
- Frequent requests to repeat what has been said.
- May have frequent earaches or ear pulling.
- Difficulty in articulation.
- Confusion as to what has been said.
- Constant scanning of the speaker's face.
- Dizziness may sometimes be seen.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

Always . . .

- Reinforce oral directions by visual clue.
- Keep your face clearly in sight of child when speaking.
- Suggest examination if problem is suspected; contact doctor or audiologist if deficiency has been established. Ask what child can be expected to do.
- Seat child as close as possible to the place from which you generally speak (or stand near, but facing him).
- If a hearing aid is worn, encourage him to use it and praise use. (Also, learn how to insert appropriately.)

DEFICIT IN ACUITY

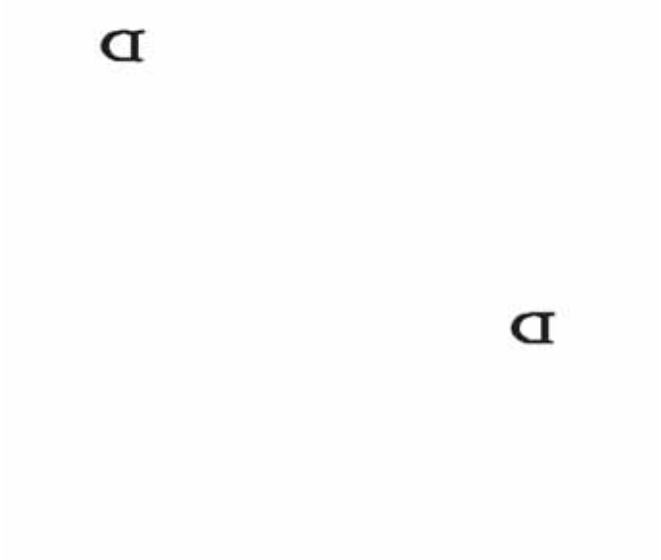
Visual

- Squinting.
- Frequent headaches.
- Watery or red eyes.
- Works at a slower pace.
- Takes fewer risks.
- Constant blinking or attempting to focus.
- Excessive distance or closeness at which child holds books while reading.

- Teachers (unless properly trained) should not attempt remediation activities to increase acuity.
- Be aware that many books are available in large print; not all easy ones.
- Suggest examination if problem is suspected, contact doctor if deficit has been established. Ask what child can be expected to do.
- Depending upon nature of problem, modify child's seat in class in accordance with suggestions from doctor.
- Reinforce by auditory stimulus whenever possible.
- If glasses are worn, praise the child when he or she keeps them on. Be aware that eyes may become fatigued!

Related Symptoms ←

Intervening Remedial Strategies →



- May score low on the WISC or Binet vocabulary subtest, or the Binet verbal response to pictures.
- Severe articulation disorders and/or other speech problems may be present.
- May answer questions with one word or not at all.
- May answer specific questions, but be unable to answer more open-ended types of questions (such as, "Tell me what you know about _____.")

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

- If severe speech problems are present, referral to speech pathologist is necessary. Try to reinforce what speech therapist does.
- Teach child to reproduce sounds heard. Use media player for child to hear and repeat and then check his or her own errors.
- Try choral reading or reciting and singing games. (Children often are more fluent while singing—and it's fun!)

- May rely heavily on gestures or non-verbal responses (nodding or shaking head, etc.)
- May raise a hand indicating he or she *knows* the answer to the question, but be unable to express it adequately.
- May even talk a lot; on closer analysis it is seen to be irrelevant chatter, with few relevant concepts expressed.
- When telling about something *very* familiar (home, brothers and sisters, etc.,) may still be unable to use more than 5 or 6 words in a sentence.

EXPRESSIVE LANGUAGE DISORDERS

Related Symptoms ←

Intervening Remedial Strategies →

- Provide for vocabulary development—reinforce new words learned every day. If the new words are related at the concrete level, it will help at the beginning (chair, table, room, bookcase, etc.)
- Emphasize function words or doing words, and have child *do* as he or she *says* the word. ("I'm jumping" or "I'm pushing.")
- Help the child who has difficulty retrieving words by providing acceptable options: a) Let him or her describe *around* the word: "You know, it's black and furry." Then give him or her the word "kitten." b) Ask him or her: "Is it kitten or dog?")

- Child is often abusive and disruptive, making the classroom atmosphere not conducive to learning.
- May use language as a vehicle for self-expression: threatening, name-calling, yelling, swearing and bragging.
- Some children may be "passive-aggressive," and show this by doodling, chair rocking or foot and finger stomping.

- Overt actions, such as pushing, biting, hitting, kicking, punching, pulling, provide a physical outlet, but often precipitate a classroom crisis.
- May use some physical acts—pulling one's hair out, inflicting burns and cuts, biting lips or nails, or seriously destroying his or her own property.
- It seems as if the child will do *anything* to get the teacher's attention.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↴

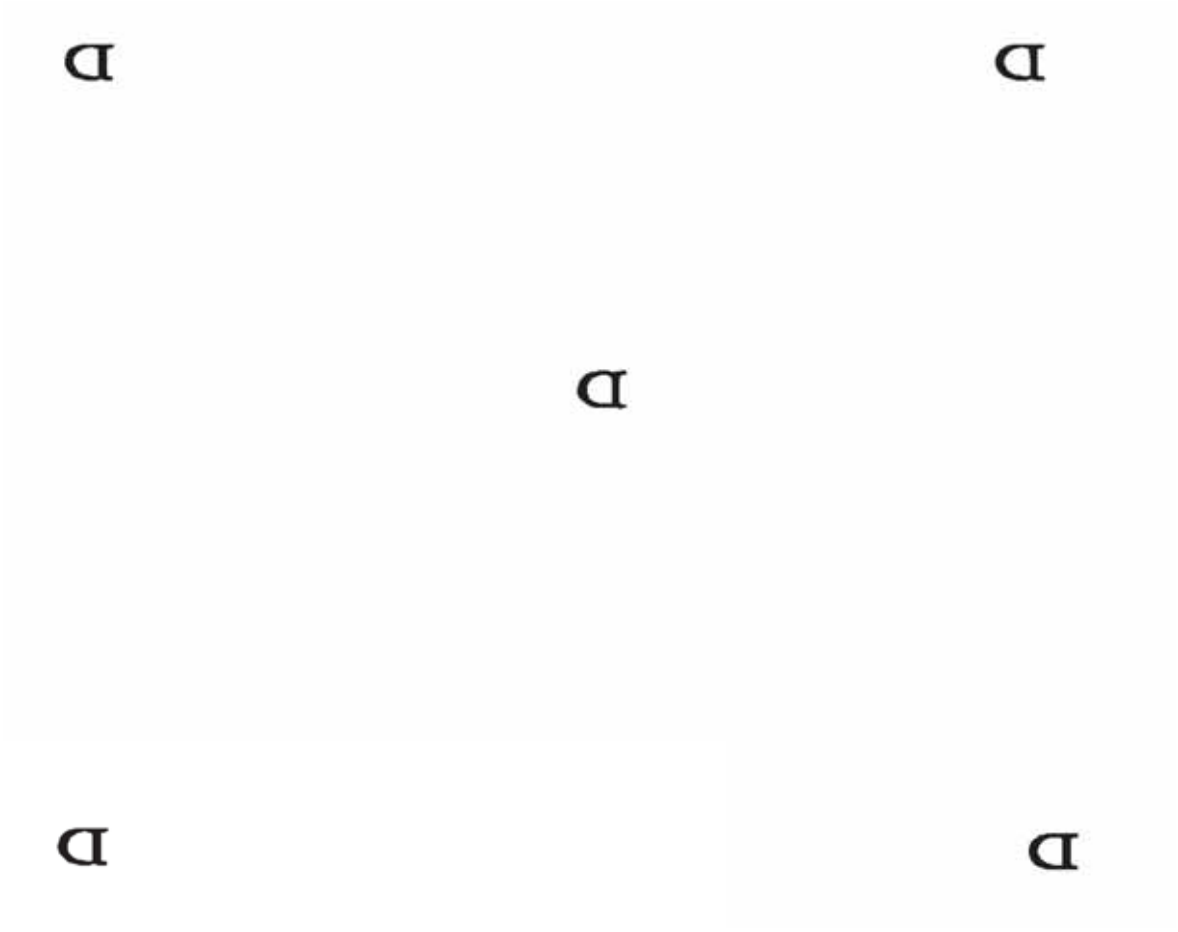
PROBLEMS WITH AGGRESSION

Related Symptoms ←

Intervening Remedial Strategies →

- Look for possible causes of this behavior. Keep open the lines of communication with home and community resources.
- Avoid classroom situations that will result in failure, frustration, or embarrassment (frustration produces aggression—often from work too difficult or demanding for the pupil's ability).
- Make provisions for contact with mature and controlled students who will benefit the pupil by serving as good behavior models.
- Be sure and *give* the child attention—he or she needs it perhaps more than any other child—but give it *only* when he or she is behaving appropriately.

- Don't group this child with children similar in nature. It will cause them to be more obnoxious and vie for the teacher's attention.
- Keep the classroom organized and consistent without being rigid.
- Provide a cooling-off period or a change in activity if situation gets out of hand.
- Give child small goals that are achievable (like not hitting *anyone* in the morning) and when goal is achieved, praise warmly, and then ask the child if he or she can extend the time.



- Behavior is "predictably unpredictable."
- Spontaneous lability seen as:
  "Child is happy one minute, impossible to get along with the next . . . child has good days and bad days, and there doesn't seem to be a pattern."
- Negativistic reactions or "I'm tired" will often precede or accompany the extreme change in behavior.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

INCREASED LABILITY

- *Expect the unexpected!* Be prepared to go over again the things you were certain had been "learned."
- Ease off on "bad days." Don't apply too much pressure. Remember, tomorrow may be better!
- Watch for signs that a reaction is coming. Provide a "time out" period immediately.

- Performance on tests, classwork, etc., *varies* more often than it remains constant.
- Responses are normal in kind but abnormal in degree (often referred to as catastrophic reaction) i.e., a temper tantrum when another child won't get off the swing so he or she can use it, or hysterical laughter when someone falls down.
- Most consistent pattern is: *Unevenness and extremes of emotional responses.*

Related Symptoms ←

Intervening Remedial Strategies →

- Keep the classroom atmosphere organized and consistent without being rigid. The teacher's consistency can serve as a model.
- Don't *overreact* to extremes of behavior, but be sure to reinforce as many acceptable behaviors as you possibly can.
- Most, if not all, of this extreme variableness is beyond the child's control. Your own stability can go a long way toward helping such a child establish a baseline.

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External

- Reacts excessively to ordinary classroom noises (lawn mower outside, someone banging desk, fly buzzing)—usually disrupting task.
- "Sees" everything that is going on in the class—to the extent that own work isn't done.
- Can't find what to do if page has numerous examples on it.
- Will fiddle excessively with belt buckle, hair, pencil, inside of desk, etc.
- Interest in and attraction to minute details.
- Concern with irrelevant data.

Internal

- Focuses on internal stimuli such as "hunger pains" or pressure on bladder (i.e., performs poorly right before lunch, or when hungry. Constantly requests to go to the bathroom). May often be thirsty and request drink.
- May be over-stimulated by the proprioceptive sensation of a hard seat in the class. (Most of us wiggle, this child wiggles *more*!)
- Becomes very irritable and may regress when fatigued.
- Doesn't remember from minute to minute.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

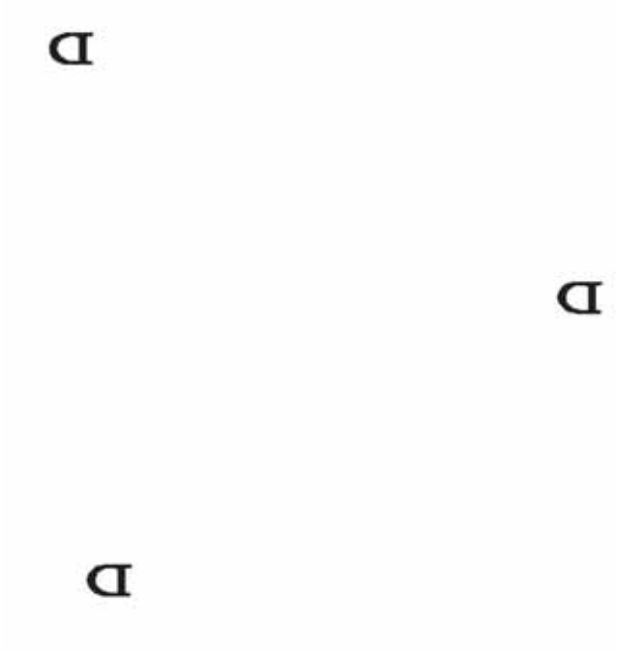
DISTRACTIBILITY

Related Symptoms ←

Intervening Remedial Strategies →

- There are some advantages in isolating such a student (i.e., locate him where he cannot readily be seen, annoyed, touched).
- Eliminate articles and auditory or visual stimulation that might aggravate the problem by sidetracking child.
- Provide for focus of attention on most important task.
- Avoid the usual "unit" approach, since child is easily sidetracked by extraneous information.
- Make learning tasks short—very short (i.e., one to five minutes at first). Very gradually increase amount of work and time involved.

- Provide a time-out period when his overt behavior seems to be indicative of something "wrong" inside.
- Encourage a rest period if fatigued—if possible, outside the classroom—with supervision.
- Have health-type "snacks" available—give at critical stages (crackers, fruit, cereal, etc.)
- Make sure seating is comfortable. (A pad on seat).
- This problem decreases with age (the student's—not the teacher's . . .)



Gross-Motor

- Clumsy, inept child.
- Always had "two left feet."
- Probably can't ride a two-wheel bicycle until 9 or 10.
- Difficulty with hopping, skipping, climbing, jumping, relays, baseball, kickball, etc.
- Pain responses are often diminished; the child seems undaunted by the frequent bumps, falls and scrapes.
- Often bumps into desks or other children when moving around classroom.
- May go up and down stairs in a foot-to-foot manner, rather than the conventional way.
- If given a choice, would prefer to remain outside of group games of any kind. When forced to join in, visually does not enjoy the activities.

Fine-Motor

- Much difficulty in learning to button, tie shoelaces, cut with scissors, string beads.
- Difficulty in manipulating pegs in pegboard activities.
- Much difficulty in writing with small lines and small pencils.
- May often drop objects, especially small objects.
- May have difficulty handling eating utensils.

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used ↓

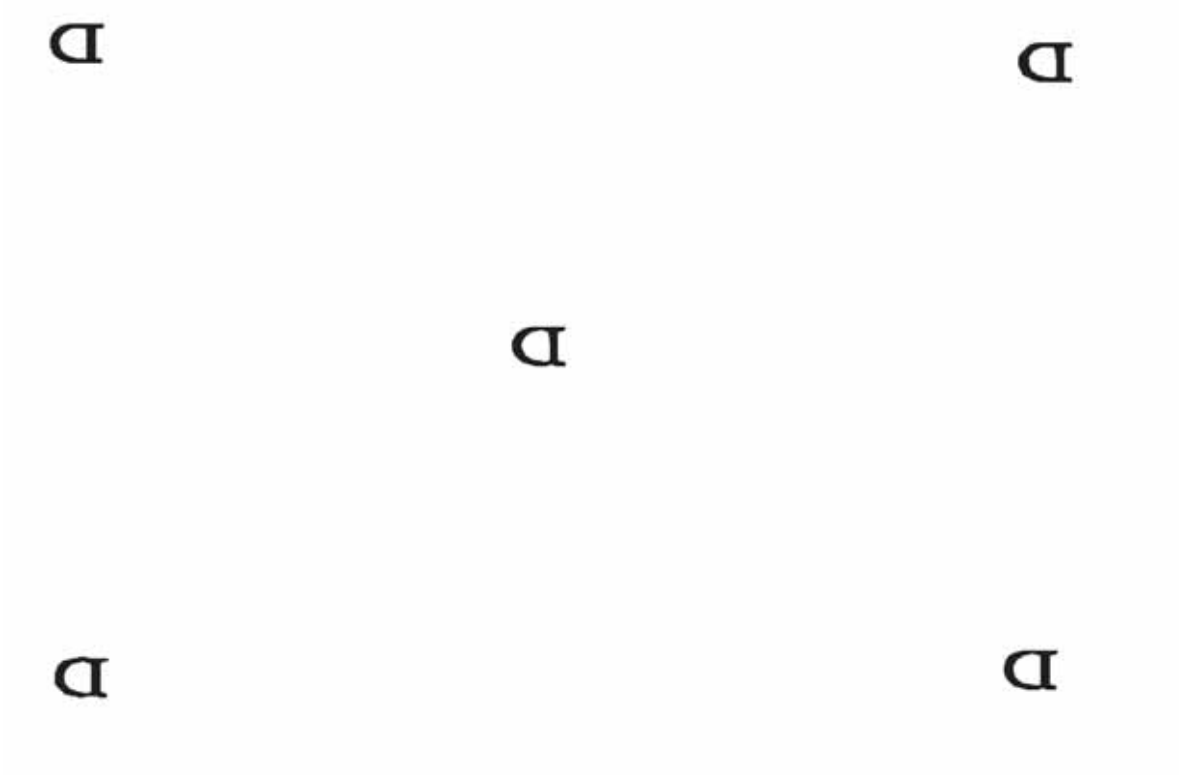
INCOORDINATION

Related Symptoms ←

Intervening Remedial Strategies →

- Sometimes taped lines on the floor of the classroom will provide sufficient spatial structure.
- Encourage individual skill building in gym or in physical activities, rather than team sports or competition. (Encourage all children to build and strengthen their own skills).
- Break each skill down to the level at which the child can accomplish the task, then build on strengths (i.e., teach to balance on one foot before hopping, hop before skipping, etc.)
- Do not over-react when child falls or has trouble. Just praise what he or she did right and clarify what he or she did wrong.
- Gross motor skills are among the easiest to train. Practice *does* make a difference, particularly when the skill is broken down to a level the child can eventually perform.

- Present only a few difficult tasks at one time–allow practice, but be ready to move in to assist.
- Suggest substitute activities or fastenings if task is *always* too difficult (i.e., tearing paper on lines rather than cutting).
- Provide *larger* objects and spaces (i.e., spaces between lines on paper could be one inch high and felt pen could be used; larger pegs and peg boards are available).
- Practicing on something like a button board is easier than practicing on small shirt buttons. Provide activities where child can *see* as well as feel what he or she needs to do.
- If manipulative materials are used (and they *should* be) make sure they are used correctly. Don't let child continually reinforce errors.



Content Evaluation Form

1. Fill in appropriate letter:

_____ Perseveration	a) may be unable to interpret direction that involves "in front of"
_____ Impairment of Directionality	b) inability to delay gratification
_____ Distractibility	c) doesn't remember from minute to minute
_____ Poor Impulse Control	d) seems to be unable to modify or stop the activity

2. Fill in appropriate letter:

_____ Hyperactivity	a) do not over-react when child falls or has trouble
_____ Low Self-Esteem	b) use of headphones will alleviate much of background distortion
_____ Incoordination	c) provide tasks where student is actively involved physically
_____ Figure-Ground Distortion	d) provide many opportunities for success

3. Define:

Haptic —

Closure —

Lability —

Hypoactive —

Content Evaluation Form

1. Fill in appropriate letter:

__d__ Perseveration	a) may be unable to interpret direction involving "in front of"
__a__ Impairment of Directionality	b) inability to delay gratification
__c__ Distractibility	c) doesn't remember from minute to minute
__b__ Poor Impulse Control	d) seems to be unable to modify or stop the activity

2. Fill in appropriate letter:

__c__ Hyperactivity	a) do not over-react when child falls or has trouble
__d__ Low Self-Esteem	b) use of headphones will alleviate much of background distortion
__a__ Incoordination	c) provide tasks where pupil is actively involved physically
__b__ Figure-Ground Distortion	d) provide many opportunities for success

3. Define:

Haptic — *tactile/kinesthetic and non-visual awareness of some situation or object*

Closure — *ability to fill in missing parts automatically; process of achieving completion in behavior or mental act*

Lability — *Unevenness and extremes of emotional responses; "predictably unpredictable"*

Hypoactive — *lack of or decreased ability to participate; little muscular movement*

Workshop Evaluation Form

1. Rate your enjoyment of the activity on the following scale:

Not at all	**So-So**	**A great deal**
0	5	10

2. List three (3) new ideas, concepts, practices that you learned from this activity that have application for you.

3. Check where applicable.

This experience

_____ a) provided information

_____ b) increased my understanding of the problem

_____ c) helped to improve my skill

_____ d) all of the above

_____ e) none of the above

Supplementary Information

Who is this Child?

You are probably beginning to share with us some of the frustrating feelings that a person who deals with "Learning Disabled" children experiences on a daily basis–no matter what their role. It is difficult to know exactly what to do at any given moment.

This complex phenomenon (known as an L.D. child) was perhaps best described by Ray Barsch, an acknowledged authority in the field, in his "Learning Disabilities: A Statement of Position,"[7] a portion of which is quoted here:

> The child with a learning disability is not a newcomer to the educational scene. He is not a refugee from an oppressive classification system. He has been a member of every classroom group since formal instruction began and probably bewildered the medieval tutor at the court as much as he perplexes the teachers of today.
>
> The child with a learning disability has many identities for many people. He is the historical enigma of childhood learning. He is the conscience of general education—an embarrassing reminder to the professional educator that the nature and dynamics of child learning are not as well defined and understood as we should like them to be. He is a daily dynamic reminder of the 'g' factor and the 's' factor trying to walk in harmonious gait. He is a constant symbol of the theory of individual differences in a corporate reality. He is, at one and the same time, the living incorporation of all theories and a perplexing refutation of those same theories. He is a 'territory' equally coveted by regular and special education. He is an administrative expediency in a mass of proliferations. He is an atypical child within a population of atypical children. He is a profile of peaks and valleys on a psychological chart. He is a bewilderment to his parents and to his teachers and most of all–to himself. He is a poem of development written in disjointed metre. He is a distortion and a pattern. He is a living dichotomy struggling with a page of print, a problem in subtraction, a list of spelling words, and the current craft project.
>
> He is a jig-saw puzzle to the evaluator and a living defiance to precision in diagnosis. He is uniquely different from all other children and yet primarily the same. He is the 'not quite' child wherever one shines the diagnostic spotlight.
>
> He is a perpetual member of the low group in reading or spelling or arithmetic or all three, from first grade to twelfth grade. He is accused by his teachers and parents of 'not trying hard enough,' 'being lazy and stubborn,' 'not working up to capacity' and a variety of other statements which indicate that he contains his own solution if only he would apply himself to that solution. He is admonished, coaxed, cajoled, motivated and even 'reinforced' to 'try harder,' 'study more,' 'work at it' in a steady stream of clichés from the primary grades to college.

[7]Entire statement available from: Division for Children with Learning Disabilities, The Council for Exceptional Children, Jefferson Plaza, Suite 900. 1411 S. Jefferson Davis Highway. Arlington, Virginia 22202

He is unmotivated, stubborn, rebellious, negative, resistive, aggressive and recalcitrant. He is anxious, withdrawn, isolated, retreating, phobic and threatened. He is on the wrong side of the curve and the right side of the grid. He defies the correlational matrix, refuses to fall in the proper percentile and resists the one percent level of confidence. He is below the level, above the level and at the level of the profile line in a bouncing, jumping, stumbling lunge across the comprehensive chart.

He may be dyslexic, perceptually handicapped, hyperactive, distractible and language disabled. He may have minimal cerebral dysfunction, minimal brain injury or be neurologically handicapped.

He is a traveler wandering aimlessly on the terrain of academic space, sometimes lost, sometimes detoured and sometimes groping.

Truly this child is an enigma. At one and the same time, he touches your heart, challenges your mind, plays havoc with your intellectual integrity and gives you—in your spare time—something to think about . . . ."

Workshop Training Kit

Teaching Children with Communication Handicaps

Primary Author
S. Joseph Levine

USOE/MSU Regional
Instructional Materials Center
For Handicapped Children And Youth

Teaching Children with Communication Handicaps

Primary Author
S. Joseph Levine

Leader's Guide

Overview

This activity calls for participants to work in pairs. One member of the pair receives an "A" booklet and the other member a "B" booklet. The activity is paced entirely by the instructions in the booklets. A total of six teaching/learning simulations will be encountered by the pair. Each person will have an opportunity to play the "teacher" in three of the simulations and the "learner" in three. Each of the simulations demonstrates a teaching situation whereby the learner is able to receive communication through only a single sensory channel–auditory, visual, kinesthetic.

Following each of the simulations, the "teacher" and "learner" discuss the activity and the instructional procedures that helped and/or hindered the communication.

Objectives

Through the activity the participant will

- Experience what it feels like to have a communication disorder.
- Experience what it feels like to teach someone with a communication disorder.
- Have an opportunity to discuss instructional procedures that help and/or hinder communication.

At the conclusion of the activity the participant will

Be able to list three instructional practices that can help in communicating with learners who have communication problems.

Prerequisites

There are no special prerequisites for either the leader or participants to successfully participate in this activity.

Time Needed

A total of approximately 45 minutes is needed for this activity.

Introduction	5 minutes
Activity	30 minutes
Discussion	10 minutes

Materials Needed

1. To be duplicated:
   All pages to be duplicated are marked "Duplicator Page ___" in the upper right hand corner. Use the pages in this kit so marked as masters. The pages marked "Visual Page ___" should be used as masters to process overhead transparencies.

   One for each pair:
   - "A" and "B" booklet — Duplicator Pages 1-6
     (**Note**: The duplicator pages are printed with the first page of the "A" and "B" booklet on Duplicator Page 1, second page of the "A" and "B" booklet on Duplicator Page 2, etc. After you have made copies of the duplicator pages, collate and staple, and *then* cut in half. This will yield completed "A" and "B" booklets).
   - Group Reaction Sheet — Duplicator Page 7

   One for each person:
   - Content Evaluation Form — Duplicator Page 8
   - Workshop Evaluation Form — Duplicator Page 9

2. Other materials:
   No other materials are needed

Physical Arrangements Needed

A room with movable chairs sufficient to organize participants in pairs. Tables are not a necessity for this activity but can assist the participants when they are filling out their Group Reaction Sheets.

Procedure

1. If you will be using a pre-test (Content Evaluation), you should administer it at the very beginning.

2. Organize and seat participants in pairs.

3. Introduce activity:

   "During this activity you and your partner will be simulating a series of teacher/learner interactions. In each simulation, one of you will be the teacher and one of you will be the learner. The activity is designed to examine teaching procedures that can be used with learners who have communication disorders. The first two activities deal with learners who can receive instruction only through the auditory channel. The next two simulate a learner who can receive only through the visual channel. And the last two deal with kinesthetic reception of information.

   Each of you will be receiving a booklet that provides complete instructions for each part of the activity. Look over your booklet carefully before beginning. During each part of the activity, you and your partner will always be on the same page number. Do *not* share the information in your booklet with your partner unless the instructions so specify. Each pair will also receive a Group Reaction Sheet. Your booklets will instruct you when to fill out sections of this sheet."

4. Hand out booklets and Group Reaction Sheet.
   (Note: One member in group gets an "A" booklet and the other member gets a "B" booklet).

5. Instruct participants to begin. Tell them to finish each part of the activity before moving on to the next.

6. During the activity, move around the room and observe the simulations. Offer assistance to any pair(s) that seems to be having problems.

7. Group Discussion.

8. Posttest (see the last pages of this guide for content evaluation and workshop evaluation forms).

Discussion Guide

During the discussion have participants share their experiences with the rest of the group.

- Which parts of the activity were the easiest? (visual, auditory, kinesthetic) Why?

- Which pairs had problems with the activity because they didn't follow directions? How is this like a real teaching situation?

- Share responses to the Group Reaction Sheet. What procedures seemed to really help communication? Hinder communication?

- How does this activity transfer to what you are doing in your own classrooms? What will you be doing differently with your students after participating in this activity?

Evaluation

Two forms are provided which can be used to help you gather data on content learning and the workshop activity itself. On the content evaluation form we have included in italics those answers most frequently occurring during our field-testing of the kit. Perhaps they will assist you to evaluate your workshop responses.

A1

TEACHING ACTIVITY #1

Your task is to communicate this picture to your partner *without* using any visual means. In other words, you must verbally communicate this information.

Begin by having your partner turn his or her back to you. Then, begin your instruction.

You have 2 minutes. After the time is up, have your partner reproduce the picture on his or her page. Your partner should not begin drawing until you have finished your verbal description.

When finished, complete the first part of the Group Reaction Sheet with your partner.

B1

FEEDBACK SHEET—ACTIVITY #1

In the space below, draw the picture that your partner has verbally communicated to you. Wait until your partner has finished describing the picture before you begin your drawing.

When finished, complete the first part of the Group Reaction Sheet with your partner.

A2

FEEDBACK SHEET—ACTIVITY #1

In the space below, draw the picture that your partner has verbally communicated to you. Wait until your partner has finished describing the picture before you begin your drawing.

How did this second attempt work? Discuss it with your partner.

B2

TEACHING ACTIVITY #1

Your task is to communicate this picture to your partner *without* using any visual means. In other words, you must verbally communicate this information.

Begin by having your partner turn his or her back to you. Then, begin your instruction.

You have 2 minutes. After the time is up, have your partner reproduce the picture on his or her page. Your partner should not begin drawing until you have finished your verbal description.

How did this second attempt work? Discuss it with your partner.

A3

Your partner will visually communicate a concept to you. Try and figure out the concept. When your partner is finished, tell him or her the concept that has been communicated.

When finished, complete the second part of the Group Reaction Sheet with your partner.

B3

Teaching Activity #2

Your task is to communicate the concept "OVER" to your partner *without* using any verbal language. In other words, you must visually communicate this concept.

You have 2 minutes. After the time is up, ask your partner to tell you what has been communicated. Do *not* talk while you are communicating.

When finished, complete the second part of the Group Reaction Sheet with your partner.

A4

Teaching Activity #2

Your task is to communicate the concept 'BESIDE" or "NEXT TO" to your partner *without* using any verbal language. In other words, you must visually communicate this concept.

You have 2 minutes. After the time is up, ask your partner to tell you what has been communicated. Do *not* talk while you are communicating.

How did this second attempt work? Discuss it with your partner.

B4

Your partner will be visually communicating a concept to you. Try and figure out the concept. When your partner is finished, tell him or her the concept that has been communicated.

How did this second attempt work? Discuss it with your partner.

A5

Teaching Activity #3

Your task is to communicate the concept 'DOWN" to your partner *without* using any verbal or visual communication. In other words, you must communicate entirely through physical means.

Begin by having your partner turn his or her back to you. Then, begin your instruction.

You have 2 minutes. After the time is up, ask your partner to tell you what has been communicated.

When finished, complete the third part of the Group Reaction Sheet with your partner.

B5

Your partner will be communicating to you by physical means. (No verbal or visual communication). Try and figure out the concept.

When finished, complete the third part of the Group Reaction Sheet with your partner.

A6

Your partner will be communicating a concept to you by physical means. (No verbal or visual communication). Try and figure out the concept.

How did this second attempt work? Discuss it with your partner.

B6

Teaching Activity #3

Your task is to communicate the concept 'JUMP" to your partner *without* using any verbal or visual communication. In other words, you must communicate entirely through physical means.

Begin by having your partner turn his or her back to you. Then, begin your instruction.

You have 2 minutes. After the time is up, ask your partner to tell you what has been communicated.

How did this second attempt work? Discuss it with your partner

Group Reaction Sheet

Teaching Activity #1–Auditory Communication

What instructional procedures helped the communication?

What instructional procedures hindered the communication?

Teaching Activity #2–Visual Communication

What instructional procedures helped the communication?

What instructional procedures hindered the communication?

Teaching Activity #3–Kinesthetic Communication

What instructional procedures helped the communication?

What instructional procedures hindered the communication?

Content Evaluation Form

List three instructional practices that can help in communicating with learners who have communication problems.

Content Evaluation Form

List three instructional practices that can help in communicating with learners who have communication problems.

— *Be systematic*

— *Present information in small "pieces"*

— *Try to get feedback from learner*

— *Present information in appropriate sequence*

Workshop Evaluation Form

1. The experience was:

   _____ Worth the time spent

   _____ Too long

   _____ Too short

2. Do you think you were adequately prepared for the material presented?

   _____ Yes _____ No If no, explain.

3. How does this workshop enhance the skills of a teacher?

4. Comments

Selected Bibliographical References on Learning Disabilities

Professional References And Journals
Idea Books For Teachers
Mediated In-Service Training Materials
Instructional Materials

Nancy Carlson
July, 1973

Supplementary Information

Professional References and Journals

Books

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(a directory of treatment centers)

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Academic Therapy Quarterly. San Rafael, CA: Academic Therapy Quarterly, Subscription Department.

CANHC-GRAM. 11291 McNab Street, Garden Grove, California 92641

Bulletins of the Orton Society, Inc. Ponfet, CT: The Orton Society, Inc.

Exceptional Children. Washington, D.C.: Council for Exceptional Children

Journal of Learning Disabilities. 5 N. Wabash Ave., Chicago, Ill. 60602

Journal of Special Education. P.O. Box 455, Fort Washington, Pa. 19034

Perceptual and Motor Skills. Box 1441, Missoula, Montana

Reading Teacher. International Reading Association. P.O. Box 119, Newark, Del. 19711

Supplementary Information

Idea Books for Teachers

Books

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Williams, Frank E. *Classroom Ideas for Encouraging Thinking and Feeling*. Buffalo, New York: The D.O.K. Publishers, Inc.

Series

These three series contain a wide variety of books that would be helpful to read.

1. **Dimension Series**: Inexpensive but excellent references written by "experts" in the topical area. Includes titles such as *Auditory Learning* by Naomi K. Zigmond and Regina Cicci, *Motor and Haptic Learning* by Patrick A. O'Donnell, etc.
   Fearon Publishers
   Leer Siegler, Inc., Education Division
   6 Davis Drive
   Belmont, California 94002

2. **Kephart Slow Learner Series**: Contains 21 inexpensive to moderately priced books written by Newell Kephart and others who share his philosophy. Includes Kephart's *Slow Learner in the Classroom* considered a classic.
   Charles E. Merrill Publishing Co.
   A Bell & Howell Company
   1300 Alum Creek Drive
   Columbus, Ohio 43216

3. **Spice Series**: Inexpensive books that contain ideas, games and activities. Have just become available in Ditto Mast form also. Total of 10 books that relate to content and remedial areas. Spice (Language Arts), *Probe* (Science), *Action* (Physical Activities), etc.
   Educational Service, Inc.
   P.O. Box 219
   Stevensville, Michigan 49127

Kits

Special Education Teacher's Kit. Books and Instructional Material. Denver, Colorado: Love Publishing Co., 1973

Taylor, Frank D., et al. *Motivating Reluctant Learners Kit–Teaching Strategies and Curriculum Materials.* Denver, Colorado: Love Publishing Co., 1973

Supplementary Information

Mediated In-Service Training Materials

The following list contains a representative sampling of current films and filmstrips in the area of learning disabilities. Emphasis varies and includes: prevention, diagnosis, remediation, classroom

management, teaching strategies, later effects of, parental role, etc. All grade levels are represented, but majority of films focus on ages 4-8.

Adaptations of Psychodiagnostic Findings to Teaching Materials

16mm, 20 min., b/w William Cruickshank lectures briefly on developing body image concepts, followed by a demonstration by a teacher and children, over which are heard Cruickshank's evaluation and explanatory commentary. Emphasis is on teacher-made materials for use with learning disabled children. Barbre Products, Inc., 2130 South Bellaire Street, Denver, Colorado 80222

The Aggressive Child

30 min., b/w Philip, an intelligent 6-year-old, is in constant trouble at home and in school because of fighting. The film examines the relationship between emotions and behavior. Contemporary Films, McGraw-Hill, 330 West 42nd St., New York, N.Y. 10036

Anyone Can: Learning Through Motor Development

27 min., color. The film demonstrates techniques for involving typical children in motor skills which enhance learning and improve self-image. (1968). Bradley Wright Films, 309 N. Duane Ave., San Gabriel, Calif. 91775

Beginnings of Individualization

28 min., color. A presentation of the various exceptions that could be made, not as a rule, but by design in individualized instruction to accelerate the learning process. Center for the Study of Innovations in Education

Bright Boy, Bad Scholar

28 min., b/w The film explores the problems of the 15% of all school children who have learning problems in the classroom, where they are expected to learn to write, read, remember, organize information, and handle abstract information. Repeated failures, it is stated, may lead to hostile and aggressive or withdrawn and shy behavior. The film demonstrates that these children can be taught. McGraw-Hill Films, 330 W. 42nd Street, New York, N.Y. 10036

Camp Wagon Wheel– "A Program for Perceptual Development"

16mm, 25 min. Depicts scenes of the program at Camp Wagon Wheel; in Caldwell, Texas. The film shows the perceptual development program and camping program devoted to the needs of children with learning disabilities. Camp Wagon Wheel, P.O. Box 442, Caldwell, Texas

Can I Come Back Tomorrow

50 min., color. The film shows classroom management and teaching techniques with educationally handicapped students in one of the classrooms in the Learning and Behavior Problems Project at California State College, Los Angeles. California State College at Los Angeles, Learning and Behavior Problems Clinic, 5151 State College Drive, Los Angeles, Calif. 90032

The Child Few People Understand

24 min. The problems and treatment of dyslexic children with perceptual problems are explained. Coral Gables Academy, 340 Sevila Avenue, Coral Gables, Florida

Children Lost in Space

31 min., b/w This film concerns the educationally handicapped child, how his parents, as part of the educational team, help the child and themselves. Society for Brain-Injured Children, 2303 N. 49th St., Room #5, Milwaukee, Wisconsin 53210

Claude

3 min., color. Animated story of a very quiet little boy, a strange box which he builds and carries with him, and his cardboard parents who harass him and continually ask, "Claude, can't you do anything?" Claude finally presses a lever on the box and his parents disappear. A comment on the silent but creative person and how he is frequently misunderstood. Pyramid Films

The Creative Kindergarten

40 min., color. This film shows an individualized program, based on diagnostic tests and prescriptive programs, in which the objectives are to develop each child's creative potential and maximize his chances for success in his later education. The program is based on the premise that prevention of failure is not only more economical of resources, but it is more humane. Soundings, 2150 Concord Boulevard, Concord, Calif. 94520

Demonstration of Dynamic Teaching Techniques

16mm, 20 min., color. After a brief lecture on changing behavior by changing environmental variables, Siegfried Engelmann works with children on number place values and directional concepts. The children's enthusiasm and his style of teaching are well portrayed. Barbre Productions, Inc., 2130 South Bellaire St., Denver, Colorado 80222

The Dropout

29 min., b/w Dramatizes the causes and consequences of dropout through the story of one of thousands of youngsters who leave school each year. Shows how a typical community, through remedial reading programs, work experience programs and other activities may tackle the dropout problem. International Film Bureau, Inc., 332 S. Michigan Ave., Chicago, Illinois 60604

Early Recognition of Learning Disabilities

30 min., color. Children who have learning disabilities stand out vividly in daily classroom activities during their early school years, as do their problems. Interviews with parents and teachers emphasize that it is urgent to: recognize learning disabilities early and provide extra teaching needed in time to achieve full educational potential.
Free loan from: National Medical Audiovisual Center (Annex), Station K, Atlanta, Georgia 30324

Everybody Wins

22 min., color. Dr. O. William Blake, a nationally known physical educator, demonstrates: How to help all children develop the fundamental physical education

skills–catching, throwing, kicking, running. How to present activities in a developmental sequence. How to manage a large class and keep every child actively learning. How to analyze individual problems and give specific help. How to use special materials to help the fearful or handicapped child. Bradley Wright Films, 309 N. Duane Ave., San Gabriel, Calif. 91775

The Exceptional Child

26 min., color. New and encouraging methods of treatment and therapy have been developed for the perceptually handicapped and brain-damaged child. For many years children with minimal brain damage were grouped with the retarded and did not receive special training. Now, through programs of exercise and counseling, these children can be helped. NBC Educational Enterprises, 30 Rockefeller Plaza, New York, N.Y. 10020

Gross Motor Development–Part I And Part II

7 min. each, color, Part I. Illustrates bouncing ball activities–varying body positions, rhythm, and size of ball–Part I. Part II illustrates skipping and jumping with a hula hoop, ladder activities, and crawling through tunnels. Both parts designed for children having coordination problems. Sterling Education Films, 241 East 34th St., New York, N.Y. 10016

Help in Auditory Perception

36 min., b/w. The introduction of three students with a brief diagnostic statement of the learning problems, survey of the severity of the problem and a description of materials and tasks assigned to the students for independent study. New York State Education Department, Division for Handicapped Children, Special Education Instructional Materials Center, 800 North Pearl Street, Albany, N.Y. 12204

Horizon of Hope

15 min., color. A new film which describes the work being done with learning disabled children at the UCLA Neuropsychiatric Institute. Examines the many cases of learning problems and shows the children in a varied number of learning situations including image recognition, self-awareness, and language development. University of California, Extension Media Center, Berkeley, California 94720

The Hyperactive Child

33 min., color. Authorities from England and America discuss and demonstrate the dilemma of the hyperactive child. The film shows preschoolers, a structured classroom, motor exercises, and views of a teenager and an 11-year-old. Various theories of causation are propounded. CIBA, Publications Dept., P.O. Box 195, Summit, New Jersey 07901

I Can Learn

25 min., b/w. Explores recent psychological and medical advances made in the field of learning disabilities. The film also serves as an introduction in identifying types of learning disabilities. Film & Videotape Laboratories, Inc., 1161 N. Highland Ave., Hollywood, Calif. 90038

I'm Not Too Famous at It (The Learning Series)

28 min., b/w. The children in this film exhibit the many and varied behavioral problems generally associated with learning disability. There are great gaps in knowledge of the body. This is a primary learning job. If a child does not know himself in physical terms, how he is put together and functions, he will be unable to attain coordination of his large muscles, or of his eyes or hands, or to develop fine motor movements. McGraw-Hill Book Company, Film Division, Lowell House 204, 88 West Schiller, Chicago, Illinois 60610

I'm Really Trying

50 min., color. A segment of the Marcus Welby, M.D. TV show about a learning disabled boy whose father thought his mother was spoiling him and all he needed was a good "military school." ACLD, 2200 Brownsville Road, Pittsburgh, Pa. 15210

The Improbable Form of Master Sturm–The Nongraded High School

13 min., color. This film shows a high school which has been nongraded for more than ten years. Individual rather than group needs are shown as important aspects of the nongraded curriculum. The basic premise is that with proper guidance the individual, whether slow, average, or superior, can transform his school experiences into one of inquiry, curiosity, and problem-solving. Idea, P.O. Box 446, Melbourne, Florida 32901

It Feels Like You're Left Out of the World (The Learning Series)

28 min., b/w. The frustration, loneliness, feelings of rejection and worthlessness of the child who is different because he does not learn easily are expressed by the children themselves. Psychologically, they feel so small and worthless that it is not infrequent to hear them say to their parent, "Don't you wish you never had me?" The parents in the film speak of their own frustration in getting help for their children. They literally shop around, looking for someone who can work with their children and bring about results. One of the central themes of the film is that the self-esteem of a child with learning disability is in severe jeopardy. Several guidelines for a sensible approach to the children are given. McGraw-Hill Book Company, Film Division, Lowell House 204, 88 West Schiller, Chicago, Illinois 60610

The Joy of Learning

28 min., color. This film deals with an introduction to the Montessori School. It traces Dr. Montessori's discoveries, and the Montessori classroom as a prepared environment. Columbia Forum Products, Ltd., 10621 Fable Row, Columbia, Maryland 21043

Julia

10 min., color. This film traces the procedures to be followed in the identification, testing, and eventual diagnosis, treatment, and placement of a child who is not responding socially, emotionally, or academically in an elementary classroom. Program modification by the teacher is shown to be a dynamic variable in the child's overall scholastic adjustment after the proper diagnosis has been made. Holt, Rinehart and Winston, Inc., 383 Madison Ave., New York, N.Y. 10017

Language Development: I. The Development Of The Communication Process

36 min. The role of language development and the attainment of the essential landmarks in communicative skills among pre-school and school-age children are elucidated. Verbalization is seen as one ingredient in the development of the total language continuum and its malfunction in the young child is seen as a precursor of learning disability in school-age children. Nature and characteristics of symbol usage are clarified in the manner in which the language of the learning-disabled child departs from the normal course of symbolic acquisition. The learning process is discussed in terms of three interrelated sequences: as depicted in the language model, these consist in decoding, central organization or concept-symbol association and expression or encoding.

Language Development II: The Evaluation of Verbal Skills

36 Min. In the second presentation, a typical learning disabled child is examined from the point of view of establishing essential information for remedial planning in relation to skill development on each of these three interrelated sequences. The value of such diagnosis and its application to the remedial process is clarified. Milton Brutten, Ph.D., Co-Founder and Clinical Director, Vanguard Schools, Haverford and Paoli, Penna., Ft. Lauderdale, Lake Wales, Coconut Grove, Florida

Learning is Observing

20 min., color. An Early Childhood Education film for teachers, teacher aides, specialists in teacher education. A valuable resource for teachers of children with perceptual and learning problems. Bradley Wright Films, 309 N. Duane Ave., San Gabriel, Calif. 91775

Let's Look at Sounding Out

8 min., b/w. This film presents the highlights of an evaluation of the phonic skills of a disabled reader, administered individually at the Psycho-Educational Center at the Coney Island Hospital. The evaluation of phonic skills is one part of a broad psycho-educational battery that is used for prescriptive teaching. Lillie Pope, Ph.D., Director, Psycho-Educational Division, Coney Island Hospital, Brooklyn, New York 11235

Loops to Learn By

25 min., b/w. Incorporates the important principles of repetition, activity, surprise and fun to help young students develop a variety of skills. It is directly concerned with children who have learning disabilities and the people who work with them. McGraw-Hill Films, 330 West 42nd St., New York, N.Y. 10036

Madison School Plan

18 min., color. Describes an innovative Learning Center concept in which regular students and exceptional children intermingle. Instructional program linked to a continuous assessment of educational variables. Aims Instructional Media Services, Inc., P.O. Box 1010, Hollywood, Calif. 90401

Make a Mighty Reach

45 min., color. The dramatic changes taking place in American education serve as the focal point of this film. Major emphasis is directed to the concept that new ideas in education must be channeled to making learning easier and more efficient by

concentrating more on the individual's abilities. Idea, P.O. Box 446, Melbourne, Florida 32901

Meet Lisa

5 min., color. This is a personal statement reflecting the world as seen through the eyes of a brain-injured child. Helps others to better understand the potential and meet the needs of such children. This film is a "must-see" for everyone! Aims Instructional Media Services, Inc., P.O. Box 1010, Hollywood, California 90028

Motoric Aids to Perceptual Training

16mm, 20 min., color. N.C. Kephart lectures briefly on the "Purdue Motor Perceptual Survey," and then, with this introduction, moves into demonstrating with children of observation points on the Survey. An excellent introduction on testing, the film is cheerfully acted and laced with excellent questions for the observer, which are then elaborated on with review and extension of the concepts. Barbre Productions, Inc., 2130 S. Bellaire St., Denver, Colorado 80222

No Reason to Stay

28 min., b/w. This film discusses the topic of the mental drop-out, old teaching methods and new needs. Contemporary Films, McGraw-Hill, 330 West 42nd St., New York, N.Y. 10036

Old Enough But Not Ready (The Learning Series)

28 min., b/w. The children in this film are old enough and bright enough to go to regular school, but as early as first grade they are having difficulty in learning. Difficulties show up as soon as demands are made, the child who cannot follow directions, the boy who does not know his right hand from his left and who cannot hold a pencil securely. Roughly 10% of all children in school form this group. McGraw-Hill Book Company, Film Division, Lowell House 204, 88 West Schiller, Chicago, Illinois 60610

Partners in Learning

45 min., color. Shows the variety of ways typical classroom teachers are attempting to assist pupils with learning disabilities in a large suburban school district. This film is one of the projects started by Dr. Donald Mahler and is an effort to meet in-service teacher training needs. Bradley Wright Films, 3035 Benvenue Ave., Berkeley, Calif. 94605

Perceptual Development I: Educational Programs Rooted in Child Development

37 min. This presentation emphasizes that every educational program for children with any degree of learning disability must be individually prescribed. The classroom teacher must become a skillful diagnostician of children's developmental levels and the observable signs of pre-academic readiness.

Perceptual Development II: Writing the Educational Prescription

43 min. This kinescope presents a basic conceptual model that will permit the entire team and/or the classroom teacher to build a developmental program that will fill the educational prescription written for each child. It illustrates sample activities available to every teacher of children with learning disabilities in each of the developmental levels of the conceptual model, with guidelines for the appraisal of the performance being

demonstrated by each child. Gerald N. Getman, O.D., D.O.S., Director of Research in Child Development, The Pathway School, Norristown, PA

Preventing Reading Failure

27 min. This film is good for children with learning problems. Teacher screening; informal reading tests; readiness activities, discrimination; sequencing; and individualized materials are employed. AIMS, Instructional Media Services, Inc., P.O. Box 1010, Hollywood, California 90028

Prior and Present Experience

30 min., b/w. Points out the need for careful consideration by the teacher of the often unnoticed differences between students' and teachers' backgrounds, as shown in the language used and the assumptions made. Indiana University, Audio-Visual Center, Bloomington, Indiana 47401

Providing for Independence in Learning

30 min., b/w. Outlines the need for giving children guided opportunities to learn on their own, providing them with the skills needed to "learn what to see" and "learn to listen." Indiana University, Audio-Visual Center, Bloomington, Indiana 47401

Public School Programs for the Learning Disabilities

15 min., color. Public School Programs for the Learning Disabilities discusses results of learning disabilities and how a learning disability affects the learning process. The film discusses various methods and techniques used in treating all aspects of learning disabilities. Continental Films, 2320 Rossville Boulevard, P.O. Box 6543, Chattanooga, Tennessee 37408

The Puzzling Children

20 min., b/w. A documentary film produced for CANHC, deals with the problems of learning disabilities, and shows how an organization such as CANHC meets these needs. CANHC Movie Distribution, 6061 West 75th Place, Los Angeles, California 90045

The Quiet One

68 min., b/w. This film is about an unloved child lost in loneliness who drifts into delinquency. It is a rich storehouse of information and ideas on the causes and effects of juvenile delinquency. Contemporary Film, McGraw-Hill, 330 West 42nd St., New York, N.Y. 10036

The Remarkable School House

25 min., color. This film examines the "education explosion," increasingly overcrowded classrooms, shortages of teaching personnel, and the wide range of individual student differences in learning ability. McGraw-Hill Films, 330 West 42nd St., New York, N.Y. 10036

Santa Monica Project

28 min., color. Shown is how Santa Monica, California has handled the problem of educationally handicapped children by placing them in special classroom and rewarding

the child at the end of each week. AIMS, Instructional Media Services, Inc., P.O. Box 1010, Hollywood, California 90028

The School Daze of the Learning Disability Child

45 min. This is a two-part sound filmstrip program which explores and explains the basic handicaps of the L.D. child, how they create interpersonal problems at home and school, and what might be done to overcome their effects. Alpern Communications, 220 Gulph Hill Road, Radnor, Pa. 19087

Stress: Parents with a Handicapped Child

30 min., b/w. This film is about the problems of bringing up handicapped children. Particular causes of stress are examined as they affect any family with a handicapped child. Contemporary Films, McGraw-Hill, 330 West 42nd St., New York, N.Y. 10036

Teaching The Lost Children

28 min., b/w. A neurologically handicapped child in the classroom is seen and her problems of behavior and learning are discussed by a panel. CANHC, Santa Clara Chapter, Leo Diner Films.

Teaching the Way They Learn (The Learning Series)

29 min., b/w. The keynote of educating children with learning disabilities is believed to be precision. The basic operating principle is that if a child cannot do the job, the teacher must figure out what level of functioning he is on and start there with materials and procedures to help him take the small next steps in the desired direction. McGraw-Hill Book Company, Film Division, Lowell House 204, 88 West Schiller, Chicago, Illinois 60610

Thinking, Moving, Learning

20 min., color. Kindergarten class demonstrates a training program to improve motor skills, perceptual ability, and to develop confidence and strengthen self-image. Bradley Wright Films, 309 North Duane Ave., San Gabriel, California 91775

Up is Down

6 min., color. Animated story about a boy who sees things differently. He walks around on his hands—a habit which upsets his family and community who attempt to force him to walk on his feet. A treatment of the themes of intolerance, conformity and the generation gap. Pyramid Films

Visual Perception

25 min., b/w. Ideas on teaching visual perception plus a very brief demonstration of Frostig materials. University of the State of New York, The State Education Dept., Albany, N.Y. 12224

Visual Perception and Failure to Learn

20 min., b/w. Depicted are difficulties in learning for children who have disabilities in visual perception. The film demonstrates the Marianne Frostig test and outlines a training program. Churchill Films, 622 N. Robertson Blvd., Los Angeles, Calif. 90069

Visual Perception Training in the Regular Classroom

20 min., b/w. Demonstrates an approach to preventing learning difficulties, and their inevitable emotional concomitants, by integrating training in visual perception with the regular curriculum at the pre-school, kindergarten and early elementary grade levels. AIMS, Instructional Media Services, Inc., P.O. Box 1010, Hollywood, California 90028

A Walk in Another Pair of Shoes

18½ min., color. This film strip, narrated by Tennessee Ernie Ford, explains some of the problems encountered by learning disabilities children to other children. The emphasis is on how it feels to be a handicapped child and how a normal child can be of assistance to a handicapped child. CANHC Film Distribution, P.O. Box 1526, Vista, California 92083

The Way It Is

30 min., b/w. The film concerns the educationally disadvantaged at the junior high level. NET Film Service, Indiana University, Terre Haute, Indiana 47809

Who is the Learning Disabled Child

20 min. Developed by Mrs. Emilie Boyd, this tape-slide presentation is used to acquaint those unfamiliar with learning disabilities. Part II. *Techniques For Helping The Learning Disabled Child* (20 min.) deals with remediation. This series has been used to train volunteer teacher aides as well as college students. Fairfax County Public Schools, 3911 Woodburn Rd., Annandale, Va. 22003

Why Billy Couldn't Learn

16mm, 42 min., color. Presented is the story of an educationally handicapped child and the specialized school instruction available. Demonstrated are testing, parent counseling, and instruction techniques. A study guide is included. CANHC Movie Distributors, 309 N. Duane Avenue, San Gabriel, California 91775

Why Can't Jimmy Read?

15 min., b/w. Presented is the story of how Jimmy, a 4th grader reading at 2nd grade level, is helped by reading clinic personnel, and how he begins to improve his skills. International Film Bureau, Inc., 332 S. Michigan Ave., Chicago, Illinois 60604

Supplementary Information

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