

SIMON FRASER UNIVERSITY

FACULTY OF EDUCATION

1978-1

EDUC. 422: LEARNING DISABILITIES

1. Instructor: Dr. Leone M. Prock
Office: Rm. 607, Education Bldg.
Phone: 291-3622
2. Meeting Times: A) Lecture: T, 4:30-6:30 p.m. AQ 9000
B) Seminars: T, 6:30-8:20 p.m. AQ 5004
OR AQ 5027
C) Office Hrs: T, 3:00-4:00p.m. or
by appointment.
3. Purpose of Course: The function of Education 422 is to provide a wide-base introduction to current research, theory, and practice in the diagnosis, and remediation of learning disabilities. The course is not a clinical experience. Rather, it is designed to enhance a regular classroom teacher's understanding of learning disabilities, and to provide that teacher with knowledge to assist in the identification and non-clinical treatment of learning disabilities.
4. Course Content:
 - I. Introduction: What is a Learning Disability?
 - II. Integrities for learning.
 - III. Instructional process.
 - IV. Correlates and Predictors of Learning Disabilities.
 - V. Identification - Diagnosis - Assessment of Learning Disabilities.
 - VI. Remediation - Treatment of Learning Disabilities.
5. Bibliography:
 - A. Recommended text: Gearheart, B.R. Learning Disabilities: educational strategies. (2nd ed.).
The C.V. Mosby Company, St. Louis, 1977.
 - B. Recommended readings: Separate hand-out.

6. Criteria for Evaluation:

- A) Knowledge of content.
- B) Ability to organize, apply and integrate knowledge for analysis of learning.
- C) Contribution to class discussions.
- D) Evidence of relevant reading.

7. Grade Contributors:

- | | |
|-----------------------------|-----|
| A) Self-evaluation..... | 10% |
| B) Class participation..... | 10% |
| C) Test..... | 25% |
| D) Case History..... | 10% |
| E) Bibliography..... | 20% |
| F) Project..... | 25% |

8. Course assignments are specified in a separate hand-out.

9. The value of Education 422 to you, is largely dependent upon your enthusiasm and the amount of energy and study you contribute. The conditions of instruction can be arranged, controlled, and managed, -- and yet, it is true that the final responsibility for learning rests with the learner. Good luck!

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ASSIGNMENTS

1. BEHAVIOR DESCRIPTION:

- a) Select a child with whom you are acquainted whose behavior you consider might be indicative of a learning disability condition.
- b) Give a brief but specific description of the child's behavior.
- c) Present your analysis of the child's behavior.
- d) Recommend a treatment for the child.

PURPOSE: Feedback to student

GRADE CONTRIBUTION: Zero/compensatory

DUE DATE: January 17, 1978.

2. CASE HISTORY:

Two case-study reports will be distributed (one relating to an elementary school age child; the other relating to an individual in secondary school). Select EITHER the "elementary" or the "secondary" case study. On the basis of data provided, answer the question: What would you do concerning the child?

PURPOSE: To provide practice in "reading" reports.

GRADE CONTRIBUTION: 10%

DUE DATE: February 21, 1978.

3. TEST

PURPOSE: To summarize course content; and, scheduled to permit remediation, where and if required.

GRADE CONTRIBUTION: 25%

DATE: March 14, 1978.

4. PROJECT:

An in-depth elaboration of a Learning Disabilities area of individual interest to the student. Format and length of project are not prescribed. Content of the project should form a platform for further study and work.

- PURPOSES: a) that the student will have opportunity to undertake a thorough investigation of a topic of special interest.
- b) that the student will leave Educ. 422 having a substantial, evaluated document, that will have personal and professional significance.

GRADE CONTRIBUTION: 25%

DUE DATE: March 28, 1978.

5. BIBLIOGRAPHY:

For area of Learning Disabilities. Preferably, references will be annotated, and will reflect your own evaluation of each entry.

PURPOSE: To initiate/extend individually prepared resources for student.

GRADE CONTRIBUTION: 20%

DUE DATE: March 28, 1978.

6. COURSE EVALUATION: (Questionnaire to be distributed)

DUE DATE: April 4, 1978.

E D U C 4 2 2 - 4

CASE DATA II: SECONDARY

1. AGE: 16 years.

2. SEX: Male

3. FAMILY SITUATION:

Subject is youngest of three children, (two older sisters are normal: one married, the other living away from home).

Mother works part-time.

Father is a senior foreman in a machine factory.

Good relationships between subject and members of his family.

4. MEDICAL HISTORY:

(a) Normal birth.

(b) At age 2, developed severe complications, (high, continuing fever, etc.) following an attack of measles.

(c) Sight, hearing, speech, intact.

(d) Physical growth, (puberty, etc.) normal.

5. PSYCHO-MOTOR FUNCTIONING:

Very poor gross and fine motor skills.

Has constantly-avoided participation in sports.

6. PSYCHOLOGICAL ORIENTATION:

(a) Emotionality:

Easily angered, especially by his lack of physical prowess.

(b) Socialization:

Significantly retarded.

Lacks tolerance for others.

Lack of friends has become more pronounced as age increases.

Frequently "disappears" from home or school for lengthy periods (up to four hours).

Claims to prefer solitude.

(c) Activity Level:

Irratic.

Extremely "hyperactive" when engaged on assigned tasks.

Concentration level high when involved in activities he has selected.

CASE DATA II: SECONDARY

(d) Intellect:

IQ = 107 (Assessment from group test when he was in Grade 6)

(e) Learning Style:

Lacks organization.
Unfinished tasks do not worry him.
Maintains he understands school work, but that it
does not interest him.

(f) General Disposition:

Generally morose; sometimes unpredictable in
temperament.
Does not deliberately annoy others - appears plainly
disinterested.

7. VERBAL BEHAVIOR:

Has excessive difficulty in expressing his thoughts.
Several attempts will be made at one expression, yet,
typically, the final utterance is an incomplete sentence.
An avid reader; particularly of sports pages, and adventure
stories.

8. EDUCATION:

- (a) Extreme difficulty in kindergarten and Grade 1 in handling materials, and in learning to print.
- (b) Normal development in reading and other subjects through Grade 3.
- (c) From Grade 4 to date, has endured ridicule and punishment from classmates and teachers for "messy" work and clumsiness.

Has frequently been isolated from other students in the class in order that he "repeat and correct" his study assignments.

- (d) In Grade 9, entered the Occupational Program, but was soon discouraged; particularly, Shop-Work classes.
- (e) During past eighteen months has threatened to "drop-out" of school, with or without parental permission. Currently, remaining in school as result of "contract" with probation officer.

CASE DATA II: SECONDARY

9. DEFINITION OF PROBLEM:

An appropriate assessment has never been made of this subject.

In Grade 3, he "learned" to lie re: achievement in school, and concerning any homework assignments that were made. His response of denial has become habitual.

In Grade 6, he was suspected of stealing small articles from other children' and once, of having taken money from the teacher's purse.

In Grades 8 and 9, he was questioned by the police on two separate occasions re: shop-lifting.

In Grade 10, he was charged with theft of automobile accessories.

During the past few months, his Mother suspects that he is taking non-prescription drugs.

10. TREATMENT and RECOMMENDATIONS RECEIVED:

Prior to beginning school, no problem was suspected - he was a boisterous, happy boy.

Kindergarten and Grade 1, teachers advised that he would "grow-out" of behavioral and peer problems that had been observed. Further, that he was a "slow-developer" --- that parents should not worry about lack of physical skills and writing capabilities.

In Grade 5, parents were told that he was lazy, and that if the home reinforced the strict efforts of the school to insist upon appropriate neatness and expression, his problems would be overcome.

At the end of Grade 8, subject was advised to switch from the Academic to the Occupational Program, not because he could not learn the "academic" subjects (oral questioning determined his competence in knowledge of all subjects), but because he would not succeed in achieving appropriate levels of expression to prove his knowledge.

E D U C 4 2 2 - 4

CASE DATA I: ELEMENTARY

1. AGE: 9 years.

2. SEX: Female

3. FAMILY SITUATION:

Subject is younger of two daughters,
(older 12-year old is normal).
Mother is a housewife.
Father is professionally employed.
Normal, loving family.

4. MEDICAL HISTORY:

Premature birth (8-month term).
No serious illnesses.
No impairments to sight, hearing, speech.
Pre-school pediatric consultations,
re: hyperactivity;
(ritalin prescribed).

5. PSYCHO-MOTOR FUNCTIONING:

Extremely well co-ordinated.
Excels in athletics.

6. PSYCHOLOGICAL ORIENTATION:

(a) Emotionality:

With medication: docile, charming, cooperative.
Without medication: a terror - argues and upsets all
in home or classroom; appears to enjoy provoking
others.

(b) Socialization:

Sophisticated: an expert manipulator of people.

(c) Activity Level:

Very hyperactive.

(d) Intellect:

WISC assessment: IQ = 128 (at 7.5 years).
Alert and quick in responding.

CASE DATA I: ELEMENTARY

(e) Learning Style:

Disorganized; short attention span.
Needs highly structured environment; and, time must be organized for her.

(f) General Disposition:

Highly independent.
Confident attitude toward events.
Displays of affection are minimal.

7. VERBAL BEHAVIOR:

Effective oral communication skills.
Serious problems in learning to read.

8. EDUCATION:

- (a) Entered kindergarten at age 5.
- (b) Progressed to Grade 1 at age 6, (Open Area - 3).
- (c) Current placement: a regular Grade 4 class.
- (d) Normal achievement in school subjects other than reading.
- (e) Current reading level: beginning Grade 2.

9. DEFINITION OF PROBLEM:

Hyperactivity.
Dyslexia.

10. TREATMENT and RECOMMENDATIONS RECEIVED:

(a) Medical:

Ritalin prescribed four years ago. Dosage is stable: a review has not been made for eighteen months.
Low carbo-hydrate diet recommended.

Two years ago, family physician referred subject to psychiatrist for assessment re: reading problems. The psychiatrist's diagnosis was dyslexia; and, private tutoring was recommended. The subject has received tutoring for twenty-two months, at a monthly cost to parents of \$240.00. Improvement appears minimal.

(b) Educational:

Since kindergarten, parents have been assured that child is "curious," "lively," "well-developed." Inquiries re: reading skills elicit remarks such as: "She is not yet that interested to learn to read." "Give her time."