

THE KIDS IN MY CLASS II

***STUDENTS WITH LOW
INCIDENCE SPECIAL
NEEDS IN REGULAR
CLASSROOMS.***



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THE KIDS IN MY CLASS II

This second section of “Kids in My Class II” describes students who may be part of your classroom teaching experience, but unlike the first group of students, you may not have students with these learning characteristics in your class every year. This section provides a brief overview of students whose needs are more unique and who you will not teach alone. Many of the students will have their own specialized support team to assist you in planning and meeting their educational needs.

The students may have more than one area of need that will add to the complexity and many will have assigned Education Assistant hours as well as a teacher with specialized training. But it is important to remember that all students with disabilities are children first. They arrive in your classroom with all the hopes and dreams of any child: to belong, to find friends, to learn, to grow, to have fun. Your role is to see them as children first and assist them to find their special place in your classroom.





DEAF AND HARD OF HEARING

Characteristics

Children with hearing loss are often missed. When a child is profoundly deaf they are easily identifiable. Most children with hearing loss are not deaf but have some usable hearing. Frequently their speech and ability to function in the classroom does not reveal the problems their hearing causes. As you become more familiar with the student, you may begin to notice some of the characteristics listed to the right.

These students may:

- Have headaches / dizziness or tugs at ear
- Omit / substitutes some speech sounds
- Speak too loudly or too softly
- Mispronounce common words
- Request repetition frequently
- Lack confidence
- Frequently watch others before beginning task
- Make mistakes following oral directions
- Give inappropriate or irrelevant answers
- Seem to work below potential/"holes" in learning
- Seem socially immature/impulsive/disorganized
- Be inattentive, impatient, irritable or edgy
- Appear constantly tired
- Have language and vocabulary delays; may not know common words, idioms, expressions, syntax; may omit word endings
- Difficulty with time concepts and math abstraction
- Lack of general information
- Have auditory memory problems
- Have difficulty with reasoning (cause/effect, judgments, inferences) due to lack of language experience
- Have difficulty with word attack (sound symbol associations, phonics)





DEAF AND HARD OF HEARING

Instructional Strategies

A *Sensori-neural hearing loss* is a permanent hearing loss with damage to the inner ear.

A *Conductive hearing loss* is usually temporary but can still have serious effects on language, speech, learning, and social skills. This may be related to ear infections, colds or fluid in the ears.

If you think one of your students has a hearing loss ask the family doctor to refer the child to the North Delta Hearing Clinic (604-507-5448) for a complete hearing test.

- Preferential seating, taking into account the configuration of the hearing loss (eg. better ear) and location in the classroom, including good visibility of the speaker's face
- Use of a personal or classroom FM system if recommended, checking daily for optimum functioning and battery status
- Written back up of oral directions
- NCR carbon paper or photocopy a good student's notes
- Allow extra time to write, finish, or retake tests or labs
- Avoid use of oral tests or audiotapes whenever possible
- Use close captioned videos whenever possible
- Use visual cues (eg. overheads, graphic organizers, pictures, diagrams, outlines, charts)
- Wait time of 4 seconds for processing oral information
- Ask "wh" questions – avoid "yes/no" questions when checking for comprehension

Behavioural Strategies

- Pair a student with a buddy to clarify assignments and information, including PA announcements
- Never turn away or speak from behind the student
- One speaker at a time and identified ahead of time if possible
- Provide a daily schedule of class routine
- Avoid surprises
- Alternate instruction time with other activities to give a rest from "straining" to hear
- Reduce noise level (eg. classroom management, use of silent overheads, carpeting, cover chair feet – tennis balls/felt chair slides)
- Provide sign language or oral interpreters if needed





VISUAL IMPAIRMENT

Raj is a grade 4 student. He has had a loss of visual acuity over the summer and cannot see the board, read small print, maps or diagrams. He is very disruptive in class, frequently talking to other students and interrupting lessons. Prior to his vision loss, he was exceeding expectations in all subject areas. He had many friends. Currently, he is struggling to keep up with his work.

Students with low vision have a great deal of difficulty adjusting to vision loss. All tasks take more time and effort. Students fatigue quickly, get frustrated and anger readily. They cannot easily locate friends or access information that is readily available to their peers.



Characteristics

- Unable to see the blackboard, clock, overhead projector or any materials that are posted around the classroom
- Struggles when reading most print materials
- Has a great deal of difficulty drawing diagrams, printing on worksheets, and working with maps and other visual materials
- Gets tired very quickly and is easily frustrated
- Has difficulty completing tasks in the time allotted
- Maintaining friendships can be challenging
- Participating in many sports and other leisure activities may be difficult
- Frequently interrupts the class

Environmental Strategies

Goal: to provide visual access to materials that the low vision student cannot easily see.

- Each student's vision is unique; what works for one person will not necessarily work for another - consult with your Teacher for the Visually Impaired (TVI) in order to provide optimum conditions to meet the needs of the student
- Provide preferential seating for all activities to enable the student to read near and far materials
- Whiteboards are best; use black or blue markers, green and red are very difficult to see
- If you do not have a whiteboard, use white chalk on a very clean chalkboard; yellow chalk on a dusty board is virtually invisible to a student with low vision
- Overhead projectors are hard to see due to glare
- Give students individual copies of all overhead materials and those that are posted around the classroom i.e. schedules, class rules
- Provide optimum lighting
- Avoid glare: windows, laminated materials, etc.
- Provide adequate desk and shelf space for student books and equipment; the student will likely require special equipment and materials such as a slantboard, computer, magnifying equipment, large print books, etc.



VISUAL IMPAIRMENT

The behaviour of students with low vision may lead many people to underestimate their abilities. They can participate in almost all activities with their peers (with adaptations). Common behaviours include: not appearing to make eye contact; speaking out at inappropriate times; missing social cues (especially body language and facial expressions); difficulty focusing on lessons, and seatwork, etc.

Grief and anger surface as students try to cope with new activities and become more aware of the impact of their visual impairment. For example, learning that driving a car will never be possible can affect mood, ability to learn, and social interactions.

Instructional Strategies

- Optimum print size and font should be determined by your Teacher for the Visually Impaired (TVI), use a clean font (i.e. Arial) for creating worksheets, avoid fancy fonts - they are very hard to read
- High contrast materials are best (black print on a white background)
- Some students are colour blind - ensure that your student can see the colours you are using
- Student and teacher may need to use dark pens or pencils to write, dark-lined writing paper may help
- Avoid poor quality photocopies!
- Provide clean, uncluttered diagrams and worksheets, crowded words and letters are very difficult to read
- Worksheets laid out in a linear fashion are best; avoid complicated webs
- Leave enough space for the student to write (printing is typically quite large and does not improve significantly for most low vision students).
- Worksheets may need to be enlarged
- Large print textbooks and novels can be ordered (please give the TVI as much notice as possible)
- Some students do well with magnifiers and some do not, many require special equipment
- Students with low vision typically have difficulty with organizing materials, homework etc.
- Allow more time to complete tasks
- Frequent short breaks are required to minimize visual fatigue and lower instances of "meltdown" due to frustration
- Reduced quantity of work is acceptable as long as the student demonstrates mastery of concepts

Note: The vision of every student is different. Strategies listed here may not work well with every low vision student. There are additional strategies - consult your friendly local TVI.



MODERATE INTELLECTUAL DISABILITY

Characteristics

These students may:

- Have slow processing speed
- Have expressive and receptive language may be significantly delayed; students with greater intellectual disability may be non-verbal
- May appear socially may immature and more comfortable with younger students
- Tend to learn better with concrete, visual information
- Have a short attention span
- Have other disabilities in addition to their primary diagnosis of moderate intellectual disability i.e. Vision and hearing, physical disability or behavioural challenges
- Have difficulty understanding concepts of the same complexity and acquiring skills and knowledge at the same rate as other students
- Require assistance in personal care (use of bathroom and grooming)

Students with moderate to profound intellectual disabilities learn many appropriate skills and behaviours, and benefit from being with students who do not have disabilities. However, they require additional intervention beyond integration and socialization.

Students with a sensory impairment, physical disability or medical/health needs, will need support services from a teacher's assistant as well as the expertise of an occupational therapist, a physiotherapist, a speech-language pathologist, or an itinerant specialist.

The older the student or the more severe the disability, the greater is the need for a focus that prepares the student for adult life in the community. The curriculum should afford many opportunities for repeated practice, and an increasing degree of educational instruction in community environment.



Children will only achieve to the level of our (and their) expectations.

Parents and teachers have often felt that some students are too disabled, either behaviourally or cognitively, to acquire literacy skills. The perception has been that some children would never be able to acquire traditional literacy, therefore it would be a waste of time to try

Students with moderate intellectual disabilities may include:
Down Syndrome,
Global Developmental Delay or
a non-specified intellectual disability



MODERATE INTELLECTUAL DISABILITY

Elementary - Beth is a student with moderate intellectual disabilities. She is in Mr. Harrison's Grade 6 class, but is functioning 5 years below grade level. Saring with another student, she receives full time EA support. Beth participates in group activities with her peers whenever possible, but has binders of independent work at her own ability level which has been provided by the Mainstream Support Teacher. Beth counts to 20, but cannot do basic addition and subtraction facts. She knows the alphabet song but does not know letter sounds. She can identify $\frac{1}{2}$ of the alphabet letters in isolation. She can print her name and is learning her home phone number. She plays with several children who are much younger, or often on her own. Beth gets check marks for good behaviours and earns a reward before each break

It has often been felt that if students have not gained literacy skills by the time they have reached high school no more time should be 'wasted' on it and we should 'give it up'. However, studies show literacy learning is a developmental process and skills will continue to be acquired as students are ready for them.

Instructional Issues

- Curriculum is based on IEP goals
- Development of literacy skills
- Program should include authentic academic skills (i.e. time, money) that are practiced in natural settings i.e. shopping, taking transit
- Will require direct, small group instruction for social skills i.e. Circles Program
- Career development and work experience opportunities will be required
- Structured routine environments are optimal

Parents and teachers have often felt that some students are too disabled, either behaviourally or cognitively, to acquire literacy skills. The perception has been that some children would never be able to acquire traditional literacy, therefore it would be a waste of time to try

Behavioural Issues

- Easily frustrated when level of work is too difficult or difficulty understanding what is being asked
- May use physical actions to communicate
- May display behaviours typical of much younger children i.e. difficulty sharing, temper tantrums
- Difficulty understanding social interactions with like-aged peers
- May have limited range of interests, similar to those of much younger children
- May respond well to reinforcement programs
- May find transitions difficult



MODERATE INTELLECTUAL DISABILITY

Secondary - Reg is a Grade 12 student with Down Syndrome enrolled in a Resource Room. Articulation problems make him difficult to understand, sometimes using sign language or pictures to in communication. He is well liked in the school having several peers who interact with him regularly. He is working on a School Completion Certificate that includes IEP and Transition goals. He works in the school cafeteria, and store and two blocks in community work experience. He attends regular Drama classes, and has 3 blocks in the learning centre. In his community placements, he has Education Assistant support, but is able to work independently in school work placements, he. He has learned to take public transit in the community. School staff are working with the Community Living BC facilitator on post secondary plans.



Instructional Strategies

- Maintain high expectations to ensure challenging them
- Expected students to be able to read or write and ask them to do so.
- Provide many opportunities for Literacy experiences and instruction
- Read to these children, carry on conversations, or take them to the library as would happen with non-disabled siblings
- Expect active participation in 'story time', invented writing, and book talks
- It is worth the time and effort required to:
 - adapt and design appropriate literacy materials
 - fit literacy experiences and instruction into a busy schedule
- Avoid 'functional' and 'rote' learning, which results in little, or no, time left for real and active engagement in literacy.
- Provide longer processing time
- Use concrete language and visual strategies i.e. Picture symbols, PEC (Picture Exchange Communication), classroom schedule, visual schedules, sign language
- Teach in small manageable chunks, with lots of repetition
- Differentiate expectations for assignment completion
- Change learning tasks by simplifying or condensing

Behavioural Strategies

- Develop reinforcement program i.e. contracts, token economy
- Provide clear rules for behaviour
- Provide frequent breaks
- Teach 'calm down' routine
- Direct instruction for problem social situations
- Use of like-aged peers to assist in development of appropriate social behaviour
- Use of social stories
- Provide warnings prior to transitions

INTENSIVE BEHAVIOUR CHALLENGES OR SERIOUS MENTAL ILLNESS

Some students have serious mental health conditions which have been diagnosed by a qualified mental health clinician a registered psychologist, a psychiatrist, or physician. Interventions require co-ordinated, cross-agency community planning such as careteams (integrated case management) or 'wrap-around' planning.



In most cases students identified in these categories are able to take part in the regular Curriculum. Some adaptation may be necessary (e.g., alternate evaluation methods).

Characteristics

These students:

- Are very vulnerable, fragile students who are seriously 'at risk'
- Have antisocial, extremely disruptive behaviour in most environments (for example, classroom, school, family, and the community)
- Display profound withdrawal or other negative internalizing behaviours
- Display behaviours that significantly interfere with the student's academic progress and that of other students
- Display these behaviours consistently/persistently over time
- Often have histories of profound problems and challenges in coping with everyday life
- Warrant intensive interventions by other community agencies/service providers beyond the school
- Can pose a serious risk to themselves or others

Support/interventions such as:

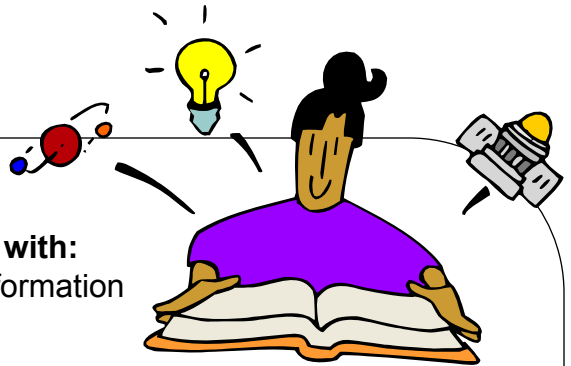
- School-based counselling
- Child and youth care support
- Ongoing, individually implemented training, and/or instruction in social skills
- Behavioural and learning strategies
- Referrals to outside agencies providing clinical and family support around mental health
- In-depth therapy, counselling and/or support for the student or family in the community
- Instructional focus on motivational and behaviour management skills; and communication cooperative and collaborative skills
- Care team planning



FETAL ALCOHOL SPECTRUM DISORDER

Characteristics

The intellectual abilities of students with FASD can vary greatly - from mild intellectual disability to gifted. If significant intellectual impairment is part of a student's profile, see Kids In My Class I or II for more detailed information.



May have difficulties with:

- Generalizing information
- Memory
- Sequencing
- Abstracting

Language development:

- Difficulties with Central Auditory Processing
- May have problems with comprehension, discrimination and association, sequencing and memory

Social/emotional functioning:

- Students with FASD may display a variety of atypical responses to unfamiliar or frustrating situations
- Increased anxiety may result in withdrawal, outbursts or other acting out behaviours that may be harmful to the student or others in the group
- They may be over or under sensitive
- A young child with FASD may have severe temper tantrums and find it hard to adjust to change
- Many adolescents with FASD are prone to depression, poor judgment and impulsivity

Physical functioning:

- May present with some or many physical/medical concerns such as heart murmurs/defects, craniofacial defects, spina bifida, brain defects, eye problems and more.

Basic physiological responses:

- A high threshold for pain which can result in the student not being aware of a serious injury or infection
- No perception of hunger or satiation
- Difficulty perceiving extreme temperatures
- Difficulty with visual/spatial perception and balance





FETAL ALCOHOL SPECTRUM DISORDER

There are 4 diagnosis categories which FASD covers:

- Fetal Alcohol Syndrome (FAS)
- Partial Fetal Alcohol Syndrome (PFAS)
- Alcohol Related Neurodevelopmental Disorder (ARND)
- Alcohol Related Birth Defects (ARBD)

Behavioural Considerations

- Memory problems
- Gaps or disconnections: don't get it
- Slow auditory cognitive pace
- Dysmaturity, act 'young' for their age
- In the now, difficulty predicting outcomes
- Impulsivity
- Easily manipulated
- Difficulty making friends
- Short attention span
- May be unable to wait their turn
- May not perceive social cues from others
- May be overly trusting and at risk to be led into inappropriate behaviours
- May become quickly frustrated to do school work and may become easily overwhelmed

Behavioural Strategies



Other challenges or conditions commonly observed in children with FAS/E include:

- Learning Disabilities (LD)
- Attention Deficit/Hyperactivity Disorder (AD/HD)
- Anxiety
- Behaviour challenges
- Drug and alcohol problems
- Mental health problems

- Provide structure
- Model appropriate behaviour
- Teach the use of self talk to help stay focused
- Teach how to curb impulsive behaviour by knowing how to initiate action, when to initiate action, and how to inhibit behaviours until things are thought through
- Immediate consequences for inappropriate behaviour. Even though the student may demonstrate the correct response to a given situation, they may not generalize this to the next time the situation occurs
- Use of a quiet area
- Provide frequent breaks
- Establish non-verbal cues



PHYSICAL DISABILITY

Characteristics

Sandeep is a grade seven student enrolled in Mr. Sparks class. She is in a wheelchair that she can control herself. Sandeep has some weakness in her hands so writing is slow and awkward. She is working at the grade seven academic level and is a very capable writer when she uses voice activated software. Sandeep is a good friend to many in the classroom. Her speech can be difficult to understand but she is quite articulate once you figure out what she is saying.

She also has an EA to help her use the washroom, who scribes for her and helps her manage her books and materials.



- Unable to use parts of their body
- May tire easily due to muscle fatigue or pain
- May have difficulty writing due to physical challenge
- Often have difficulty participating in PE without adaptations
- May require additional time to complete academic tasks
- May have difficulty speaking due to impaired oral motor control
- May require physical assistance (including use of washroom)
- May have difficulty swallowing and/or eating
- May be on medication to control symptoms or pain
- Impaired mobility
- Disability may require that the student take breaks from the regular classroom routine
- Disability may be “invisible” but may impact attention and mood

Examples of “Invisible” & “Visible” Physical Disabilities

“Invisible” Physical Disabilities

- Diabetes: mood swings because of fluctuations in glucose levels
- Epilepsy: lack of concentration or retention because of small repeated seizures
- Arthritis/Neurofibromyalgia: fatigue and lack of concentration because of pain
- Asthma: fear and/or anxiety because of shortness of breath
- Brain Injury, impaired memory and /or judgment

“Visible” Physical Disabilities

- Cerebral Palsy/Spina Bifida: fatigue, physical discomfort, poor concentration because of physical positioning in a wheelchair
- Tourette Syndrome: anxiety, embarrassment and fatigue because of motor and visual tics



PHYSICAL DISABILITY

Cal is a grade 10 student who was born with a disability that caused his arms and legs to remain undeveloped. With much effort Cal has learned to use his feet as secondary hands and is able to complete most activities independently. At school Cal attends classes with his peers; he is of average intellectual ability. As he cannot write to take notes, Cal gets his notes from his teacher and tapes his classes to listen to later. Cal requires a scribe for written assignments in class; for assignments he uses his voice activated computer. He is fiercely independent so he does not like getting assistance from an education assistant.

Instructional/Behavioral Considerations

- Students may have reduced self esteem due to physical disability
- Educate peers on the nature of the disability and how they can assist
- Encourage friendships and allow students time with their peers without adult interaction
- Maintain behavioural expectations whenever appropriate
- Encourage independence
- Some students are very angry due to their physical disability and may benefit from counseling
- Some nonverbal students will use loud vocalization to communicate
- Some students have periodic visits from Physical Therapy, Occupational Therapists
- Some physically disabled students require preferential seating and require extra space due to equipment



These students have physical disabilities. Given appropriate supports they often can work at grade level in the regular classroom.



OTHER SYNDROMES

In your class, you may have a student with one or more of the following syndromes. If this is the case, there are many resource people and resources available to assist you in providing a meaningful educational program for your student.

ABC's of Support



- Not all students with syndromes require additional support or are designated low incidence. Check to find out if the student has a low incidence designation with special programs. A Physical Disability or Chronic Health Impairment designation is a 'D' tag under the Ministry of Education guidelines.
- If the student is designated at the elementary level, there will be a Mainstream Support Teacher assigned as the student's case manager. They will be able to provide you with information regarding about the syndrome, specific strategies and any resources that may be required. At the secondary level, check with the school counsellor or learning support teacher for any supports which may be required by the student.

Syndromes include:

Down Syndrome – For more information: Canadian Down Syndrome Society:
<http://www.cdss.ca/>

Fragile X - For information: Fragile X Research Foundation of Canada:
<http://www.fragile-x.ca/>

Neonatal Abstinence Syndrome (NAS), Alcohol Related Neurodevelopmental Disorder (ARND)



OTHER SYNDROMES

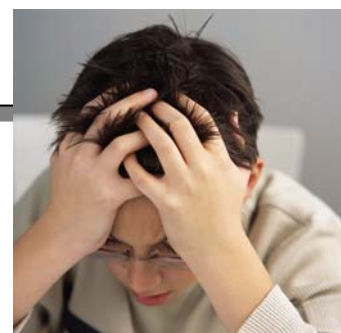
Neo Natal Substance Exposure – includes Fetal Alcohol Spectrum Disorder (FASD) - The condition produces permanent brain damage that causes erratic behaviour, speech and language deficits, problems with motor coordination, and learning deficits. The inability to learn from experiences, adapt behaviour, and anticipate the consequences of actions are common traits among those who are affected by Fetal Alcohol Syndrome. For more information: Asante Centre <http://www.asantecentre.org/>

Prader-Willi Syndrome – Students with Prader Willi Syndrome are at increased risk of obesity because of a persistent sense of hunger and lack of satiation (hyperphagia), low metabolic rate (60%) and high fat-to-muscle ratio. For more information: Canadian Prader-Willi Syndrome Organization: <http://www.pwsacanada.com/>

Rett Syndrome - Rett syndrome is a neurological disorder, seen almost exclusively in females, which results in profound developmental disability. The most fundamental and severely handicapping aspect of Rett syndrome is **Apraxia** _ which means the will to move is present, but the child is unable to carry through the movement. It can interfere with every body movement, including eye gaze and speech, making it difficult for the child with Rett syndrome to do what she wants to do.

Tourette's Syndrome - Tourette Syndrome (TS) is a neurological or "neurochemical" disorder characterized by tics -- involuntary, rapid, sudden movements or vocalizations that occur repeatedly in the same way. For more information: Tourette Foundation of Canada: <http://www.tourette.ca/qa.html>

Williams Syndrome - Facial features: All the children have a facial similarity, referred to as "elfin" features. They include a wide mouth with large, slack bottom lip; very retrousse nose with flattened bridge; slightly "bulgy" cheeks; irregular teeth widely spaced; sometimes a squint. They can also be very social children. For more information: Canadian Association for Williams Syndrome - <http://www.caws-can.org/>





HEALTH ISSUES

In your class, you may have a student with one or more of the following health issues. If this is the case, there are many resource people and resources available to assist you in providing a meaningful educational program for your student

ABC's of Support

There are two basic levels of care that the Nursing Support Program addresses:

Level 1 Care – Personal care for feeding, dressing, toileting and mobility. An EA may provide this service.

Level II Care – Implementation and supervision of health procedures necessary while a child is in school. Education assistants are provided student-specific training on any procedures required.

Level III Care – Provision of nursing or rehabilitative services for those more specialized procedures which require it. Education assistants provide educational support and nurses support any medical needs.



- ❖ Check with the school principal to find out if the student has a low incidence designation with special programs. A Physical Disability or Chronic Health Impairment designation is a 'D' tag under the Ministry of Education guidelines.
- ❖ If the student is designated, at the elementary level, there may be a Mainstream Support Teacher assigned as the student's case manager. They will be able to provide you with information regarding the health, specific strategies and any resources that may be required. At the secondary level, contact the school counsellor or Learning Support Teacher for more information about support required.
- ❖ Support may be provided by the School District Nursing Support Coordinator. Depending on student needs, the Nursing Support Coordinator will determine whether or not a Care Plan needs to be put in place.



HEALTH ISSUES

Health Issues:

1. **AIDS** (Acquired Immunodeficiency Syndrome) - Is a disease caused by the human immunodeficiency virus (HIV). The HIV virus attacks and gradually damages the body's immune system, its natural ability to fight illness, leaving it open to serious infections and cancer. AIDS represents the symptomatic phase seen in the later stages of HIV disease. To develop an appropriate plan, refer to school district policy for universal precautions.
2. **Cancer** - The term cancer refers to a collection of diseases that have in common uncontrolled cell growth and the ability to invade the body. This ability to invade and destroy the normal tissue or body organ means that cancer is fatal if left unchecked. The type of cancer and its severity will determine the treatment provided. Primary treatment options usually consist of a combination of medication, radiation therapy, and surgery. Because of the treatment, side effects, or complications of the cancer, the child with cancer may have frequent absences from school and periodic hospitalizations. In some case, cancer treatment may result in difficulties with learning and behaviour.
3. **Diabetes** – Results from the failure of the pancreas to produce the hormone insulin. Without insulin, the body does not absorb the sugar in food, either through a shortage of insulin or because the insulin produced does not work effectively. The supply of insulin in the body may be stimulated by oral medication or be replaced by injection. Diabetes can not be cured, but it can be controlled through planned eating, insulin supplementation, and regular physical activity.
Support: Students with Type 1 diabetes will be supported in Grades K-4. Most students are managing their diabetes by Grade 4. In primary, blood glucose levels will be monitored by an education assistant. Low blood sugar and fainting may occur when a student's blood sugar levels are not correct.
4. **Epilepsy** – is a general term for more than 20 different types of seizure disorders. Epilepsy is not a disease, nor is it a mental disorder. The number of seizures per day varies greatly from one individual to another. Some children may experience seizures daily while other children may experience them only occasionally. Some childhood seizure disorders are more difficult to control than others, but chances are good that prescribed medicine will work well if it is taken regularly. Seizures may last from 10 seconds to five minutes.
Support: If well controlled, not every student will be receiving education assistant support or be identified as a student with special needs. In cases where seizures are not well controlled, their learning may be impaired.



HEALTH ISSUES

5. **Severe Allergies** - An allergy is an overreaction in the body to a usually harmless substance called an allergen. The most common allergens are pollen, dust, insect bites, moulds, fur and feather bearing pets and a variety of foods. Symptoms such as sneezing, runny nose, hives, itchy eyes and wheezing may be associated with allergic reactions. Anaphalactic shock may be a severe reaction to an allergen. The public health nurse will train the staff on the use of any medical procedures necessary. The information will be noted on a student's medical alert cards. Check the District and school policy and procedures for severe allergies.



Internet Resources:

For support with other health issues your students may have, refer to the following Internet resources and ask school based staff i.e. Learning Assistance teacher, Psychologist, Counsellor, Public Health Nurse for more information.

- ❖ **Awareness of Students with Diverse Learning Needs, What the Teacher Needs to Know, Volume 1.** (A hard copy of this resource may also be in your learning assistance centre.) BC Ministry of Education Special Education Resource Guide. Contains information intended to assist classroom teachers in understanding the implications for classroom instruction and management of a number of chronic health conditions.
<http://www.bced.gov.bc.ca/specialed/awareness/>
- ❖ **Awareness of Students with Diverse Learning Needs, What the Teacher Needs to Know, Volume Volume 2.** (A hard copy of this resource may also be in your learning assistance centre.) BC Ministry of Education Special Education Resource Guide. Companion to Volume 1, this resource contains information intended to assist classroom teachers in understanding the implications for classroom instruction and management of a number of chronic health conditions.
http://www.bced.gov.bc.ca/specialed/awareness/awareness_v2.pdf



RESOURCES

Kids in My Class 1 has a list of resources and appendices which will provide ideas and strategies for support based on your student's needs.

Internet Resources:

- ❖ **Challenges and Opportunities: A Handbook for Teachers of Students with Special Needs with a Focus on Fetal Alcohol Syndrome (FAS) and Partial Fetal Alcohol Syndrome (FAS)** Outlines three main sections: What is FAS/pFAS?, Identifying Student Needs; and Accessing Services and Strategies. Sample forms, recommended resources, and student and class profiles are included. Order from [BCTF Lesson Aids](http://www.bctf.ca/LessonAids/index.html#order) – <http://www.bctf.ca/LessonAids/index.html#order>
- ❖ **[Teaching Students with Fetal Alcohol Syndrome](http://www.bced.gov.bc.ca/specialed/fas/)** BC Ministry of Education Special Education Resource Guide provides teachers with a clear understanding of the needs of students with FASD. <http://www.bced.gov.bc.ca/specialed/fas/>
- ❖ **[American Academy of Child and Adolescent Psychiatry: Facts for Families](http://www.aacap.org/publications/factsfam/index.htm)** provides concise and up-to-date information on issues that affect children, teenagers and their families. <http://www.aacap.org/publications/factsfam/index.htm>
- ❖ **A Sourcebook of Successful School-based Strategies for Fetal Alcohol and Drug-Affected Students** published by the Western Regional Center for Drug-Free Schools and Communities. Web site: www.nwrac.org/pub/library/s/
 - FAS Kids Respond Well to Special Strategies by Bill Hayne
 - Preschool Strategies
 - K-6 Strategies
 - Middle School Strategies
 - High School Strategies
- ❖ **The Source for Syndromes** by Gail J. Richard and Debra Reichert Hoge. LinguSystems. ISBN 0-7606-0242-5 Website: www.linguisystems.com
- ❖ **The Source for Syndromes 2** by Gail J. Richard and Debra Reichert Hoge. LinguSystems. ISBN 0-7606-0361-8 Website: www.linguisystems.com