



Exceptional Student Education Associates Orientation Manual

Supporting the Success of Students with Disabilities in Pinellas County Schools

Welcome to Pinellas County Schools. As an ESE Associate, you are a vital part of the educational process and an important member of the instructional team. ESE Associates play a vital role in ensuring that students with identified disabilities in Pinellas County Schools are provided access to and make progress in the general education curriculum. This manual was designed to provide the newly hired ESE Associate, whose primary function is working in classrooms, with a framework regarding their duties and responsibilities related to students with disabilities. As you continue your professional development gaining knowledge regarding various topics unique to ESE, district and/or school based policies this manual will become the place to organize information, resources, training notes and materials.

A TEACHER ASSISTANT IS ...

- a school or agency employee whose position is either instructional in nature or who provides other direct services to children, and/or families, and
- one who works under the supervision of teacher or other professional practitioners who are responsible for the design, implementation and assessment of learner progress, and the evaluation of the effectiveness of learning programs and related services for children and youth and/or their families.

National Resource Center for Paraprofessionals in Education and Related Services, 1999

ESE Associate Code of Ethics



- ☆ Interact with students in a manner that demonstrates respect and dignity.
- ☆ Interact with educational staff and parents in a manner that demonstrates respect and professionalism.
- ☆ Maintain confidentiality.
- ☆ Raise questions and concerns in a professional manner and through appropriate channels.
- ☆ Demonstrate a commitment to continued professional growth and development.

Maintaining Confidentiality

As an ESE Associate you will have access to a wealth of personal information about students and their families. The families and their children with disabilities entrust us with information that may be considered private or confidential (i.e. medical issues, student records, family issues). Failing to respect confidentiality can result in harm to an individual or even legal action against a school.

“We should never violate a family’s right to privacy by discussing confidential information with family and friends; doing so is unlawful, unprofessional, and unethical,” - Jim Lott, Former Administrator OPS.

“It is **never appropriate** to discuss individual students or their families with people **who do not work for the school system** unless required by law, or the legal guardian has signed a release of information” Jim Lott, Former Administrator, PCS Office of Professional Standards.

When sharing information with others at school, keep in mind that **only** teachers or other personnel responsible for the design, preparation, and delivery of education and related services and/or those who are responsible for protecting the health, safety and welfare of a student may have access to written or oral information about the student.

Confidentiality Tips

- ☆ Never discuss students, staff members, or school problems with anyone outside the school, unless required by law or after a parental release has been signed.

- ☆ Don't point out or label children in public or outside of the school, as "your" student.
- ☆ Avoid using student names if you are asked about your job.
- ☆ If it is necessary to discuss a school-related matter with other school personnel, keep your focus positive and productive.
- ☆ If someone asks you a question about a student and you are unsure whether you should answer, don't. Instead, suggest that questions about a student are best directed to the student's case manager or classroom teacher.

Reporting Child Abuse

To Report Child Abuse Call: 1-800-96ABUSE (1-800-962-2873)

Anyone who suspects child abuse or abuse of an adult with disabilities or elderly person is ethically obligated to report that abuse. Under Florida Statute, school personnel are **legally obligated** to report child abuse. School personnel are also required by law to give their names when reporting suspected abuse. Any professional failing to report or knowingly preventing another from doing so is guilty of a first-degree misdemeanor and may be prosecuted.



Florida law protects those who report child abuse in two ways, immunity from liability and confidentiality. Anyone making a report "in good faith" is specifically immune from any civil or criminal liability charges that may result. The name of the person who reports the abuse will not be released to anyone other than the employees of the Department of Children and Families (DCF), law-enforcement or the state attorney without written consent of the person reporting.

How to Report Suspected Abuse or Neglect

The Florida Abuse Hotline is available 24 hours a day/7 days a week, with counselors waiting to assist you. To make a report you can –

- report online at <https://reportabuse.dcf.state.fl.us/>
- call 1-800-962-2873 (1-800-96ABUSE)
- Florida Relay 711 or TTY 800-453-5145
- fax your report to 800-914-0004 [Abuse Fax Report Form](#)

Reports should include the following:

- Name, date of birth, race, and gender of child(ren) involved
- Addresses or other means to locate the subjects of the report
- Child's age and siblings' names and ages if known.

- Nature and extent of alleged abuse or neglect, including a physical description of the signs or incidents of harm or injury.
- Identity of abuser, if known and relationship to child.
- Other information reporter believes would expedite an investigation and be helpful in establishing cause of injury or neglect.

Keep a record of the date, time and to whom the report was made, along with notes detailing the general information provided to the abuse hotline.

The best practice is to go to your building administrator and make the report jointly. If a building administrator is not available make the report immediately and notify your building administrator as soon as possible. Your guidance counselor may also be a resource for support in this situation. The most important thing is that the report is made immediately.

Proof of abuse or neglect is not required to make a report; “reasonable cause to suspect” is all that is required. It is the responsibility of the DCF to determine whether or not the abuse is actually occurring and to take protective action on behalf of the child. **If additional incidents occur after the initial report has been made, make another report.**

For more assistance, contact your school social worker.

Please take the following course, available in the Professional Learning Network (PLN), as soon as possible.

Child Abuse Course #20628, Section #78892



Students with Specific Physical Needs

If you are assigned to work with a student who requires assistance with positioning and/or moving locations, please contact the student’s case manager or OT/PT directly for assistance. You may also contact the OT/PT Program Coordinator, Jody Becker, at beckerjo@pcsb.org or call her at 727-588- 5196

Blood in the School Environment

Source: The Red Book. Exposure to Blood on the Job: What School Employees Need to Know; NEA Health Education Network

Blood and other body fluids carry viruses and bacteria. These potentially infectious body fluids can enter your body through open cuts and nicks, skin abrasions, dermatitis (if skin is broken), acne, or the mucous membranes of your mouth, eyes, nose, or vagina possibly resulting in serious, life-threatening diseases. To protect yourself and your students from possible infection, treat all body fluids as if they are infectious.

Important Prevention Tips



Hand washing: Always wash your hands before eating and after using the bathroom, handling any body fluids, or removing disposable gloves. If facilities are not readily available, use antiseptic hand cleanser or towelettes.

Gloves: Gloves should only be used once and be properly disposed of after use. Never touch the outside of the glove with bare skin. Wash your hands as soon as possible after using.

Washing your hands with soap and water is one of the most effective ways of preventing the spread of diseases.

Cleaning: To disinfect a work area after a blood spill, use a bleach solution (combine 2 ½ cups water with ¼ c. bleach, prepared daily) or hospital grade disinfectant. Thoroughly wipe down the area with soap and water and then with the disinfectant or bleach solution. Let the area thoroughly air dry. Please ask for assistance from a plant operator when this level of cleanup is necessary.

Mandatory Training: Some ESE Associates who provide personal care for students and who may come in contact with blood and other body fluids on a more frequent basis will be required to take additional training in how to protect themselves and their students from bloodborne pathogens. Risk Management will contact these employees and their supervisors with more information on this mandatory training.



Important: Do not give students any medications (including any over-the-counter) until you have received written clearance.

Administering Medications to Students

Source: Pinellas County Public Schools Health Services Manual

In order to administer medications (prescription or over-the-counter medication) to a student, you must complete the district's medication training program. Once you have completed training, you will receive and sign a "Clearance for Non-Medical School Employee to Perform Health Procedure" signed by the nurse. This training must be completed every school year.

Students are allowed to carry and self-administer asthma inhalers, epi-pens and insulin **with written permission** from the student's doctor and a signed medication card from the parent. Students may also carry and use their glucometer for blood sugar testing with permission from a physician and parent.

Students with Severe/Life-Threatening Allergies

Allergic reactions can be life threatening. Students enrolled in Pinellas County Schools, whose parents have alerted the school concerning their allergy, will have an Individual Health Plan. If you work with a student with a severe/life-threatening allergy, the school nurse will teach you how to recognize symptoms, what to do in an emergency, and how to minimize the risk of an allergic reaction. The most common causes of allergic reactions in children include:

- ☆ Foods (most commonly peanuts, tree nuts, milk, dairy products, soy, wheat, fish, and shellfish)
- ☆ Insect stings (yellow jackets, bees, wasps, hornets)
- ☆ Medications
- ☆ Latex



Healthy Students are Better Learners

Communication in Pinellas County Schools

The primary forms of communication within and outside of our district are WPDS-Channel 14, the district website (www.pinellas.k12.fl.us), and PCS Mail and pony mail (for a list of schools and pony route numbers see appendix).

How do I get a PCS Mail account?

Contact your school's security administrator (designated by your principal), who can get



you set up with a PCS Mail account. You will use your Pinellas domain username and password to access your PCS Mail.

Where can I find information/training about how to use Outlook?

Tutorials and “How To” information are posted on the Microsoft site at:
<https://support.office.com/>

Who should I contact for help?

Your first point of contact should be your school’s security administrator or technology coordinator. If they are not able to assist you, please call the Help Desk at 588-6060. You will need your 4 digit cost center number to access help from the appropriate tech help assistance desk for your area and school. Please have it ready to enter when prompted.

When composing emails, please make sure that anything you write in your Outlook emails is something you wouldn’t object to being printed on the front page of the Tampa Bay Times. Emails are public record and are subject to public records requests.



How to Register for Classes on PLN

Registering and Withdrawing from Courses

Audience: End Users

truenorthlogic

This document provides a step-by-step walkthrough for enrolling in and withdrawing from courses, and for tracking your personal transcript.

- To begin, log into your portal and click on **Courses**.



Searching For Courses

Basic Search

- In the **Course Search** channel, enter information for your search. Then click **Search**.



Note: You can search by course title, description, section title, intended audience, course subjects, or other relevant criteria.

- Click **Show All** to display a list of all available learning opportunities.



- A list of all matching learning opportunities displays.
- The **course title** appears on the left. **Course registration buttons** appear on the right.



Enrolling in a Course

- Once you've located the course in which you wish to enroll, click **Register** for an instructor led learning opportunity. Click the **arrows** on either side of the section box to access more sections.



- Review the course and section details and click **Next**.

Confirm Course Selection

Please confirm the following information to complete the course registration. Click Next to continue

Course Information					
Course Title:	Test				
Section:	Another Test Section				
Credit Hours: <small>How much do I have?</small>	<table border="1"> <tr> <td>Credits</td> <td>1.0</td> <td>General Certification Hours</td> <td>Bankable</td> </tr> </table>	Credits	1.0	General Certification Hours	Bankable
Credits	1.0	General Certification Hours	Bankable		
Section Notes:					
Class Dates:	06/25/2015 - 06/30/2015				
Location Name:	Test				
Room Number:	Test				
Location Street Address:	Test				
Location City:	Test				
Location State:	FL				
Location Zip:	Test				

[Map](#)

Next

- This completes the registration process. Click **My Course List** to view a list of courses for which you've registered.
- Click **Course Search** to search for additional courses.
- Click **Learning Opportunity** to view details for this course.

Registration Confirmation

Registering for Course: Test

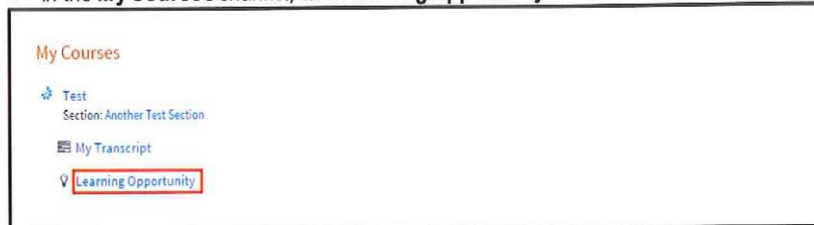
Registration Progress 100%

Congratulations, you have successfully registered for the course: Test

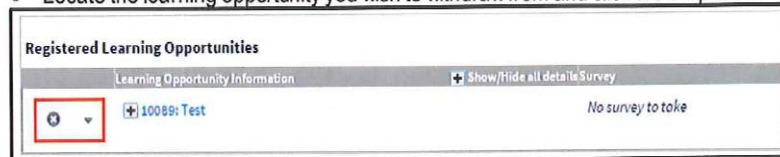
[My Course List](#)
[Course Search](#)
[Learning Opportunity](#)

Withdrawing From Learning Opportunities

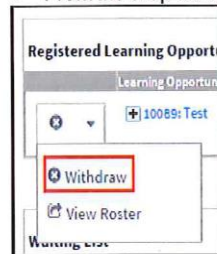
- To withdraw from a learning opportunity, navigate to the **Courses** tab.
- In the **My Courses** channel, click **Learning Opportunity**.



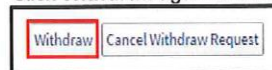
- A list of all learning opportunities which you are currently registered for will display.
- Locate the learning opportunity you wish to withdraw from and click the drop-down menu.



- From the drop-down menu, select **Withdraw**.



- Click **Withdraw** again to remove yourself from the course.



- Click **OK** to return to your **Registered Learning Opportunities**.





Roles in the Classroom

Just as the supports and services required by individual students may be very different, the role of the ESE Associate may vary from classroom to classroom. Therefore it is very important that the ESE Associate and the partner teacher take the time to clearly define the roles and responsibilities of the ESE Associate. Below are the general roles for both teachers and the ESE Associate. To clarify individual roles, use the included Personalized Job Description for the ESE Associate chart (See Appendix).

Review the Personalized Job Description with your partner teacher(s).

Teachers are responsible for...	ESE Associates are responsible for...
Assessing performance levels and diagnosing educational needs of students.	Performing informal and functional assessment activities, scoring objective tests and keeping appropriate records.
Consulting with colleagues and parents participating in the preparation of individualized education plans (IEPs).	Attending IEP and other staff meetings at the request of a teacher or administrative personnel.
Developing instructional objectives and preparing lesson plans.	Instructing individual and small groups of learners following programs and lessons developed by teachers.
Adapting instructional strategies and curriculum content.	Assisting with the preparation of materials for instructional programs.
Implementing instructional programs.	Assisting with the implementation of instructional programs.
Developing behavioral/classroom management rules and routines.	Implementing behavioral management programs and adhering to classroom guidelines.
Involving parents in all aspects of their child's education.	Communicating with parents under the supervision of teachers.

EXAMPLES OF PEOPLE FIRST LANGUAGE

BY KATHIE SNOW; VISIT WWW.DISABILITYISNATURAL.COM TO SEE THE COMPLETE ARTICLE

Remember: a disability descriptor is simply a medical diagnosis;
 People First Language respectfully puts the person before the disability;
 and a person with a disability is more *like* people without disabilities than different!

SAY:

People with disabilities.
 He has a cognitive disability/diagnosis.
 She has autism (or a diagnosis of...).
 He has Down syndrome (or a diagnosis of...).
 She has a learning disability (diagnosis).
 He has a physical disability (diagnosis).
 She's of short stature/she's a little person.
 He has a mental health condition/diagnosis.
 She uses a wheelchair/mobility chair.
 He receives special ed services.
 She has a developmental delay.
 Children without disabilities.
 Communicates with her eyes/device/etc.
 Customer
 Congenital disability
 Brain injury
 Accessible parking, hotel room, etc.
 She needs... or she uses...

INSTEAD OF:

The handicapped or disabled.
 He's mentally retarded.
 She's autistic.
 He's Down's; a mongoloid.
 She's learning disabled.
 He's a quadriplegic/is crippled.
 She's a dwarf/midget.
 He's emotionally disturbed/mentally ill.
 She's confined to/is wheelchair bound.
 He's in special ed.
 She's developmentally delayed.
 Normal or healthy kids.
 Is non-verbal.
 Client, consumer, recipient, etc.
 Birth defect
 Brain damaged
 Handicapped parking, hotel room, etc.
 She has problems with...has special needs.

Keep thinking—there are many other descriptors we need to change!

Excerpted from Kathie's People First Language article, available at www.disabilityisnatural.com.

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ESE Associate's Checklist

Getting Started



- Find out who your direct supervisor is.
- Exchange telephone numbers with the people you will be working with.
- Obtain a copy of the safety and security procedures for your school.
- Get a copy of your job description.
- Ask about the formal evaluation of your work.
- Determine who is responsible for evaluating you.
- Ask how you are to divide your time if working with more than one teacher.
- Find out what student information is available to you and how to access it appropriately.
- Determine the procedure for handling confidential information.
- Obtain a school e-mail account.

CONFIDENTIAL

Useful School Information

- Get a copy of district, building and classroom mission statements.
- Ask for a map of the school building.
- Learn the “chain of command” for communications and policy/procedures in the school and in the district.
- Ask for a staff directory.
- Read and review parent or student handbooks (Code of Student Conduct; a school based handbook is often found in an agenda or planner).
- Ask for a school calendar.
- Get a copy of the school wide behavior plan.



- Ask about playground, PE court and lunchroom policies.
- Learn how to access the staff development calendar for associate training days. The school based Professional Development Coordinator will be helpful in answering any of your questions around training.
- Learn the school confidentiality policy.
- Find out the procedure for obtaining a substitute and make sure that you are set up immediately to access this if your position requires a substitute. Many substitute in your absence.

CONFIDENTIAL

Working with Teacher and Other Leaders

- Recognize the principal and assistant principal as leaders of the school.
- Work under the direction of the principal, assistant principal and your supervising teacher.
- Ask questions when you feel that directions are not clear. There is no such thing as a stupid question!
- Ask if there is a time set aside for meeting with the teacher(s).



Tasks

- Ask how you will contribute to classroom organization. Examples might include:
 - Obtaining and organizing instructional materials
 - Organizing learning centers
 - Putting up bulleting boards
 - Obtaining and/or maintaining instructional equipment
- Ask if you have a role in the school building as a whole:
 - Monitoring lunchroom, halls, playground
 - Escorting children to therapy sessions, special classes, etc.
 - Bus rider or bus duty





- Ask about how you will be supporting instruction:
 - Follow teacher's plans for strengthening the students' skills.
 - Assist teachers with individual and group learning activities as requested.
 - Assist in using technology in the classroom.
 - Assist in preparing instructional materials.

- Ask what other duties will be included in your day:
 - Observe and record student progress
 - Tutoring individuals of groups of students
 - Maintaining attendance and tardy records
 - Copying, filing, organizing
 - Recording grades
 - Grading papers
 - Collecting homework
 - Maintaining databases
 - Collecting money (books, field trips)
 - Ordering supplies

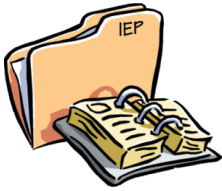


Assisting Children with Special Needs

- Find out what health and disability issues confront the children you will be working with and request general information regarding the characteristics of these disabilities.
- Toileting/Bathroom: Prior to meeting and assist you your student, please make sure the classroom teacher or school administrators train you on your role and responsibilities with toileting
- Become familiar with the delivery of related services at your school (physical, occupations, or speech therapy, for example).

- Ask about your role in:

- Providing personal physical care to student
- Monitoring and documenting progress toward IEP goals
- Attending IEP meetings
- Attending parent conferences
- Making accommodations or modifications to curriculum and materials under teacher direction



Dealing with Student Behavior

- Understand how to support the implementation of student behavior plans that have been designed by the teacher.

- Request district and school policies/procedures regarding behavior management.

- Ask the teacher for effective strategies for dealing with verbal aggression and other forms of resistance.

- Ask about your role in:

- Observing and charting student behavior
- Correcting and reinforcing student behavior
- Reinforcing school and class rules
- Assisting students with conflict resolution
- Completing behavior documentation
- Assisting in crisis intervention (do you need to attend a class)
- Maintaining school safety

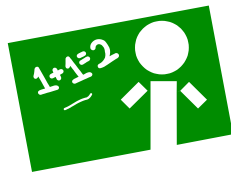


Gardner's Eight Styles of Learning for the Classroom



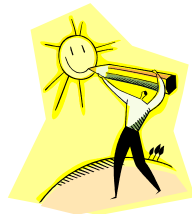
Linguistic Learner

- likes to: read, write and tell stories.
- is good at: memorizing names, places, dates and trivia.
- learns best by: saying, hearing and seeing words.



Logical/Mathematical Learner

- likes to: do experiments, figure things out, work with numbers, ask questions and explore patterns and relationships.
- is good at: math, reasoning, logic and problem solving.
- learns best by: categorizing, classifying and working with abstract patterns/relationships.



Spatial Learner

- likes to: draw, build, design and create things, daydream, look at pictures/slides, watch movies and play with machines.
- is good at: imagining things, sensing changes, mazes/puzzles and reading maps, charts.
- learns best by: visualizing, dreaming, using the mind's eye and working with colors/pictures.



Musical Learner

- likes to: sing, hum tunes, listen to music, play an instrument and respond to music.
- is good at: picking up sounds, remembering melodies, noticing pitches/rhythms and keeping time.
- learns best by: rhythm, melody and music.



Bodily/Kinesthetic Learner

- likes to: move around, touch and talk and use body language.
- is good at: physical activities (sports/dance/acting) and crafts.
- learns best by: touching, moving, interacting with space and processing knowledge through bodily sensations.



Naturalistic Learner

- likes to: be outside, with animals, geography, and weather; interacting with the surroundings .
- is good at: categorizing, organizing a living area, planning a trip, preservation, and conservation.
- learns best by: studying natural phenomenon, in a natural setting, learning about how things work.



Interpersonal Learner

- likes to: have lots of friends, talk to people and join groups.
- is good at: understanding people, leading others, organizing, communicating, manipulating and mediating conflicts.
- learns best by: sharing, comparing, relating, cooperating and interviewing.



Intrapersonal Learner

- likes to: work alone and pursue own interests.
- is good at: understanding self, focusing inward on feelings/dreams, following instincts, pursuing interests/goals and being original.
- learns best by: working alone, individualized projects, self-paced instruction and having own space.

Some research proven strategies for working with students

12 ROADBLOCKS TO COMMUNICATING WITH STUDENTS

Some typical responses that **communicate unacceptance** are...

1. Ordering, commanding, directing.
Example: "Stop whining and get back to work."
2. Warning, threatening.
Example: "You had better get your act together if you expect to pass my class."
3. Moralizing, preaching, giving "shoulds" and "oughts".
Example: "You should leave your personal problems out of the classroom."
4. Advising, offering solutions or suggestions.
Example: "I think you need to get a daily planner so you can organize your time better to get your homework finished."
5. Teaching, lecturing, giving logical arguments.
Example: "You better remember you only have four days to complete that project"

These next responses tend to **communicate inadequacies** and faults...

6. Judging, criticizing, disagreeing, blaming.
Example: "You are such a lazy kid. You never do what you say you will."
7. Name-calling, stereotyping, labeling.
Example: "Act your age. You are not a kindergartner."
8. Interpreting, analyzing, diagnosing.
Example: "You are avoiding facing this assignment because you missed the directions due to talking."

Other messages **try to make the student feel better** or **deny there is a problem**...

9. Praising, agreeing, giving positive evaluations.
Example: "You are a smart kid. You can figure out a way to finish this assignment".
10. Reassuring, sympathizing, consoling, supporting.
Example: "I know exactly how you are feeling. If you just begin, it won't seem so bad."

This response tends to **try to solve the problem** for the student:

11. Questioning, probing, interrogating, cross-examining.
Example: "Why did you wait so long to ask for assistance? What was so hard about this work sheet?"

These messages tend **to divert the student** or **avoid the student altogether**:

12. Withdrawing, distracting, being sarcastic, humoring, diverting.
"Seems like you got up on the wrong side of the bed today."

Many of these responses have hidden messages. When students hear them, they may hear you saying that they are to blame or that they can't do anything right, when your intention for the message was quite different. It is important that we know alternative ways of responding.

ACTIVE LISTENING STRATEGIES

BODY POSTURE

Using positive body language will let the speaker know that you are interested in what they have to say. A good listener makes the speaker feel important and allows them to communicate freely. Active listening looks like this:

- eye contact
- smile
- head nod
- lean into speaker
- open your body posture



RESPONDING

Responding to the speaker lets them know you are listening and gives them feedback. Types of responses can include:

- restating (paraphrasing) what was said
"You are saying that you don't have enough time to finish your work. "
- reflecting on meaning of what was said
"From what you are saying, if I worked an extra 15 minutes with Bobby in the morning, you might have enough time to finish your lesson plans."
- summarizing the key points of what was said
"It sounds like you have too much work to do and cannot finish your weekly lesson plans. You have also indicated that if I work a little longer with one of the students, you could use that time to catch up on paper work."
- questioning to gain more information about the needs, wants and feelings of the speaker
 Avoid questions, which can only be answered by "yes" or "no". Also, avoid

asking "why" questions. Use open-ended questions, which require an expression or opinion rather than a decision.

STRATEGIES FOR ENCOURAGING STUDENTS TO DISPLAY POSITIVE BEHAVIORS

BUILD A POSITIVE RELATIONSHIP WITH THE STUDENT

Working to establish a relationship with students is an important strategy in effective behavior management and improvement. Investing time to get to know students is a good first step in establishing a positive relationship with them. A positive relationship sets the groundwork for all the other strategies. Students are more likely to listen and respond to rules, requests and reinforcement if they know their interactions with the ESE Associate or Teacher will be positive.



- Respect and promote the human rights and individuality of all children and youth. Maintain confidentiality. Report signs of abuse to teachers.
- Reach out to students. Learn what they like and dislike, how they prefer to spend free time. Share information about sports, music, recreation activities and special events individual students enjoy. Look for information about the cultural heritages of students from different countries and ethnic backgrounds.
- Use positive communication. Listen carefully, ask questions, respond to the ideas, concerns and needs students share with you.
- Treat children and youth in the ways you want them to treat other students and adults. Be fair, kind and polite. Do not yell or use abusive language. Use humor but do not use sarcasm or make fun of others.
- Encourage the development of independence, autonomy and individuality by providing opportunities for students to make choices.

**POSITIVITY
IS THE
KEY**

- Encourage children and youth to assist each other when help is needed.
- Reinforce the use of appropriate social skills. Model and teach methods children and youth can use to strengthen their ability to monitor and control their behavior, share emotions/feelings, make and maintain friendships and cope with peer pressure.

◆ **PRAISE**

One of the most powerful strategies is providing praise for appropriate behavior. Although the planning of how and when to use praise rests with the teacher, this is a strategy that either the Teacher or ESE Associate may implement.

Define the appropriate behavior while giving praise.

Praise should be specific for the positive behavior that the student displays. This means any comments about behavior should focus on what the student did right. The praise should include exactly what part of the student's behavior is acceptable. This serves to clearly communicate to the student what was good. The probability of any misunderstanding of what behavior meets with approval is lessened.

Praise should be given immediately.

The sooner an approving comment is made about appropriate behavior, the more likely the student will repeat the desired behavior.

The statements used as praise should vary.

Individual statements that one uses should be varied. When students hear the same praise statement used over and over, it loses value for the student.

Praise should not be given continuously or without reason.

If praise is given too frequently or without stating what the student is doing that is "good", then praise loses its value to the student.

Be sincere with your praise.

Students will notice if you do not mean what you say. Nonverbal cues like facial expressions and posture will alert the students that your praise is not sincere. The praise will not be effective if the student perceives that it is not sincere. Smiles communicate that the praise given is genuine.





Be consistent when praising the target.

It is important to be consistent with the behaviors that you praise. Students learn more quickly when they are always praised for desirable behaviors. Consistency between ESE Associates and teachers is important in order to avoid confusion.

Praise should be developmentally appropriate.

Statements to younger or developmentally delayed students should be in language that is at their level so they clearly understand what behavior is seen as appropriate. However, if older students perceive they are being "talked down to", it is likely that the praise will be discounted.

Why Praise Works



- Praise is readily available as reinforcement for positive behaviors.
- Praise can be administered immediately after the desired behavior.
- Praise can be used over and over again if praise statements are varied.
- Praise may be used in combination with other strategies to increase behaviors.
- Praise can be tailored to a variety of behaviors by being specific about the activity.
- Praise works if the relationship between the student and the person giving the praise is a positive relationship.

Why Punishment Does Not Work

- Punishment is a less effective means of dealing with unacceptable student behavior. Punishment gives attention to the wrong behavior. When attention is given to inappropriate behaviors by the ESE Associate or the Teacher, frequently the behavior increases. The student may repeat the behavior just to get attention. For some students, attention of any kind is desirable.
- Punishment can damage the student's relationship with the teacher or these associate. If a student is punished for behavior that is unacceptable, he or she may become uncooperative at other times. The student may not try or work for the ESE Associate or Teacher when requested to do so.



- A student's self-esteem can suffer if the only attention from Teachers or ESE Associates is in the form of punishment. The negative feelings that come from only experiencing punishment can result in an attitude that he or she can do nothing right. With the use of punishment, there is not an opportunity for the student to be recognized for the behavior that is acceptable.
- Punishment can discourage both unacceptable and acceptable behaviors. If a student is frequently met with negative responses for behavior, the student may decrease both positive and negative behaviors. If positive behaviors decrease, the student will not have the opportunity to learn or practice acceptable behaviors. Punishment does not encourage a student to take social risks.

◆ **NON VERBAL SOCIAL APPROVAL**



Praise is one form of social approval. Other social means of communicating that the behavior is appropriate may include nods, smiles or a "thumbs up" sign. Where developmentally appropriate, a pat on the back or a "high five" can be used to signal the student that their behavior is appropriate. Just as with praise, these other forms of social approval should be given as soon as possible after the positive behavior is observed.

◆ **RULES AND INSTRUCTIONS**

Rules and instructions can help the student increase positive behaviors in a number of ways.



- Rules and instructions can provide a guideline for what behaviors are appropriate. Students may not know what is expected of them. Learning what positive behaviors are can help speed up the identification of acceptable behaviors.
- Communication about expected behavior is enhanced by giving clearly stated instructions or having rules displayed.
- Rules and instructions can be used effectively with praise or other strategies to increase positive behaviors.
- Restating the rules or instructions just prior to an activity will remind or cue the student about the behavior that is expected.



◆ **MODELING**

For some students an explanation of desirable behaviors is not enough. Demonstration is another way of making expectations clear.

TALKING WITH STUDENTS

When talking with students, it is important to engage in certain behaviors that facilitate openness and acceptance. Here are some suggestions to use while communicating with students.



POSTURE

Try to make your posture mirror that of the students. It is helpful to have your shoulder face the student's and on about the same level so you are face-to-face not towering over them.

EYE CONTACT

Eye contact with students shows that you are interested in what they have to say.

FACIAL EXPRESSION

What is shown on your face should match what is on the child's. Smiling when the child is obviously sad would be an example of an incongruent facial expression.

DISTANCE

Distance from the child shouldn't be too close or too distant; about 3 to 4 feet is the average. Standing too close can make the student uncomfortable, while standing too far away can indicate that you are disinterested in what the student is saying.

DISTRACTING BEHAVIORS

Distracting behaviors, such as playing with your hands, staring out the window, or doing something else while listening should be eliminated when talking to students or staff members.

VOICE QUALITY

Your tone should match the child's. It would be inappropriate to be loud if the child is in a quiet mood.

ACCEPTING LANGUAGE

A language of acceptance can open students up and make them feel more comfortable and at ease. When they know we will accept them no matter what they tell us, we are more likely to see growth. When we communicate in an accepting way, we are using a tool that can facilitate positive effects in students.



A FEW MORE HELPFUL TIPS:

- Establish a positive relationship with the students (respect, courtesy, friendship)
- Use the student's name.
- When giving directions, get the students attention first.
- Speak in a calm manner.
- Be positive in speaking to students; avoid "putting them down".
- When possible, organize ahead of time and think before speaking.
- Let students know why the topic is important.
- Reinforce and support students for listening.
- Use questions to involve the student and monitor understanding.
- Include examples from the student's experience.
- Avoid discussing a student's personal problems when you feel uncomfortable about it.
- If frustration, anger or boredom occurs, stop.



Glossary of Common ESE Terms and Definitions

Following is a selected list of definitions, abbreviations, initials, and acronyms that are commonly used in the area of Special Education and related fields. This is by no means a complete list.

A

adaptive behavior: *A parameter of classification that refers to one's ability to be socially appropriate and personally responsible.*

Adaptive Behavior Scale (ABS): *Used as an assessment tool.*

ADD: *See "Attention Deficit Disorder", or "Attention Deficit Hyperactivity Disorder" (ADHD).*

ADHD: *See "Attention Deficit Hyperactivity Disorder".*

affective disorder: *A disorder of mood (feeling, emotion). Refers to a disturbance of mood and other symptoms that occur together for minimal duration of time and are not due to other physical or mental illness.*

age appropriate: *Activities, materials, curriculum, and environment consistent with the chronological age of the child being served.*

apraxia: *Inability to perform purposeful voluntary movements, the nature and mechanism of which are understood in the absence of motor or sensory impairment.*

articulation: *The ability to make specific sounds: i.e., the "g" in gum, the "b" in bear, the "s" in snake. Articulation is the component most often affected in children with speech disorders of unknown cause.*

articulation disorders: *Difficulties with the way sounds are formed and strung together, usually characterized by substituting one sound for another (wabbit for rabbit), omitting a sound (han for hand), or distorting a sound (shlip for sip).*

articulation errors: *A speech problem seen in children, which may take one of the following forms: distortions, omissions, substitutions, and/or additions.*

assessment: *1. A collecting and bringing together of information about a child's learning needs, which may include social, psychological, and educational evaluations used to determine assignment to special programs or services; a process using observation, testing, and test analysis to determine an individual's strengths and weaknesses to plan, for example, his or her educational services. Also referred to in some instances as "evaluation". 2. As related to early childhood programs, assessment is the ongoing observations and monitoring of progress by qualified personnel throughout the period of a child's eligibility to identify the child's unique needs; the family's strengths and needs related to*

development of the child; and, the nature and extent of early intervention services that are needed by the child and the child's family to meet the needs of the child.

assessment team: *A team of people from different areas of expertise who observe and test a child to determine his or her strengths and weaknesses.*

Association of Certified Social Workers (ACSW): *A professional organization whose membership requires a certification by the academy of Certified Social Workers. To be ACSW certified requires 3,000 hours of paid supervised work beyond the MSW and an examination.*

at risk: *A term used with children who have, or could have, problems with their development that may affect later learning.*

Attention Deficit (Hyperactivity) Disorder (ADD, ADHD): *The classification of the DSM-IV System; inattention, and impulsivity are present before age 7. Attention Deficit Hyperactivity Disorder is the same as Attention Deficit Disorder except emphasis is placed on the hyperactivity. Either ADD or ADHD is acceptable language.*

Attention Deficit Hyperactivity Disorder (ADHD): *A condition in which a child exhibits signs of developmentally inappropriate hyperactivity, impulsivity, and inattention. These characteristics are usually present before the age of 7. ADHD is similar to "Attention Deficit Disorder", except emphasis is placed on the hyperactivity.*

Attention Deficit Disorder (ADD): *A condition characterized by when a person is easily distracted and has difficulty staying focused on an individual activity for any period of time. ADD affects 3-5% of all students, and is not recognized as a separate category of disability under federal educational legislation (IDEA). See also "Attention Deficit Hyperactivity Disorder" as these terms are often used interchangeably.*

audiologist: *A professional educated in the study of normal and impaired hearing. The audiologist determines if a person has a hearing impairment, what type of impairment it is, and how the individual can make the best use of remaining hearing. If a person will benefit from using a hearing aid or other listening device, the audiologist can assist with the selection, fitting, and purchase of the most appropriate aid and with training the individual to use the aid effectively.*

audiology: *1. The science or study of hearing. 2. Detection and management of aural (hearing) factors associated with communication.*

auditory: *Pertaining to hearing.*

auditory association: *The ability to associate verbally presented ideas or information.*

auditory blending: *The act of blending the parts of a word into an integrated whole when speaking.*

auditory closure: *The ability of the learner to formulate or recognize a whole when one or more parts are not heard (ex: "andy bar" can be heard as candy bar) or when continuity of sound is interrupted by gaps (ex: c-a-t can be heard as cat).*

auditory discrimination: *The ability of the listener to distinguish likenesses and differences between sounds.*

auditory figure ground: *Ability of the learner to separate at will what one wishes to attend to from the surrounding environment. Auditory figure ground confusion produces frustration and, perhaps, withdrawal from auditory tasks.*

auditory memory and sequencing: *The ability to remember what has been heard (or presented) for both long and short periods of time; and also having the ability to remember the order (sequence) in which it was heard.*

auditory perception: *The ability to interpret or organize the sensory data received through the ear knowing the child does not have a hearing loss.*

auditory processing: *A type of learning disability in which the person has difficulty understanding what one hears, or problems distinguishing one sound from another.*

autism: *A developmental disability caused by a physical disorder of the brain appearing during the first three years of life. Symptoms include disturbances in physical, social and language skills; abnormal responses to sensations; and abnormal ways of relating to people, objects and events; unusually high or low activity levels; insistence that the environment and routine remain unchanged; little imaginative play; and repetitive movements such as rocking and spinning, head banging, and hand twisting.*

autistic: *Displaying characteristics of autism. See "autism" for more specific information.*

B

BD: *See "Behavior Disorder".*

behavior checklists: *Objective protocols that permit an observer to count or check for the existence or absence of a given behavior or set of behaviors through direct observation of the individual being evaluated.*

Behavior Disorder (BD): *1. A term applied to children who display behaviors, over long periods of time, that deviate significantly from socially acceptable norms for their age and situation. 2. A term applied to people who cannot care for themselves, are unable to function in society, and/or are a threat to themselves or others because of behavioral excesses or deficits.*

Behavior Management/Modification: *To develop, strengthen, maintain, decrease or eliminate behaviors in a planned or systematic way.*

behavior modification: *A technique of changing human behavior based on the theory of operant behavior and conditioning. Careful observation of events preceding and following the behavior in question is required. The environment is manipulated to reinforce the desired responses, thereby bringing about the desired change in behavior.*

behavior shaping: *A general term referring to the process of changing a person's behavior, often developing new behaviors that have not yet been evident, using one of the several procedures involved in behavior therapy.*

behavioral contract: *An agreement, written or verbal, between two people stating that if one behaves in a certain manner (such as completing a homework assignment), the other (teacher, parent, etc.) will give him or her a specific reward.*

Behavioral/Emotional Disorder (BED): *A combination of behavioral and emotional disturbances. Individuals with this disorder are not able to control their emotional disturbances. Individuals with this disorder are not able to control their emotions enough to maintain behavior within an acceptable range. Students who are mildly disturbed may be served through continued placement in regular classes with supporting service from an itinerant teacher. See also "Emotional Disturbance".*

bilateral: *Pertaining to or affecting both sides of the body (two-sided). Example: having a hearing impairment in both ears.*

bipolar disorder: *1. A mood disorder with elevated mood, usually accompanied by a major depressive episode. 2. Or, more specifically: A major affective disorder in which there are episodes of both mania and depression; formally called manic depressive psychosis, circular or mixed type. A mild form of bipolar disorder is sometimes labeled cyclothymic disorder. Bipolar disorder may be subdivided into manic, depressed or mixed types on the basis of currently presenting symptoms.*

borderline personality disorder: *Instability in a variety of areas, including interpersonal relationships, behavior, mood and self-image. Interpersonal relationships are often intense and unstable, with marked shifts of attitude. Frequently there is impulsive and unpredictable behavior which is potentially physically self-damaging. Mood is often unstable with marked shifts from normal to dysphoric or with inappropriate intense anger or lack of control of anger. A profound identity disturbance may be manifested by uncertainty about self-image, gender identity, long-term goals or values. There may be chronic feelings of emptiness or boredom or brief episodes of psychosis.*

C

CEC: *See "Council for Exceptional Children".*

central auditory processing: *Perception of sound. It includes skills such as attention to sound, long and short term memory for sound, selective listening, and localization of sound.*

Cerebral Palsy (CP): *A condition caused by damage to the brain, usually occurring before, during or shortly following birth. Cerebral Palsy is characterized by an inability to fully control motor function, general physical weakness, lack of coordination, and perceptual difficulties. Each characteristic can range from mild to severe.*

childhood depression: *See "major depressive episode".*

childhood schizophrenia: *Schizophrenia appearing before puberty. Frequently manifested by autism and withdrawn behavior; failure to develop an identity separate from the mother's; and general unevenness, gross immaturity and inadequacy in development.*

Clinical Psychologist: *A mental health professional trained to administer psychological tests, evaluate and treat emotional disorders. Cannot prescribe medication. See psychiatrist.*

Clinical Social Worker: *A mental health professional trained to provide services to individuals, families and groups. Cannot prescribe medication. See psychiatrist.*

cluttering: *A speech disorder characterized by excessively rapid, disorganized speaking, often including words or phrases unrelated to the topic.*

cognitive: *A term that describes the process people use for remembering, reasoning, understanding, problem solving, evaluating, and using judgment. Cognition more simply, is what a person or child knows and understands, or the process of knowing.*

cognitive development: *The development of skills necessary for understanding and organizing the world, including such perceptual and conceptual skills as discrimination, memory, sequencing, concept formation, generalization, reasoning, and problem solving.*

cognitive functioning: *Refers to the level of proficiency in thinking, processing information, and knowledge.*

communication: *The process of transmitting or receiving thoughts or messages from one person to another in a way that they both understand (facial expression, body language, gestures, sign language, speech pictures, written words, etc.).*

communication disorders: *The inability to communicate effectively due to either a hearing loss, a speech disorder, or a language disorder.*

communication skills: *Consciously linking the meaning and the purpose of what (we say) is said to what is (we do) done.*

compulsion: *An insistent, repetitive, intrusive and unwanted urge to perform an act that is contrary to the person's ordinary wishes or standards. Since it serves as a defensive substitute for still more unacceptable unconscious ideas and wishes, failure to perform the compulsive act leads to overt anxiety. Compulsions are obsessions that are still felt as impulses.*

compulsive personality disorder: *Restricted ability to express warm and tender emotions; preoccupation with rules, order, organization, efficiency and detail; excessive devotion to work and productivity to the exclusion of pleasure, indecisiveness.*

computer-assisted instruction: *The use of computers to provide instructional, rehearsal, and testing.*

computer-based testing (CBT): *Assessments or tests taken on the computer*

conceptual disorders: *A disturbance in the thinking process and in cognitive activities, or in the ability to formulate concepts.*

concrete: *Describes an idea or an image of a situation, symbol or object that can be perceived by the senses and derives from an experience that makes it familiar.*

concrete mode: *A person's learning or cognitive style characterized as learning most efficiently by use of objects and tangible items.*

conditioning: *The process in which new objects or situations elicit responses that were previously elicited by other stimuli.*

conduct disorder: *A condition characterized by repetitive and persistent patterns of behavior that violate either the rights of others or age appropriate social norms or rules. Such behaviors may include overt physical aggressions, disruptiveness, negativism, irresponsibility, and defiance of authority.*

conductive hearing loss: *A type of hearing impairment that occurs when sound is not transmitted efficiently through the ear canal, ear drum, or tiny bones of the middle ear, reducing the loudness or clarity of sound that is heard. Frequent colds, allergies, or certain childhood illnesses may cause a blockage of sound due to fluid in the middle ear, and lead to temporary hearing loss or even permanent damage. Build up of ear wax; inflammation or infection in the middle ear canal; heredity; and birth defects may also cause conductive hearing loss. This kind of hearing loss can often be medically or surgically corrected.*

confabulation: *Fabrication of facts or events in response to questions about situations or events that are not recalled because of memory impairment. It differs from lying in that the individual is not consciously attempting to deceive. Confabulation is common in organic amnesic syndrome.*

congenital: *Present at birth. A condition or disease existing at birth, that is not necessarily caused by inheritance.*

congenital aphasia: *The inability from birth to comprehend or produce language. This cannot be explained by sensory or motor defects or diffuse cerebral dysfunction.*

coordination: *Acting together in a smooth way. Several muscle groups working together in harmony.*

Council for Exceptional Children (CEC): *Professional organization for persons serving exceptional school age children.*

counseling: *Advice or help given by someone qualified to give such advice or help (often psychological counseling).*

criteria: *The information that is described to demonstrate mastery of a skill. See also "criterion-referenced assessment".*

criterion-referenced assessment: *Referring to assessment that compares a person's performance to some specific established level (the criterion) or a specific degree of mastery; his or her performance is not compared with that of other people.*

cross categorical definitions: *An approach to grouping individuals with learning and behavior disorders on the basis of the severity of the problem rather than traditional categorical labels.*

D

day treatment: *Community-based, nonresidential program of services for children. It is the most intensive program available that still allows the child to remain in the home.*

deaf: *1. A term used to categorize individuals who have hearing losses greater than 75 to 80 dB, have vision as their primary input, and cannot understand speech through the ear even with the use of hearing aids. The sense of hearing for a person who is deaf is nonfunctional for the ordinary purposes of life. 2. As defined in P.L. 94-142: Hearing impairment so severe as to impede the child from processing linguistic information through hearing, with or without amplification, and which adversely affects educational performance.*

deaf-blind: *A term used to describe a person who has a substantial degree of loss of both sight and hearing which combined results in functional difficulties in the areas of development, education, vocation and/or independent living. One of the losses may be progressive, which in combination with the other sensory loss, may lead to severe dual sensory impairments.*

delayed language: *A language disorder in which there is a noticeable slowness in the development of the vocabulary and grammar necessary for expressing and understanding thoughts and ideas.*

delayed speech: *Failure of speech to develop at the expected age. More specifically: A deficit in*

speaking proficiency where the individual performs like someone much younger.

delinquent: *A child or youth (usually under 18) who is found by a juvenile court to have broken a law.*

depressed: *A type of bipolar disorder characterized by lowered mood, slowed thinking, decreased movement or agitation, loss of interest, guilt, lowered self-esteem, sleep disturbance and decreased appetite.*

development: *Growing both physically and mentally.*

developmental: *Having to do with the steps or stages in growth and development before the age of 18.*

developmental age: *The actual age score a child receives within a specific developmental area as compared to the chronological age.*

developmental assessment: *Standardized tests that are intended to document the emergence of a sequence of behaviors, skills, or abilities over a period of time.*

developmental delay: *When a child's development progresses at a slower rate than most children.*

developmental disability (DD): *1. A handicap or impairment originating before the age of 18 which may be expected to continue indefinitely and which constitutes a substantial impairment. The disability may be attributable to mental retardation, cerebral palsy, epilepsy, or other neurologic conditions and may include autism. 2. According to the Developmental Disabilities Act: When applied to infants and young children it means: Individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided. For persons 5 years of age or older it's defined as: A severe, chronic disability which: (A) is attributable to a mental or physical impairment or combination of mental and physical impairments; (B) is manifested before the person attains age twenty-two; (C) is likely to continue indefinitely; (D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and (E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.*

developmental history: *The developmental progress of a child (ages birth to 18 years) in such skills as sitting, walking, or talking.*

developmental milestones: *Things an infant does while he/she is getting older, such as walking, saying a first word, sitting up, etc. These stages of growth must occur for later stages to develop properly (standing before walking).*

developmental period: *1. The time between conception and 18 years of age, during which physical and*

mental growth occurs. The period in which developmental disabilities usually originate. 2. As stated in the AAMR definition of mental retardation, the period of time between birth and the eighteenth birthday.

developmental sequences: *The sequence that must be in place for the next level to happen.*

developmental tests: *Standardized tests that measure a child's development as it compares to the development of all other children at that age.*

deviant: *A term used to describe the negative behavior of individuals who are unable to adapt to social rules, customs, or norms (including sexual behavior), or to establish appropriate interpersonal relationships.*

diagnosis: *1. Naming the cause of a disorder by looking at its symptoms. 2. The process of identifying specific mental or physical disorders. Some use the term more broadly to refer to a comprehensive evaluation not limited to the identification of specific disorders.*

Diagnostic and Statistical Manual of Mental Disorders (DSM IV): *A classification system for mental illnesses developed by the American Psychiatric Association. Axis I through V are used by the DSM IV to establish diagnosis. Axis I specifies Clinical Syndromes and V Codes which are conditions not attributable to a mental disorder but are a focus for attention or treatment. Axis II relates to developmental and personality disorders. Axis III denotes physical disorders and conditions usually confirmed by physicians. Axis IV distinguishes the severity of psychosocial stressors involved in a persons life. Axis V relates to the global assessment of functioning (GAF Scale).*

direct services: *Providing services in a manner which addresses individualized needs that require specialized intervention strategies which can be performed only by the specialist providing the service (i.e., occupational therapist). Generally requires frequent contact between the child and the therapist.*

disability: *1. A particular act that someone has problems performing, like reading a book, running or dressing, because of an impairment. A disability is not a handicap unless the individual with a disability must function in a particular activity that is impeded by his or her physical limitation, or because society has said he or she is "unable" to perform activities for which they, in fact, are able to perform. 2. The result of any physical or mental condition that affects or prevents one's ability to develop, achieve, and/or function in educational and social settings within the "normal" rate of growth and development.*

disabled: *1. One who has a disability. See also "disability". 2. As defined in eligibility for the SSI program for a person 18 years or older, having a physical or mental impairment or combination of impairments which prevents him/her from working and is expected to last at least 12 months or to result in death. For a child under 18, having a physical or mental impairment that is comparable in severity to one that would prevent an adult from working and is expected to last at least 12 months or result in death. See also, "disadvantaged".*

dissociation: *A mental condition in which ideas or desires are separated from the mainstream of consciousness or from one's personality to a degree that they are no longer accessible to memory or consciousness. The individual has difficulty or is unable to perceive things or situations as a whole, but instead tends to respond to stimuli in terms of parts or segments.*

distractibility: *Attention drawn too frequently to unimportant or irrelevant external stimuli. Example: While being interviewed, a subject's attention is repeatedly drawn to noise from an adjoining office or other external stimuli.*

Down Syndrome: *A condition resulting from a chromosomal abnormality, primarily the presence of an extra (or part of) a chromosome. Characteristic features include mental retardation of varying degrees, epicanthal folds, oval-shaped eyes, thicker tongue, short neck, microcephaly, looseness of the joints, flat bridge of nose, etc. Previously referred to as "mongolism".*

due process: *A legal term referring to an action that protects a person's rights; in special education, this applies to action taken to protect the educational rights of students with handicaps.*

Due Process Hearing: *A formal legal proceeding presided over by an impartial public official who listens to both sides of the dispute and renders a decision based upon the law.*

dysarthria: *A group of speech problems where sounds may be slurred, and speech may be slow or effortful. Changes in pitch, loudness, rhythm, and quality of speech may also be noticed. Such problems are due to paralysis, weakness, or incoordination of muscles used in speaking. Dysarthria occurs in both children and adults, and is associated with neuromuscular diseases such as cerebral palsy, parkinsonism, Lou Gehrig's disease, or later stages of multiple sclerosis. It can also occur from stroke, brain injury, and tumors.*

dyscalculia: *Lack of ability to perform mathematical functions, usually associated with neurological dysfunction or brain damage.*

dysgraphia: *Extremely poor handwriting or the inability to perform the motor movements required for handwriting. The condition is often associated with neurological dysfunction.*

dyskinesia: *A physical condition caused by partial impairment of the coordination of voluntary muscles, which results in obvious clumsy movements and poor physical control.*

dyslexia: *A type of learning disability where, despite conventional classroom experience, a person may have problems remembering and recognizing written letters, numbers, and words, might read backwards, and have poor handwriting. The term is frequently used when neurological dysfunction is suspected as the cause of the reading disability.*

dyspraxia: *Inability to perform coordinated movements, especially speech, with no apparent problem in the muscles or nerves.*

dysthymic disorder: *a chronic disturbance of mood involving either depressed mood or loss of interest or pleasure in all, or almost all, usual activities and pastimes, and associated symptoms, but not of sufficient severity and duration to meet the criteria for a major depressive episode.*

dystonia: *Acute tonic muscular spasms, often of the tongue, jaw, eyes, and neck, but sometimes of the whole body. Sometimes occurs during the first few days of antipsychotic drug administration.*

E

early childhood specialist: *Someone who specializes in early childhood development, usually having a Master's degree or Ph.D. in an area related to early childhood education and/or.*

echolalia: *A meaningless repetition or imitation of words that are heard. Typical echolalia tends to be repetitive and persistent. The echo is often uttered with a mocking, mumbling or staccato intonation. Echolalia should not be confused with habituation repetition of questions, apparently to clarify the question and formulate its answer, as when a patient is asked, "When did you come to the hospital?" and replies "Come to the hospital? Yesterday." Echolalia is observed in some pervasive developmental disorders, organic mental disorders and in schizophrenia.*

ED: *See "Emotional Disturbance".*

Ed.D.: *Doctor of Education, indicates a doctoral degree in education.*

educable: *A level of mental retardation, based on educability expectation, which involves measured intelligence of 55 to about 70, with academic achievement at the second to fifth grade level. Social adjustment often permits some degree of independence in the community and occupational sufficiency permits partial or total self-support.*

Education of All Handicapped Children Act (EHA): *Public Law 94-142, federal legislation passed in 1975, which makes available a free and appropriate public education (FAPE) for all handicapped children in the United States.*

education records: *Records directly related to a student and maintained by an educational agency or institution or by a party acting for the agency or institution.*

EEG: *See "electroencephalogram".*

e mutism: *A childhood disorder where the youngster has speaking abilities but chooses not to use them; persistent refusal to talk.*

electroencephalogram (EEG): *A record of brain wave patterns made with an instrument known as an electroencephalograph. This test measures electrical impulses generated by the cerebral cortex during*

brain functioning and prints these patterns in the form of a graph.

eligibility: *1. The quality or state of being eligible: fit to be chosen; legally or normally qualified; suitable; desirable.*

Emotional Disturbance (ED or SED): *A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which disrupts the child's or adolescent's educational, academic, or developmental performance: 1. An inability to learn which cannot be explained by intellectual sensory, or health factors; 2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; 3. A general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. (Currently these students are labeled as Seriously Emotionally Disturbed.)*

encephalitis: *An inflammation of brain tissue.*

encopresis: *Inability to control one's bowels. This problem can usually be helped by seeking a physician's or psychologists' assistance.*

enuresis: *Lack of bladder control. In diurnal enuresis, wetting occurs during the day; in nocturnal enuresis, wetting occurs at night.*

environmentally at risk: *Early life events that are associated with less than optimal development outcomes (e.g., maternal education, low social support, or high levels of family parenting/stress).*

EOWPVT: *See "Expressive One-Word Picture Vocabulary Test".*

epilepsy: *A physical condition that occurs when there is a sudden, brief change in how the brain works. When brain cells are not working properly, a person's consciousness, movement, or actions may be altered for a short time. These physical changes are called epileptic seizures. Epilepsy is therefore sometimes called a seizure disorder. However, people may experience a seizure and not have epilepsy. These seizures may be confined to elementary or complex impairment of behavior (petit mal) or may progress to a generalized convulsion (grand mal).*

etiology: *The cause(s) of a condition, particularly in reference to disease. Also used as a parameter of classification.*

evaluation: *1. As applies to educational settings: A way of collecting information (includes testing, observations, and parental input) about a student's learning needs, strengths, and interests. The evaluation is part of the process of determining whether a student qualifies for special education programs and services. 2. A process conducted by mental health professionals that results in an opinion about a child's mental or emotional capacity, and may include recommendations about treatment or placement. See "assessment".*

explosive personality: *A disorder of impulse control in which episodes of serious outbursts of relatively unprovoked aggression lead to assault on others or destruction of property where there is no organic, epileptic or other personality disorder that might account for the behavior. Also called intermittent explosive personality.*

expressive aphasia: *Defect in or loss of power of expression by speech, writing or gesture, resulting from injury or disease of the brain centers.*

expressive language disability/disorders: *1. A learning disability in which a person has difficulty expressing oneself through speech. 2. Difficulties in language production.*

expressive language: *The ideas, concepts and feelings the child is able to share through speech, signing, gestures, etc.*

expressive language skills: *Skills required to produce language for communication with other individuals. Speaking and writing are expressive language skills.*

Expressive One-Word Picture Vocabulary Test (EOWPVT): *A testing instrument which identify an object, idea or concept from a picture.*

extended family: *Any family member that has significant contact and interacts on a regular basis with a child and his/her family.*

eye contact: *"Looking him in the eye" while talking to the listener; generally a natural, although not a constant, interaction of the speaker's eyes with those of the listener. Varies according to a person's culture.*

F

familial: *Occurring in members of the same family; said of certain diseases or disorders.*

fetal alcohol syndrome (FAS): *A pattern of physical and mental birth defects that are the direct result of a mother drinking alcohol while pregnant. Clinical features include prenatal and postnatal growth deficiency, CNS dysfunction, a particular pattern of facial characteristics and major organ system malformations.*

figure-ground discrimination: *The process of distinguishing an object from its background.*

fine motor: *The use of small muscle groups for controlled movements, particularly in object manipulation. Such as movements our hands make, how we hold onto things, move our fingers, etc.*

fine motor development/skills: *Development of precise and delicate abilities such as reaching,*

grasping, and the manipulation of small objects.

fluency: *The flow of a child's connected speech; dysfluency is also known as stuttering.*

fluency disabilities: *Speech problems where the natural flow and rhythm of speaking is excessively interrupted, often by frequent pauses, prolongation of sounds, repetitions, or unrelated sounds.*

foster care (FC): *Temporary care in a safe home environment for children who have been removed from their biological home by the Department of Social Services. Foster care also includes necessary medical and educational services.*

fragile X syndrome: *Chromosomal abnormality of the X chromosome, associated with mental retardation, hyperactivity, enlarged testes and rambling perseverative speech.*

free appropriate public education (FAPE): *A key requirement of the federal legislation, Public Law 94-142, which requires that special education and related services are provided to all eligible children, and meet the following requires: (a) Are provided at public expense, under public supervision and direction, and without charge; (b) Meet the standards of the state board of education and the laws pertaining thereto; (c) Include preschool, kindergarten, elementary school, and secondary school education; and (d) Are provided in conformity with an individualized educational program (IEP).*

functional age: *An individual's level of ability to perform various tasks relative to the average age of others who can perform the same tasks.*

functional articulation disorders: *Refers to articulation problems that are not due to structural defects or neurological problems, but are more likely the result of environmental or psychological influences.*

G

generalization: *The ability to apply a set of skills or knowledge learned under one set of conditions to other conditions or environments.*

generic medications: *Common names for medications. Generic medications are manufactured by companies who do not have to get FDA approval for selling the medication, and can thus usually sell the product cheaper than it's "brand name" counterpart. Overall, generics are just as potent and safe as brand names, although with some medications, such as seizure medications, it is important not to switch from one manufacturer to another because many times the medications aren't absorbed from the stomach the same and the patient's blood levels can fluctuate.*

gifted, creative, and talented: *Terms applied to those with extraordinary abilities in one or more areas and capable of superior performance.*

grand mal seizure: *Seizures that involve a sudden loss of consciousness followed immediately by a*

generalized convulsion.

gross motor: *Movement that involves balance, coordination and large muscle activity as required in holding your head up, walking, running, skipping, climbing, jumping and other physical activities.*

guardian: *A person appointed by a court who has the same legal responsibilities and prerogatives as a parent, but who may not be expected to have the person he is responsible for live in his home. In most jurisdictions, a person under guardianship (by reason of mental illness) is under the total control of another person or persons, in the status of a ward with respect to both his body (as in consenting to surgery) and fiscal or contractual affairs. See also Conservatorship/Guardianship".*

guidance counselor: *An individual working in a school who is trained to do screening, evaluations, and career and academic advising.*

Guardianship: *A court-ordered mandate by which an individual or institution is appointed (a) to manage the estate of the person judged incapable (not necessarily incompetent) of caring for his/her own affairs; and/or (b) to be responsible for the care and decisions made on behalf of a person when that individual, again, is determined to be unable to care for herself/himself. In some states a guardian assists the person and the conservator assists the estate of the person.*

H

handicap: *1. A limitation imposed on an individual by the environment and the person's capacity to cope with that limitation. 2. A term used to refer to any disability (physical, mental or emotional) which limits or threatens a persons development of full potential. 3. For legal or eligibility purposes, "handicapped" may be defined as: A "special population" of persons who have been evaluated as having mental retardation, being hard of hearing, deaf, speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, other health impairments, or specific learning disabilities; who, because of their handicapping condition, require special education and related services (if a child) provided through an Individualized Education Plan (IEP), in order to succeed in a regular educational program. If an adult, other services or assistance may be available through a variety of other agencies. See also "disability".*

handicapping condition: *See "disabling condition" or "handicap".*

hearing impaired: *Any individual who has a hearing loss that requires special assistance (such as a hearing aid) or educational adaptation. This term includes both persons who are hard-of-hearing and who are deaf.*

hearing impairment: *Having a reduction in hearing that affects a person's educational, academic, and/or social performance. Hearing losses are classified by hearing sensitivity at various frequencies within the audible range. These frequencies are termed "decibels" or "dB". An individual is considered to have normal hearing if the hearing threshold is above the 25 dB range. Hearing losses are*

categorized as follows: *Mild* - hearing within the 25 to 40 dB range; *Moderate* - within the 40 to 55 dB range; *Moderately Severe* - within the 55 and 70 dB range; *Severe* - within the 70 to 90 dB range; and *Profound or Deafness* - exceeding 90 dB range. See also "hearing impaired".

High Tone Hypertonic: *Having stiff, rigid, or inflexible muscles.*

hydrocephalus: *An excess of cerebrospinal fluid (surround the brain or in the cavities between the four ventricles), often resulting in enlargement of the head with pressure on the brain, which may cause mental retardation, convulsions, and/or visual impairments.*

hyperactivity: *Constant and excessive movement and motor activity. Hyperactivity is a feature of Attention Deficit Hyperactivity Disorder, autism, toxic reactions, etc. See also "hyperkinetic" and "hyperkinesis".*

hyperkinesis: *Constant and excessive movement and motor activity. See also "hyperkinetic" and "hyperactivity".*

hyperkinetic: *Refers to an excess of behavior in inappropriate circumstances. See also "hyperactivity" and "hyperkinesis".*

hyponasality: *A voice resonance disorder that occurs when excessive air passes through the nasal cavity, often resulting in an unpleasant twanging sound.*

hyperopia: *Farsightedness or poor vision at a close range. A refractive problem wherein the eyeball is excessively short, focusing light rays behind the retina.*

hypertonia: *High muscle tone (stiff muscles).*

hypokinesis: *The absence of a normal amount of bodily movement and motor activity. Extreme lack of movement of listlessness.*

hyponasality: *A voice disorder involving resonance, where too little air passes through the nasal cavity; denasality.*

hypotonia: *1. Low, or poor muscle tone (floppy muscles). 2. Damage to any part of the brain, usually including the cerebellum and basal ganglia, resulting in decreased stiffness of the extremities and trunk.*

I

IDEA: *See "Individuals with Disabilities Education Act".*

IEP: *See "Individualized Education Program".*

IEP goals and objectives: *The long and short-term behaviors that are the targets of special education or therapeutic intervention. IEP objectives are almost always written in behavioral terms.*

immaturity: *Pertaining to behavior disorders, a category involving preoccupation, short attention span, passivity, daydreaming, sluggishness, and other behavior not in accord with developmental expectations.*

immunizations: *Vaccines which have been developed to protect children from childhood diseases such as DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, MEASLES, MUMPS, RUBELLA, and HAEMOPHILLIS B DISEASE. Children should receive immunizations at specific times from birth to age 2. See "DTP", "OPV", "MMR", and "HIB" for immunization schedules and diseases covered by each vaccine.*

impairment: *Something that someone lacks - it can be mental, visual, hearing, or weakness in an arm. An impairment can either be acquired during the course of a lifetime, or congenital (born with).*

implementation: *The actual attempt to execute the plan of treatment subsequent to the assessment.*

impulsivity: *Acting or speaking too quickly (upon impulse) without first thinking of the consequences.*

in utero: *A term pertaining to child development in the uterus, or before birth; may refer to abnormalities or accidents that occur during this fetal developmental period, such as in utero infection.*

in-service training: *Educational training for vocational education teachers, counselors, administrators, and supervisors to enable them to increase skills and knowledge related to jobs in which they are presently employed.*

incoherence: *Speech that is largely not understandable, due to any of the following: lack of a logical or meaningful connection between words, phrases or sentences; excessive use of incomplete sentences; excessive irrelevancies or abrupt changes in subject matter; idiosyncratic word usage; distorted grammar. Mildly ungrammatical constructions or idiomatic usages characteristic of particular regional or ethnic backgrounds, lack of education, or low intelligence should not be considered incoherence; and the term is generally not applied when there is evidence that the speech disturbance is due to an aphasia. Incoherence may be seen in some organic mental disorders, schizophrenia and other psychotic disorders.*

Individualized Educational Program (IEP): *A written education plan for a school-aged child with disabilities developed by a team of professionals (teachers, therapists, etc.) and the child's parents. IEP's are based on a multidisciplinary evaluation of the child, describes how the child is presently doing, what the child's learning needs are, and what services the child will need. They are reviewed and updated yearly. IEP's are required under Public Law 94-142, the Individuals with Disabilities Education Act (IDEA).*

Individuals with Disabilities Education Act (IDEA): *New title for Education of the Handicapped Act,*

mandating that states and local divisions provide special education for children with disabilities.

infant/developmental stimulation: *Early intervention procedures that emphasize providing an infant with an array of visual, auditory, and physical stimuli to promote development. Infant stimulation provides for changes in the structure, thought, or behavior of an infant or person that occurs as a function of both biological and environmental influences (which may be quantitative or qualitative).*

integration: *1. The process, to the fullest extent possible, of providing all educational services for a child with handicaps within general education settings. The integration is achieved through consistent ongoing involvement of children with handicaps and with their nonhandicapped peers. 2. For persons with disabilities, integration is simply living, learning, working, and enjoying life in regular contact with citizens without disabilities in their home communities. This could involve using the same community resources, participating in the same activities and employment, living in neighborhoods with persons without disabilities, and developing friendships and relationships with persons without disabilities.*

intelligence quotient (IQ): *A score obtained from an intelligence test that provides a measure of mental ability in relation to age.*

intelligibility: *The degree to which speech can be understood.*

interaction: *How interested a person or child is with things or people around him or her, and how they play or interact with the objects and people in their environment.*

interdisciplinary team: *A team whose members come from multiple disciplines, who interact and rely on the others for information and suggestions.*

interdisciplinary: *Involving 2 or more academic, scientific or artistic disciplines.*

intervention: *Action taken to correct, remediate, or prevent identified or potential medical or developmental problems.*

intraindividual: *Refers to comparisons of an individual's different areas of performance.*

IQ: *See "intelligence quotient".*

itinerant teacher: *1. A teacher who moves about a school district to several schools or several school districts and schedules children for teaching periods. Children usually leave their regular classrooms to work with the itinerant teacher. 2. A teacher who regularly visits a student who is unable to attend school (for whatever reasons) in his or her home or in a hospital setting to provide tutorial instruction.*

J

jaundice: *A yellowish tinge or color of the skin, usually caused by problems in the liver. Characterized by hyperbilirubinemia and deposition of bile pigment in the skin and mucous membranes with resulting yellow appearance of the patient (usually infants/newborns).*

juvenile: *Pertaining to or denoting youth, childhood, immaturity.*

K

kinesthetic: *Pertaining to sensations derived from muscles or movement. The kinesthetic system interprets the excursion and direction of joint movement.*

L

labeling: *The process of naming a category of exceptionality.*

language delay: *A term used when the normal rate of language development is interrupted, but the developmental sequence remains intact.*

language development: *Growth of expressive and receptive communication. Also includes the development of skills related to understanding and production of language.*

language disorder: *A term used when the sequence of language development is seriously disrupted.*

laterality: *1. Involves the awareness of the two sides of one's body and the ability to identify them as left or right correctly. 2. To use a preferred unilateral body part for activities requiring a high level of skill.*

LCSW: *See "Licensed Clinical Social Worker".*

LD: *See "learning disability".*

LEA: *See "local educational agency".*

learning disability (LD): *A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes, but is not limited to conditions such as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps; mental retardation; emotional disturbance;*

or environmental, cultural, or economic disadvantages.

least restrictive environment (LRE): *1. The most "normal" environment possible for instruction, treatment, and/or living. 2. An educational setting or program that provides a student with disabilities the chance to work and learn to the best of his or her ability; it also provides the student with as much contact as possible with children without disabilities, while meeting all the child's learning needs and physical requirements. (In some instances, placement in a least restrictive environment can be "more restrictive" for that child, i.e., if only one deaf child and interpreter are using signing as the means of communication for that child, that situation can be a most restrictive environment.) 3. As defined in special education rules: A learning environment for a child in need of special education or private education and related services, including a child placed in a public or private institution or another care facility, that includes to the maximum extent appropriate children who are not in need of special education or special education and related services, as determined through the child's individual educational program.*

Licensed Clinical Social Worker (LCSW): *Certification by a state as a licensed clinical social worker. Such licensure often requires at least two years experience with a direct client caseload under supervision. See also "Association of Certified Social Worker (ACSW)" and "Registered Clinical Social Worker (RCSW)".*

listening response: *Response to auditory stimuli typically noted between 4 and 12 months of age characterized by attempts to locate sound source by turning head and/or searching with the eyes.*

local education agency (LEA): *A school district, board of education, or other public authority under the supervision of a state educational agency having administrative control and direction of public elementary or secondary schools in a city, county, township, school district, or political subdivision in a state, or any other public educational institution or agency having administrative control and direction of a vocational education program.*

localization response: *A head turn toward the source of a sound typically presented in sound field test procedures (testing booths).*

loosening of associations: *Thinking characterized by speech in which ideas shift from one subject to another that is completely unrelated or only obliquely related, without the speaker's showing any awareness that the topics are unconnected. Statements that lack a meaningful relationship may be juxtaposed, or the individual may shift idiosyncratically from one frame of reference to another. When loosening of associations is severe, speech may be incoherent. The term is generally not applied when abrupt shifts in topics are associated with a nearly continuous flow of accelerated speech (as in flight of ideas). Loosening of associations may be seen in schizophrenia, manic episodes, and other psychotic disorders.*

low birth weight: *A term applied to babies that weight 5 1/2 pounds (2,500 grams) or less at birth. Low birth weight infants are of two different types: those who are born too small because they are born to*

soon, and those who are born on time, but are too small for their gestational age.

low tone deafness: *Low frequency hearing loss; inability to hear low notes or frequencies.*

low tone hypotonic: *Having poor muscle tone, appearing floppy.*

LRE: *See "least restrictive environment".*

M

mainstream: *The usual educational placement of a child. To mainstream a child is to place him in a regular class or something approaching it, rather than in a self-contained special class. See also "mainstreaming".*

mainstreaming: *The process of integrating children with disabilities into regular educational or social programs, implementing the least restrictive environment concept.*

major depressive episode: *A mood disorder with a depressed mood that may accompany a manic episode.*

major life activities: *Functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.*

manic: *A type of bipolar disorder that is characterized by excitement, euphoria, expansive or irritable mood, hyperactivity, pressured speech, flight of ideas, decreased need for sleep, distractibility and impaired judgment. Delusions consistent with elation and grandiosity may be present.*

manual dexterity: *The coordination of the hands and fingers needed to complete the fine motor tasks.*

maturation lag: *A slowness in certain specialized aspects of neurological development.*

MBD: *See "minimal brain dysfunction".*

MD: *See "muscular dystrophy".*

MDC: *See "multidisciplinary conference".*

Medicaid: *A government-sponsored health insurance program in the United States which provides payment for medical expenses and hospital care for those who meet income and disability guidelines.*

Medicaid covered service: *A medically necessary service which will be paid for by the Medicaid Program. Information regarding Medicaid covered services may be obtained from the Office of Medical*

Services, Department of Social Services.

Medicaid eligibility: *Established criteria to determine if a person is eligible for the Medicaid Program. Information regarding eligibility criteria may be obtained from local Department of Social Services Offices.*

memory: *Ability to remember things that happened a short or long time ago. Also referred to as "imagery" or "recall".*

mental age: *A child's age equivalent score on tests of mental ability. Mental age may or may not be equivalent to chronological age.*

mental disorder: *In DSM-III, a mental disorder is conceptualized as a clinically significant behavioral or psychologic syndrome or pattern that occurs in an individual and that typically is associated with either a painful symptom (distress) or impairment in one or more important areas of functioning (disability). There is also an inference of a behavioral, psychological or biological dysfunction, and of disturbance beyond the relationship between the individual and society. A disturbance limited to a conflict between an individual and society may represent social deviance, which may or may not be commendable, but it is not by itself a mental disorder.*

mental retardation (MR): *Having significantly subaverage general intellectual functioning (refers to scores obtained on intelligence tests) existing concurrently with deficits in adaptive behavior (refers to a person's adjustment to everyday life) and manifested during the development period, which adversely affects a child's educational performance. Difficulties may occur in learning communication, social, academic, vocational, and independent living skills.*

mental status: *The level and style of functioning of the psyche, including a person's intellectual functioning and emotional, attitudinal, psychological and personality aspects. The term is commonly used to refer to the results of the examination of the patient's mental state.*

mental status examination: *The process of estimating psychological and behavioral function by observing the patient, eliciting his description of self and formally questioning him. Included in the examination are: (1) evaluation and assessment of any psychiatric condition, including provisional diagnosis and prognosis and determination of degree of impairment, suitability for treatment and indications for particular types of therapeutic intervention; (2) formulation of the personality structure of the subject, which may suggest the historical and developmental antecedents of whatever psychiatric condition exists; (3) estimation of the ability and willingness to participate appropriately in treatment. The mental status is reported in a series of narrative statements describing such things as affect, speech, thought content, perception and cognitive functions. The mental status examination is part of the general examination of all patients, although it may be greatly abbreviated in the absence of psychopathology.*

Mentally Impaired: *mentally retarded: See "mental retardation".*

microencephaly: *A condition in which the head and brain are significantly smaller than normal for age and sex (head circumference less than the 5th percentile for age). May be associated with mental retardation.*

midline: *The middle of the body; head in midline refers to the head in alignment with the spine.*

minimal brain dysfunction (MBD): *A medical term used to indicate a delay or mild neurological disorder in the ability to perform sensory or motor functions appropriately. Can be a result of brain injury, and is a common source of learning difficulties in the child with near-average intelligence.*

Minnesota Multiphasic Personality Inventory (MMPI or MMPI-2): *A personality assessment tool widely used in making psychological evaluations. Normally given to persons 16-18 years of age and older.*

modality: *The pathways through which an individual receives information and thereby learns. The "modality concept" postulates that some individuals learn better through one modality than through another. For example, the child may receive data better through the visual modality (by seeing it) than through his auditory modality (by hearing it).*

modeling: *A teaching process wherein the instructor demonstrates the appropriate behavior or skill to be learned as a means of teaching.*

mood: *A pervasive and sustained emotion that, in the extreme, markedly colors the person's perception of the world. Mood is to affect as climate is to weather. Common examples of mood include depression, elation, anger, and anxiety. See also the following moods: dysphoric, elevated, euphoric, euthymic, expansive, and irritable.*

mood-congruent psychotic features: *Delusions or hallucinations whose content is entirely consistent with either a depressed or a manic mood. If the mood is depressed, the content of the delusion or hallucinations would involve themes of either personal inadequacy, guilt, disease, death or nihilism or deserved punishment. If the mood is manic, the content of the delusions or hallucinations would involve themes of inflated worth, power, knowledge or identity or special relationship to a deity or a famous person.*

mood-incongruent psychotic features: *Delusions or hallucinations whose content is not consistent with either a depressed or a manic mood. Examples of such symptoms are persecutory delusions, thought insertion, thought broadcasting and delusions of being controlled, whose content has no apparent relationship to those seen in the mood-congruent psychotic features. (Note: the catatonic symptoms of stupor, mutism, negativism and posturing in manic episodes are also considered mood-incongruent psychotic features.)*

Moro reflex: *The "startle" reflex seen in infants. It is the reaction of infants to a variety of stimuli (i.e., when a table that an infant is lying on is bumped) which is characterized by a sudden extension and abduction of arms, hands and fingers from their usual fixed posture; the legs may follow the same*

movement pattern. It is present at birth and is strongest during the first three months of life.

motor: *Movement of muscles and joints.*

motor development/skills: *The skills and performance of patterns related to the development and use of muscles or limbs. The development of motor skills are prerequisites to self help and play performance.*

motor planning/praxis: *The ability of the brain to conceive of, plan, organize, and carry out a sequence of new motor acts in response to an environmental demand.*

MSW: *Indicates a master's degree in social work.*

multidisciplinary evaluation/assessment: *An evaluation of a child's strengths and weaknesses from a variety of professional vantage points using a number of different sources of information, and involving the child's parents. Typically, the child's present levels of physical, neurological, cognitive, speech and language, psychosocial development, and self-help skills are assessed.*

multidisciplinary: *Refers to 2 or more professionals (like educators, psychologists, and others) working together and sharing information in the evaluation, assessment, and development of an IFSP or IEP.*

MDC - Multidisciplinary Conference: *Refers to two or more professionals (like educators, psychologists, and others) working together and sharing information in the evaluation, assessment, and development of an IEP. A Multidisciplinary Conference is the meeting held to determine eligibility for special education services. It must be held prior to the IEP conference. The meeting can be comprised of parents, professionals, a representative of the local school district, the director of special education or the individual appropriately designated, those persons who may provide services for the child, the child when appropriate and/or requested by the parent, and others chosen to attend by the district or parent.*

multihandicapped: *Having two or more impairments, such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc., the combination of which causes such severe education problems that the student cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind students.*

muscular dystrophy (MD): *A group of inherited, chronic disorders that are characterized by gradual wasting and weakening of the voluntary skeletal muscles.*

musculoskeletal: *Includes the bones, joints, and surrounding soft tissue such as the skin, muscles, ligaments, and joint capsules.*

myoclonic seizure: *A type of seizure that is characterized by short, isolated shocklike jerks*

(contractions) involving parts of a muscle, an entire muscle, or groups of related muscles.

N

neonatal: *The first four weeks after a child's birth.*

neurological: *Pertaining to the nervous system.*

neurological dysfunction/impairment: *The inability to perform sensory or motor functions appropriately, due to damage or deficiency in the nervous system of the body.*

neurologist: *A medical doctor who has special training in the screening, diagnosis, and treatment of diseases of the brain and nervous systems. Neurologists often see children who have seizures or are known to have had brain damage.*

neuromotor: *Refers to that portion of the human nervous system which implements or carries out the actual responses.*

neuroses: *Behavior that involves a partial disorganization, characterized by combinations of anxieties, compulsions, obsessions, and phobias.*

neurosurgeon: *A doctor who is trained in surgery of the brain and the nervous system. Neurosurgeon, for example, often are called upon to insert or replace shunts used to drain excess fluids from the brain in children who have hydrocephalus.*

neurotic disorder: *A mental disorder in which the predominant disturbance is a symptom or group of symptoms distressing to the individual, recognized by him as unacceptable and alien (ego-dystonic); reality testing is grossly intact. Behavior does not actively violate gross social norms (though it may be quite disabling). The disturbance is relatively enduring or recurrent without treatment, and is not limited to a transitory reaction to stressors. There is no proven organic etiology or factor. See "neuroses".*

noncompliant/noncompliance: *Not following directions or rules. 1. Pertaining to children who exhibit troublesome behaviors, this term refers to follow directions. 2. Pertaining to service delivery, this term refers to an agency's not meeting the requirements of the law or regulations.*

nondiscriminatory and multidisciplinary assessment: *One of the provisions of Public Law 94-142. This component requires that testing be in a child's native or primary language; procedures are selected and administered to prevent cultural or racial discrimination; assessment tools used are validated for the purpose they are being used; and that assessment is conducted by a multidisciplinary team using several pieces of information to formulate a placement decision.*

norm-based: See "norm-referenced".

norm-referenced assessment: Refers to assessment where a person's performance is compared with the average of a larger group.

normal: A general term applied to behavior or abilities that fall within the average range; that which is considered acceptable, not exceptional.

normal reflexes: A primitive reflex persisting beyond the appropriate age which interferes with development beyond that level. Fetal or neonatal responses that are simple, predictable, resulting from tactile and vestibular stimulation.

norms: Statistics that describe the test performance of specified groups, such as children of various ages or handicapping conditions in the standardization sample of a test.

O

objectives: The small steps taken to meet goals.

occupational therapy (OT): A therapy, treatment, or instructional support provided by an occupational therapist to the child, family, and/or pertinent members of the child's environment. Occupational therapy helps develop adaptive or physical skills that will aid in daily living and improve interactions with a person's physical and social world. It focuses on developing functional skills related to sensory-motor integration; coordination of movement; fine motor skills; self-help skills (dressing, self-feeding, etc.); adaptive devices/equipment; computer keyboarding; positioning for school work; and potential work-related activities.

occupational therapist (OT): A person who practices occupational therapy and who may be licensed, registered, certified, or otherwise regulated by law. See "occupational therapy" for more information on what an occupational therapist is trained to provide.

ocular: Pertaining to the eye.

omissions: An articulation error that occurs when not all of the sounds in a word are articulated. This type of articulation problem is frequently described as infantile. Some sounds are omitted more frequently than others, and the position within a word can affect the presence or omission of a particular sound.

oppositional disorder: The covert display of underlying aggression by patterns of obstinate, but generally passive behavior. Children with this disorder often provoke adults or other children by the use of negativism, stubbornness, dawdling, procrastination, and other behaviors.

ophthalmologist: A medical doctor who diagnoses and treats disease, infections, injuries, or birth

defects that affect vision. Ophthalmologists can prescribe and administer treatment such as medication, correct defects (such as "lazy eye"), laser therapy, microsurgery, and corrective lenses.

optician: A person trained to grind, shape, and assemble lenses and frames for eye glasses which have been prescribed by an optometrist or ophthalmologist.

optometrist: Doctors of Optometry (OD's) who specialize in eye examinations for vision problems; prescribe eye glasses, contact lenses, and vision exercises; and provide counseling and special devices for low-vision problems. optometrists are not medical doctors, and they do not treat disease.

oral motor: Coordinate oropharyngeal musculature for controlled movements.

OT: See "occupational therapy" or "occupational therapist".

other health impaired: Having limited strength, vitality or alertness because of chronic or acute health problems, such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle-cell anemia, hemophilia, epilepsy, lead poisoning, leukemia or diabetes, which adversely affect a student's educational performance. Autistic students should be included in this category.

otitis media: Excessive fluid, inflammation, and/or infection in the middle ear, caused by an inability to drain out through the eustachian tube. If not detected, it can cause hearing loss significant enough to affect the child's speech and language development.

otologist: One who is involved in the study of the ear and its diseases.

otology: The medical specialty that deals particularly with disorders of the ear and related structure.

P

P.L. 94-142: See "Public Law 94-142".

panic attacks: Discrete periods of sudden onset of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom. During the attacks there are such symptoms as dyspnea (shortness of breath), palpitations, chest pain or discomfort, choking or smothering sensations and fear of going crazy or losing control. Panic attacks are characteristic of panic disorder, but may also occur in somatization disorder, major depression and schizophrenia.

paranoia: A rare condition characterized by the gradual development of an intricate, complex and elaborate system of thinking based on (and often proceeding logically from) misinterpretation of an actual event. A person with paranoia often considers himself endowed with unique and superior ability. Despite its chronic course, this condition does not seem to interfere with thinking and personality. To be distinguished from schizophrenia, paranoid type.

paranoid ideation: *Ideation, of less than delusional proportions, involving suspiciousness or the belief that one is being harassed, persecuted or unfairly treated. The term is sometimes used when the clinician is unsure whether the disturbances are actually delusional. Ideas of reference often involve paranoid ideation.*

paranoid personality disorder: *Pervasive and long-standing suspiciousness and mistrust of others; hypersensitivity and scanning of environment for clues that selectively validate prejudices, attitudes, or biases. Stable psychotic features such as delusions and hallucinations are absent.*

paranoid schizophrenia: *Characterized by a persistence of or preoccupation with persecutory or grandiose delusions, or hallucinations with a persecutory or grandiose content. In addition, there may be delusions of jealousy.*

paraplegia: *Paralysis that involves the legs only.*

parent: *A parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with the law, but not the state if the child is a ward of the state.*

parent/child interaction: *Parental subsystem is composed of interactions between parents and their child. The relationship that occurs among parent/child on a daily/weekly basis. These relationships, the process of interaction, are responsive to individual and family needs.*

passive-aggressive personality disorder: *Aggressive behavior manifested in passive ways such as obstructionism, pouting, procrastination, intentional inefficiency and obstinacy. The aggression often arises from resentment at failing to find gratification in a relationship with an individual or institution upon which the individual is overdependent.*

pathology: *Alterations in an organism caused by disease.*

PDD: *See "pervasive developmental disorder".*

Peabody Picture Vocabulary Test - Revised (PPVT-R): *A testing instrument which assesses comprehension of single spoken words through a picture pointing task.*

pediatric RN: *A registered nurse specializing in the care of children.*

pediatrician: *A medical doctor who specializes in the general health care, childhood diseases, and treatments of infants and young children.*

peer tutor: *A peer who "teaches" and/or develops a skill with a student having a disability. The peer takes an active role in helping expand the student's skills. The peer tutor, participates in the IEP process and can actually be assigned team member status based on the level of involvement they have with the student having a disability.*

perception: *A person's ability to consciously recognize and interpret what is seen, heard, or felt. More specifically, the process of organizing or interpreting the raw data (stimuli) obtained through the senses.*

perceptual disorders/handicaps: *The inability to interpret stimuli received through one or more of the senses (despite adequate vision, hearing, and other sensory processes) and then to perform appropriate actions in response to those stimuli.*

perceptual motor: *An individual's ability to interpret stimuli received through the senses, and then perform appropriate movements or motor actions in response to those stimuli. The motor activity reflects what is happening to the sensory organs such as the visual, auditory, tactual and kinesthetic sensations. Perceptual motor skills emerge after the sensory input systems are stabilized, during the fifth through the seventh year of life. Also referred to as "sensorimotor".*

perinatal: *Pertaining to or occurring in the period of time shortly before and after the birth of an infant (28 weeks gestation to 1-4 months of age).*

peripheral nervous system: *The parts of the nervous system that are outside the brain and spinal cord.*

perseveration: *1. The tendency to continue an activity once it has been started and to be unable to modify or stop the activity even though it is acknowledged to have become inappropriate. 2. Persistent repetition of words, ideas or subjects so that, once an individual begins speaking about a particular subject or uses a particular word, it continually recurs. Perseveration differs from the repetitive use of "stock words" or interjections such as "you know" or "like". Perseveration is most commonly seen in organic mental disorders, schizophrenia and other psychotic disorders.*

personality: *The characteristic way in which individuals behave and respond to various environments.*

personality disorders: *1. Behavior disorders in which an individual is overly anxious, extremely shy, or unusually sad much of the time. 2. Deeply ingrained, inflexible, maladaptive patterns of relating, perceiving, and thinking of sufficient severity to cause either impairment in functioning or distress. Personality disorders are generally recognizable by adolescence or earlier, continued throughout adulthood, and become less obvious in middle or old age. Some personality disorders cited in DSM-III are: antisocial, borderline, compulsive, dependent, histrionic, narcissistic, paranoid, passive-aggressive, schizoid, and schizotypal. Refer to those specific disorders for individual definitions.*

pervasive developmental disorder (PDD): *1. Extreme distortions or delays in the development of social behavior and language. 2. A term used to describe drug exposure to children while in the womb. Results of this exposure can cause extremely short attention spans. Behavior disorders, limited or no processing skills, and/or difficulty understanding spoken words.*

petit mal seizures: *Seizures characterized by brief periods of inattention, with rapid eye-blinking or head-twitching.*

Ph.D.: *Indicates a doctoral degree in any of a wide range of disciplines (sociology, psychology, anthropology, mathematics, etc.).*

phenothiazines: *Drugs that affect neurochemicals in the brain and are used to control behavior.*

phenylalanine: *A substance found in foods such as milk, which, when not processed, can cause damage to the central nervous system.*

phenylketonuria (PKU): *An inherited disease that affects the way the body is able to process food it takes in. It can be detected through a routine screening soon after birth, and can cause mental retardation if strict diet management is not instituted. Children with PKU can't metabolize a part of protein called phenylalanine, which then collects in the blood stream. This abnormal build-up of phenylalanine can prevent the brain from developing as it should. Children with PKU often are irritable, restless, and destructive. They may have a musty odor about them, and often have dry skin or rashes. Some have convulsions. Usually, they become physically well-developed children and have blonder hair than their relatives.*

phobia: *A persistent, irrational fear that results in a compelling desire to avoid the dreaded object, activity or situation (the phobic stimulus). More commonly, the individual does actually avoid the feared activity, situation or object, though he recognizes that the fear is unreasonable and unwarranted by actual dangerousness. Some individuals with a phobia claim that their avoidance is rational because they anticipate overwhelming anxiety or some other strong emotion that is out of their control; they do not claim; however, that their anxiety is rationally justified.*

phocomelia: *Defective development of the limbs so that the hands and/or feet are attached close to the body and resemble flippers.*

phonation: *The utterance of vocal sounds - the voice - produced in the larynx or "voice box".*

phonic generalization: *Refers to the ability to generalize information related to sounds from one word or configuration to another, predicting that which might follow, in order to approximate proper spelling.*

phonological impairment: *A common speech disorder also known as misarticulation. Here the child says the sounds wrong, or omits or duplicates certain sounds within a word. The problem may reflect poor neurological motor skills, a learning error, or difficulty in identifying certain speech sounds. Examples of common errors are "wabbit" for "rabbit", "thnake" for "snake", "dood" for "good", and "poo" for "spoon". Another phonological impairment is unstressed syllable deletion, in which a child simply skips over a syllable in a long word, as in "nana" for "banana", or "te-phone" for "telephone". Many of these misproductions are a part of normal development and are expected in the speech of very young children, but when they persist past the expected age they are considered abnormal and usually indicate brain dysfunction.*

phonological process analysis: *The evaluation process in which the patterns of speech errors are*

carefully analyzed to determine if a developmental phonological disorder may be present.

phonology: *The system of speech sounds that an individual utters.*

physical development: *Growth. Biogenetically based changes in a child's physical characteristics, including changes in weight, height, skeletal and muscular features, and maturation of the circulatory, respiratory and nervous systems.*

physical disorders: *Bodily impairments that interfere with an individual's mobility, coordination, communication, learning, and/or personal adjustment.*

physical education (PE): *The development of physical and motor fitness, and fundamental motor skills and patterns through individual and group games and sports, including intramural and lifetime sports, special physical education, adapted physical education, movement education, and motor development.*

physical or mental impairment: *Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal and special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term includes such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, and muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; drug abuse; and alcoholism.*

physical therapist (PT): *A person who is licensed to assist in the examination, testing, and treatment of persons who are physically disabled or handicapped through the use of special exercise, application of heat or cold, use of sonar waves, and other techniques. A physical therapist usually becomes qualified by taking a 4-year college course leading to a B.S. in physical therapy or a special 12-month certificate course after obtaining a bachelor's degree in a related field.*

physical therapy (PT): *Instructional support and treatment of physical disabilities provided by a trained physical therapist, under a doctor's prescription, that helps a person improve the use of bones, muscles, joints, and nerves. Physical therapy includes the use of massage, exercise, stretching, water, light, heat, and certain forms of electricity, all of which are mechanical rather than medical in nature. Physical therapy will assist in maximizing a person's general fitness, sensorimotor development, neurobehavioral organization, neuro-skeletal-muscular function, and cardiopulmonary status.*

pica: *The craving and eating of unusual foods or other substances. Seen in a variety of medical conditions, pregnancy, and emotional disturbances.*

pincer grasp: *Bringing together the thumb and the tip of the index finger so that an object is held deftly.*

placement: *The classroom, program, and/or therapy that is selected for a student with special needs.*

Post-Traumatic Stress Disorder: *Anxiety disorder following a traumatic event.*

poverty of content of speech: *Speech that is adequate in amount, but conveys little information because of vagueness, empty repetitions, or use of stereotyped or obscure phrases. The interviewer may observe that the individual has spoken at some length, but has not given enough information to answer a question. Alternatively, the individual may provide enough information, but requires many words to do so, so that his lengthy reply can be summarized in a sentence or two. The term poverty of content of speech is generally not used when the speech is, for the most part, not understandable (incoherence).*

poverty of speech: *Restriction in the amount of speech, so that spontaneous speech and replies to questions are brief and unelaborated. When the condition is severe, replies may be monosyllabic (one syllable) and some questions may be unanswered. Poverty of speech occurs frequently in schizophrenia, major depressive episodes and organic mental disorders, such as dementia.*

PPVT-R: *See "Peabody Picture Vocabulary Test - Revised".*

pragmatic: *A component of language that is concerned with the use of language in social contexts, including rules that govern language functions and forms of messages when communicating.*

prenatal: *The time before birth, while a baby is developing during pregnancy. The period of time between the conception and birth of an infant.*

prevention: *Activities which address the causes of developmental disabilities and the exacerbation of functional limitations, such as activities which - (A) eliminate or reduce the factors which cause or predispose persons to developmental disabilities or which increases the prevalence of developmental disabilities; (B) increase the early identification of existing problems to eliminate circumstances that create or increase functional limitations; and (C) mitigate against the effects of developmental disabilities throughout the person's lifespan.*

prevocational training programs: *Programs designed to provide attitudinal and motivational services to students prior to their entering vocational preparatory programs. Programs may also include basic skills development, assessment of student needs, abilities, aptitudes, and interests in relation to vocational education and jobs, as well as guidance and counseling services.*

private therapist: *Any professional (therapist, tutor, psychologist, etc.) not connected with the public school system or with a public agency.*

procedural safeguards: *1. Laws that protect the rights of children with disabilities and their families. 2. The requirements of a law, for instance, IDEA requires that children with disabilities be served in the least restrictive environment appropriate to their educational needs. Non-discriminatory testing and use of multiple criteria in the determination of placement.*

process schizophrenia: *A type of schizophrenia attributed more to organic factors than to environmental ones; typically begins gradually, continues chronically, and progresses (either rapidly or slowly) to an irreversible psychosis. Contrast with reactive schizophrenia.*

professionals: *Medical specialists, day care providers, hospital and school personnel, early intervention program staff, speech therapist, OT, PT, psychologists, etc.*

profound handicap: *An extreme level of limitation imposed on an individual by the environment and the person's capacity to cope with that limitation.*

profound/multiple disorders: *See "severe and profound/multiple disorders".*

prognosis: *A forecast as to the recovery or outcome of a condition or disease.*

program(s): *In special education, a service, placement, and/or therapy designed to help a child with special needs.*

progressive: *1. A gradual worsening. 2. As pertains to a regressive hearing loss, the amount of loss continues to regress over time.*

prone/pronation: *Lying on the stomach, facing downward, forearm palm down.*

psychiatrist: *A medical doctor who conducts screening, diagnosis, and treatment of mental, psychological, emotional, behavioral, and developmental, or organic disorders. Because they are medical doctors, psychiatrists can prescribe medications to alleviate the symptoms of various mental disorders.*

psycho-social (development): *The psychological development of a person in relation to his or her social environment. Includes the formation and growth of two-way relationships with significant persons in their life, and the way in which one socially responds to the surrounding environment.*

psycho-therapist: *A mental health professional who provides psychotherapy.*

psychoanalyst: *A person who diagnoses and treats emotional disorders through special techniques that explore a patient's mental and emotional makeup.*

psychogenic deafness: *Auditory impairment which may result from emotional stress as an unconscious means of escape from an intolerable situation. Also referred to as conversion or hysterical deafness.*

psychological services: *Support to the family and child to facilitate functional psychological/behavioral characteristics (growth of relationships with care givers and peers, socially responding to the environment, etc.).*

psychologist: *An individual who is trained and licensed to research, evaluate, and provide treatment to*

individuals pertaining to their social, emotional, psychological, behavioral or developmental problems. A psychologist is not a medical doctor, and cannot prescribe medications. See also "clinical psychologist".

psychology: *Professional specialty or discipline concerned with mental processes and behavior.*

psychometrist: *A professional who specializes in the administration of psychological tests, differentiated from a school psychologist in most areas by the fact that psychometrists emphasize collaboration in interventions to a lesser degree.*

psychometry: *The broad field of psychological and mental testing.*

psychomotor agitation: *Excessive motor activity associated with a feeling of inner tension; the activity is usually nonproductive and repetitious. When the agitation is severe, it may be accompanied by shouting or loud complaining. The term should be used in a technical sense to refer only to states of tension or restlessness that are accompanied by observable excessive motor activity. Examples: Inability to sit still, pacing, wringing of hands, pulling at clothes.*

psychomotor retardation: *1. A slowed development of abilities to perform acts involving cognitive and physical processes. 2. A generalized slowing down of physical reactions, movements and speech.*

psychomotor seizure: *A type of seizure in which the child displays inappropriate, purposeless behavior (such as lip smacking, chewing, or other automatic reactions) for the setting and automatic or involuntary movements and actions.*

psychosis: *A general term used to describe any of several mental disorders characterized by social withdrawal, distortions of reality, delusions, hallucinations, illusions, loss of contact with environment, disintegration of the personality, and unclear thinking to the degree that any one of these interferes with the capacity to cope with the demands of everyday life.*

psychotherapist: *A mental health professional who provides psychotherapy.*

psychotherapy: *A broad term applied to a variety of approaches to the treatment of mental and emotional disorders.*

psychotic: *A term indicating gross impairment in reality testing. It may be used to describe the behavior of an individual at a given time or a mental disorder in which at some time during its course all individuals with the disorder have grossly impaired reality testing. When there is gross impairment in reality testing, the individual incorrectly evaluates the accuracy of his or her perceptions and thoughts and makes incorrect inferences about external reality, even in the face of contrary evidence. The term psychotic does not apply to minor distortions of reality that involve matters of relative judgment. For example, a depressed person who underestimated his achievements would not be described as psychotic, whereas one who believed he had caused a natural catastrophe would be so described. In DSM-IV the psychotic disorders include pervasive developmental disorders, schizophrenic*

and paranoid disorders, psychotic disorders not elsewhere classified, some organic mental disorders, and some affective disorders.

PT: *See "physical therapist" or "physical therapy".*

public agency: *An agency, office, or organization that is supported by public funds and serves the community at large.*

Public Law 94-142 (P.L. 142): *A law passed in 1975 requiring that public schools provide a "free, appropriate public education" to school-aged children ages 3-21 (exact ages depend on your state's mandate - SD is 3-21), regardless of handicapping condition. Originally referred to as the Education for All Handicapped Children's Act (EHA), and reauthorized as the Individuals with Disabilities Education Act (IDEA).*

Public Law 96-272 (P.L. 96-272): *Adoption Assistance and Child Welfare Act of 1980. Federal law outlining procedures for the placement of children out of home by state child welfare agencies.*

Public Law 96-398 (P.L. 96-398): *Mental Health Systems Act (1980) encourages the development of systems of care. Policies contained in the Act received no specific funding.*

Public Law 99-319 (P.L. 99-319): *Protection and Advocacy for Mentally Ill Individuals Act of 1986. Federal law allocating funds to each state for advocacy activities on behalf of persons with developmental disabilities or mental illness.*

Public Law 99-457 (P.L. 99-457): *A federal law providing free and appropriate education and "related services" to preschool age children with handicaps, and an optional Part H program for states to provide early intervention and related services to eligible infants and toddlers, birth - two years of age who have developmental disabilities. This law is amendment to P.L. 99-142, passed in 1986. See also "Amendments to the Education of the Handicapped Act, 1986".*

Public Law 99-660 (P.L. 99-660): *Comprehensive Mental Health Services Act provides for statewide intervention services for children and adolescents with mental health concerns. The primary characteristic affecting children is the development and implementation of CASSP programs in local communities.*

pull-out: *A term applied to interventions that remove a student with a disability from the regular classroom to a separate class for at least part of the school day.*

pure tone audiometry: *Audiometric evaluation using tones that are free of external noise.*

pure word deafness: *See "aphasia".*

Q

quadriplegia: *Paralysis or partial paralysis of all four limbs of the body (both arms and both legs). The legs are usually affected more than the arms.*

qualified: *1. When a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing a service. 2. A person with a disability who: (a) with reasonable accommodation; (b) with respect to services, meets the essential eligibility requirements for receiving the services in question.*

R

range of motion: *How far you can bend your body parts. More specifically, the range measured in degrees of a circle through which a joint can be moved.*

reactive schizophrenia: *A type of schizophrenia attributed primarily to strong predisposing and/or precipitating environmental factors; usually of rapid onset and brief duration, with the affected individual appearing well both before and after the schizophrenic episode. Differentiating this condition from process schizophreniform is generally considered more important in Europe than in this country. Schizophreniform disorder is conceptually similar.*

receptive aphasia: *Impairment of receptive language due to a disorder of the central nervous system. See also "sensory aphasia".*

receptive eye problems: *Disorders associated with the receiving structures of the eye, that is, the retina or the optic nerve.*

receptive language: *Language that is spoken or written by others and received by an individual. The receptive language skills are listening and reading.*

receptive language disorders: *Difficulties in comprehending what others say.*

recipient: *Any state or political subdivision (or instrumentality thereof), any public or private agency, institution, organization, or other entity, or any person that receives federal financial assistance directly or through another recipient (including any successor, assignee, or transferee of a recipient, but not the ultimate beneficiary of the assistance). This term includes persons and entities applying to be recipients.*

reflex: *1. Habitual way of responding; ordinarily refers to inborn tendency for a part of the body to respond to a stimulus in a certain way; posture or movement not controlled by the individual. 2. In*

reference to audiological evaluations, a reflexive response is the early developmental responses to auditory stimuli typically noted 0 to 3 months of age.

refractive problems: *Visual problems that occur when the refractive structures of the eye fail to properly focus light rays on the retina.*

Registered Clinical Social Worker (RCSW): *Such licensure often requires at least two years supervised experiences with a direct client caseload. See also "LCSW".*

registered nurse (RN): *A nurse who, after completing extensive training and passing a State examination, is qualified to perform complete nursing services.*

regular classroom: *Here your child attends the class and school he would attend if he did not have a handicapping condition, working right along with his non-handicapped peers. Consultants, therapists, itinerant teachers, special educators, etc., can provide special instruction in the regular classroom to your child.*

regular education initiative: *A perspective that places a major portion of the responsibility for educating all mildly and some moderately disabled students with general education.*

rehabilitation: *Refers to the process (or programs) aimed at teaching individuals who are recently handicapped the fundamental skills for independence.*

reinforcement: *Letting a child know they have done well. Praising, giving them rewards, letting them do something special, etc.*

related services: *Services that must be necessary for the child to benefit from special education. May include transportation and supportive services such as speech pathology, audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment, counseling, interpreters for persons with hearing impairments, medical services for diagnostic or evaluation purposes, school health services, social work services in schools, and parent counseling and training.*

remedial readers: *Youngsters who need particular assistance in reading instruction; a term that was used earlier for youngsters who might now be known as learning disabled.*

remediation approach: *Pertaining to instruction that focuses on the gaps or deficiencies in a student's repertoire of skills.*

residential school program: *An approved, specialized educational program provided in a facility that a child attends 24 hours a day.*

residential treatment: *Live-in facilities that provide treatment and care for children with emotional disturbances who require continuous medication and/or supervision or relief from environmental*

stresses.

residual schizophrenia: *A condition manifested by persons with signs of schizophrenia who, following a psychotic schizophrenic episode, are no longer psychotic.*

resource room: *A room separate from the regular classroom in which children with disabilities can receive specialized assistance to reinforce and supplement the regular class instruction. The amount of time that students spend each day in the resource room varies according to individual needs, and the remainder of the day is spent in his or her regular classroom.*

resource teacher: *A specialist who works with children with disabilities and acts as a consultant to their teachers, providing materials and methods to help children who are having difficulty within the regular classroom. The resource teacher may work from a centralized resource room within a school where appropriate materials are housed.*

resources: *Internal resources are the strengths, capabilities and motivations of the child and family. External resources are the formal (professionals and agencies), informal (ministers, support groups, volunteers), and natural (friends, relatives) network of the child and family.*

respite: *Temporary care given to an individual for the purpose of providing a period of relief to the primary caregivers. Respite is used to decrease stress in the homes of persons with disabilities or handicaps, thereby increasing caregivers' overall effectiveness.*

reticular activating system: *The area of the brain stem that is in the control of awareness and attention.*

Ritalin: *A mild central nervous system stimulant often prescribed by doctors to help in controlling a child's behavior. Possible side-effects are loss of appetite and weight, and lethargy.*

Rochester method: *A communication system used with deaf children that combines fingerspelling with speech.*

role playing: *The process of letting students rehearse and practice behaviors they are to learn, often pertaining to social behaviors.*

rooting response: *A food-seeking movement which occurs in response to tactile input presented on the lips or cheeks characterized by mouth opening and head turning in the direction of the touch; occurs until approximately 4 to 5 months of age; stronger just before feeding and when the infant is in a position generally associated with feeding.*

rote skill: *Habit performance, without meaning, in a mechanical way.*

S

SAT: See "Scholastic Aptitude Test" or "Standardized Achievement Test".

scales of independent behavior: A formal, standard assessment instrument for evaluating adaptive behavior.

schizoaffective disorder: A depressive or manic syndrome that precedes or develops concurrently with psychotic symptoms incompatible with an affective disorder. Includes some symptoms characteristic of schizophrenia and other symptoms seen in major affective disorders.

schizoid personality disorder: Manifested by shyness, oversensitivity, social withdrawal, frequent daydreaming, avoidance of close competitive relationships and eccentricity. Persons with this disorder often react to disturbing experiences with apparent detachment and are unable to express hostility and ordinary aggressive feelings.

schizophrenia: A serious mental disorder characterized by verbal incoherence, severely impaired interpersonal relations, disturbance in thought processes, cognitive deficits, and inappropriate or blunted affect. The person may also exhibit hallucinations or delusions.

schizophreniform disorder: Clinical features are the same as seen in schizophrenia, but lasting less than six months and longer than one week. This disorder is believed to have different correlates than schizophrenia, include a better prognosis. See also "reactive schizophrenia" and "schizoaffective disorder".

schizotypal personality disorder: The essential features are various oddities of thinking, perception communication, and behavior not severe enough to meet the criteria for schizophrenia. No single feature is invariably present. The disturbance in thinking may be expressed in magical thinking, ideas of reference or paranoid ideation. Perceptual disturbances may include recurrent illusions, depersonalization or derealization. Often there are marked peculiarities in communication; concepts may be expressed unclearly or oddly, using words deviantly, but never to the point of behavioral manifestation include social isolation and constricted or inappropriate affect that interferes with rapport in face-to-face interaction.

Scholastic Aptitude Test (SAT): A college entrance examination taken by high school seniors. See also "Standardized Achievement Test".

school phobia: An extreme fear of going to school and matters related to school. An anxiety about leaving home and family members may be a related cause.

school psychologist: A trained professional in testing and mental health and/or psychological services specific to the school environment. They are trained to assess children in academic, social, and behavioral areas. They are the only school personnel with appropriate training for giving intelligence

tests like the Stanford Binet or the Wechsler. Besides doing evaluations, school psychologists may develop behavior modification programs, make specific academic recommendations, or provide one-on-one or group counseling for children.

school social worker: *A social worker specifically trained to work in a school environment.*

School Transition to Employment Partnership (STEP): *A job training program for eligible students (handicapped, economically disadvantaged, dropouts/potential dropouts/academically disadvantaged, and those with demonstrated barriers to employment, e.g., single parents, adjudicated offenders, etc.) that includes: 1) instruction of the competencies of the employability curriculum, 2) work experiences, on-the-job training, and try-out employment funded through the Job Training Partnership Act, 3) targeted jobs tax credit for employers' training eligible youth, and 4) supportive employment training services provided to students or employers through Special Education, Vocational Education, Vocational Rehabilitation or Social Services. STEP may also include other cooperative education programs, prevocational training programs, special education assistance, and work experience programs designed for students who are eligible for STEP. LEA's participating in the STEP program must be approved by the Office of Adult, Vocational, & Technical Education and the Department of Labor's Job Training Partnership Office.*

screening: *Any rapid, preliminary identification of children who may have a developmental problem, to see if they need further comprehensive testing. Screening areas are usually separated according to skills, personality, aptitude, etc.*

secondary school level: *The educational level, not beyond grade twelve, at which secondary education is provided as determined under state law.*

Section 504: *A part of the Rehabilitation Act of 1973. This section states that no program or activity receiving federal funds can exclude, deny benefit to, or discriminate against any person on the basis of handicap. It also requires access for people who are handicapped to all public buildings. Also known as 504.*

SED: *See "Serious Emotional Disturbance/Disorder".*

segregated educational facilities: *Educational facilities that are separate from the mainstream placements of nonhandicapped youngsters, often termed "special schools".*

seizure disorders: *A seizure is characterized by involuntary movement or a change in consciousness or behavior. These are symptoms of underlying disorders of the brain. Electrical impulses usually move along a nerve pathway in an organized fashion. A seizure occurs when bursts of unorganized electrical impulses interfere with normal brain function. Seizures may be classified by cause, by area of the brain involved, or by clinical symptoms.*

selective attention: *Attention that often does not focus on centrally important tasks or information.*

self esteem: *A person's feelings of self-worth. (Think of self esteem as the picture of yourself that you have in your head. Now think of how that picture would change if you didn't always understand what was said, if you failed a test because you misunderstood the directions, etc.)*

self-care skills: *Skills related to hygiene, feeding, dressing, and generally taking care of oneself.*

self-contained special education classroom: *1. A separate classroom where special students spend the majority of their school day, while often being integrated with their nondisabled peers whenever possible, such as in nonacademically-oriented classes and on the playground. 2. According to SD Rules, a self-contained program is: A specialized instructional environment for eligible children in need of special education or special education and related services who require intensive instructional procedures.*

self-help skills: *Skills and performance of daily personal care, with or without adaptive equipment, such as dressing, washing, toileting, etc.*

semantics: *The component of language most concerned with the meaning and understanding of language.*

sensory aphasia (receptive aphasia): *An impairment in which the individual has difficulty understanding language because of a sensory deficit.*

sensory modality: *Sensory modality refers to any one of the five sensory avenues for receiving information: seeing, hearing, touching, tasting, and smelling.*

sensory motor integration: *The ability to respond positively to sensory-motor treatment programs because kinesthetic, vestibular, and tactile stimulation affect the brain stem and enhance critical functions.*

sensory seizure: *A seizure that is characterized primarily by visual, auditory, gustatory, olfactory, or emotional sensations.*

sensory stimulation: *Provide input to the different sensory systems to be received, differentiated and interpreted.*

sensory-neural: *Pertaining to a sensory nerve.*

sensory-neural hearing loss: *A hearing impairment caused by lesions of the hair cells in the cochlea and the neurons of the auditory part of cranial nerve VIII.*

sequencing: *1. As it relates to memory; storage and retrieval of information requiring a specified order of input and recall; i.e., counting, days of the week, months of the year, words in a sentence. 2. Knowing and carrying through procedures in a particular order.*

Serious Emotional Disturbance/Disorder (SED): *When a child or adolescent exhibits behavioral, emotional and/or social impairment that consequently disrupts their academic and/or developmental progress, family and/or interpersonal relationships, and has impaired functioning that has continued for at least one year, or has an impairment of short duration and high severity. Also see "Emotional Disturbance (ED)".*

severe and profound multiple disorders: *A generic classification of disorders that involve physical, sensory, intellectual, and/or social-interpersonal performance deficits beyond three standard deviations below the interindividual and/or intraindividual mean on the measures being recorded. These deficits are not limited to any given setting, but are evident in all environmental settings and often involve deficits in several areas of performance. Etiologies are more identifiable at this level of functioning, but exact cause(s) may be unknown in a large number of cases. Individuals with functional disorders at this level require significantly altered environments with regard to care, treatment, and accommodation.*

severe handicap: *See "severe and profound multiple disorders".*

short attention span: *An inability to focus attention on a task for a sustained period, often more than a few seconds or minutes.*

siblings: *Brothers and sisters of the child, in or out of the natural home.*

sign language: *A form of manual communication in which words and concepts are represented by hand positions, finger spelling, body language, and facial expressions. Sign language includes both American Sign Language (ASL) and Signing Exact English.*

social skills: *Skills related to social interactions with peers.*

social worker: *A trained professional who can provide assistance in completing forms, family counseling, advocacy, help to secure financial assistance, match families with needed community support, coordination of services, and consultation with other programs.*

socially maladjusted: *Having extreme difficulty dealing appropriately with other people.*

sociopath: *A term sometimes used to describe persons with extreme disregard for and hostility toward society. A person who is sociopathic is aggressively antisocial and shows no remorse.*

soft signs: *A term used by neurologists to indicate that a child performs in a slightly different way than the average child in certain central nervous system functions. These differences may be qualitative or quantitative. The data relating soft signs to learning disabilities are more questionable than the data relating hard signs to learning disabilities.*

sound-symbol association: *The ability to recognize sounds and their sources and to recognize the sounds that go with letters. Sound-symbol association is a prerequisite to reading.*

spasticity: *Increased muscle tone (hypertonic), involuntary resistance of weak muscle caused by passive range of motion followed by sudden relaxation of muscle, associated with exaggeration of reflexes. Causes stiffness, awkward movements, and loss of voluntary muscle control.*

spatial orientation: *The ability to organize space in terms of the individual relating his physical self to the environment with reference to distance, size, position and direction.*

SpecEd: *See "special education".*

special assistance: *Specially designed instruction, teachers' aides to support classroom or laboratory instruction, taped texts, interpreters or other effective methods of making orally delivered materials available to students with hearing impairments, readers in libraries for students with visual impairments, classroom equipment adapted for use by students with manual impairments, and other similar services and actions, as well as facility modifications.*

special education classroom: *See "resource room" or "self-contained classroom".*

special education coordinator: *The person in charge of special education programs at the school, district, or state level.*

special education (SPED, Speced): *Instruction specifically designed to meet the unique needs of a student with a disability, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. See also "special education programs and services".*

special education programs/services: *Programs, services, or specially designed instruction (offered at no cost to families) for children over 3 years old with special needs who are found eligible for such services. These include special learning methods or materials in the regular classroom, and special classes and programs if the learning or physical problems are serious.*

special education teacher: *An individual trained as an educator of children who have mental and physical impairments of elementary and secondary school age.*

special needs children: *1. A general term used to label children who do not meet educational expectations and require services and resources that are different from those needed by "normal" youngsters. 2. A term used to describe a child who has disabilities or is at risk for developing disabilities who requires special services or treatment in order to progress.*

special schools: *A general term applied to segregated educational placements that only children with handicaps attend.*

specialized instruction: *An early intervention service that includes the activities that promote the acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction. Also includes instructional support to the child, family, and pertinent members of the child's*

environment for enhancing the child's developmental progress.

specific learning disability: *A disorder in understanding or using spoken or written language, characterized by imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes students with conditions such as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include students who have learning problems which are primarily the result of visual, hearing, or motor handicaps; mental retardation; or environmental, cultural or economic disadvantage. See also "learning disability".*

SPED: *See "special education".*

speech: *The mechanical production of sounds and words through the voice.*

speech and language disorders: *Difficulties in communicating effectively.*

speech audiometry: *Measurement of overall performance in hearing, understanding, and responding to speech for a general assessment of hearing and an estimate of the degree of practical handicap; earphones, bone oscillators and sound field may be employed.*

speech disorder/impairment: *Disorganization of speech. The inability to produce certain elements, faulty, or distorted performance or functions in particular sounds, letters, words or gestures are outside one's power or produced or perceived as imperfect. Examples of speech impairments are stuttering, impaired articulation, language impairment, or voice impairment.*

speech therapist: *An individual who has been trained to work with others in speech improvement and correction. See also "speech-language pathologist".*

speech-language pathologist: *A professional educated in the study of human communication, its development, and its disorders. They conduct screenings, diagnosis and treatments for people with communication disorders. The speech pathologist may work with a number of different types of problems, including articulation errors, language deficits, vocabulary, pitch or voice problems, and alternative communication methods for individuals who are nonverbal.*

speech/language therapy: *1. A planned program to improve and correct speech and/or language or communication problems in people who are not thought to be able to improve without such help. 2. In reference to Part H and early intervention: instructional support to the child, family, and pertinent members of the child's environment for enhancing the child's production of speech (including developmental prerequisites) and communication skills.*

splinter skill: *Is a particular perceptual or motor act that is performed in isolation and does not generalize to other areas of performance. If hard neurological damage or age of the learner prevent development of the sensory input system, it becomes necessary to teach splinter skills.*

SSI: See "Supplemental Security Income".

standard deviation: A statistical measure of the amount an individual score deviates from the average.

Standardized Achievement Test (SAT): A measure that is administered and scored by uniform objective procedures and for which norms have been established (prescribed routine to assure that the process is consistent) so the scores of anyone completing the test can be compared to the norms. See also "Scholastic Aptitude Test (SAT)".

Stanford-Binet Intelligence Scale: A standardized psychological test to assess intelligence. Performance is based on problem solving and developmental tasks. Originally the Binet-Simon Scales, were revised and standardized by Lewis Terman at Stanford University.

stereotyped movement disorders: Conditions that are characterized by abnormal gross motor behaviors (ties).

stereotypical behavior: Repetitive actions that children who have autism tend to do.

stimuli: Objects or interactions used to encourage or stimulate development or growth. Stimuli can be auditory, motor, tactile, visual, etc.

stimulus: That which causes a response.

strengths: 1. The unique internal resources (things) of a family/child that include their capabilities and motivations and will assist in their development: i.e., stubborn, good gross motor skills, cognitive intactness. 2. Legal, logical, or moral force.

stuttering: An interruption in the rhythm of speech characterized by hesitations, repetitions or prolongations of sounds, syllables, words, or phrases, for example: cow...boy, tuh-tuh-tuh-table, or sssun. Stuttering is recognized as a language disorder.

substance abuse: The use of any such agents as alcohol or drugs to the degree that they become significantly detrimental to one's life and health.

substitutions: An articulation error which occurs when the child substitutes one sound for another. The substitution frequently sounds similar to the sound being replaced, or is made in a similar manner.

supination: Turning of the palm or foot upward.

supine position: Lying on one's back, facing upward.

Supplemental Security Income (SSI): A Federal Title XVI income maintenance program administered by the Social Security Administration. To be eligible you must meet certain financial and income requirements and be over 65 years of age, blind or disabled. If you are eligible, you will receive a

monthly check, and become automatically eligible for the Medicaid insurance program. Because of meeting the income limits, you are usually eligible for other types of assistance through the Department of Social Services (food stamps, energy assistance, etc.).

support services: *1. Transportation, financial help, support groups, homemaker services, respite services and other specific services to children and families. 2. Activities and services which contribute to the enhancement of quality in vocational education programs, including activities such as dependent care services and transportation, teacher training, curriculum development, and encouraging the removal of sex stereotyping in vocational education.*

symbiotic: *Emotional disorder believed to be caused by the failure of the child to make a separation or a differentiation of his ego from that of his mother; characterized by difficulty with pronouns and references to himself in the third person, repetition of phrases out of context, and frequently echolalia.*

symmetrical: *Both sides equal, equal distribution.*

symptom: *A manifestation of a pathological condition. Although in some uses of the term it is limited to subjective complaints, in common use "symptom" includes objective signs of pathological conditions as well.*

synapses: *The region of contact between one neuron and another through which nerve impulses are transmitted.*

syndrome: *A combination of symptoms which occur together and define a disease or disorder.*

syntax: *The order and way in which words and sequences of words are combined into phrases, clauses, and sentences (rules of grammar).*

systemic: *Pertaining to the whole body.*

T

tactile: *Sense of touch.*

tactile defensiveness: *Not being able to tolerate being touched or touching things with texture.*

tactile perception: *The ability to interpret and give meaning to sensory stimuli that are experienced through the sense of touch.*

tactile speech indicator (TSI): *A communication device that enables a person who is blind and has good speech to communicate on the telephone.*

tactile system: *Interpret light touch, pressure, temperature, pain, vibration, and two-point stimuli -*

through skin/contact receptors.

tactual sign: *A form of sign language in which signs are made while individuals face each other and hold hands to feel the movement.*

TAPS: *See "Test of Auditory Perceptual Skills".*

tardive dyskinesia: *A variable complex of choreiform or athetoid movements developing in patients exposed to antipsychotic drugs. Typical movements include tongue-writhing or protrusion, chewing, lip-puckering, choreiform finger movements, toe and ankle movements, leg-jiggling, or movements of neck, trunk and pelvis. These movements may be either mild or severe and may occur along or in many combinations and permutations.*

task analysis: *Technique of examining a particular task to discover each individual part of it and the processes needed to perform it; the process of breaking down a task into small component parts.*

test bias: *Unfairness in a testing procedure or instrument that gives one group a particular advantage or another disadvantage, which may be due to matters unrelated to ability, such as culture, sex, or race. See also "measurement bias".*

Test of Auditory Perceptual Skills (TAPS): *A testing instrument designed to measure auditory skills of children 4 - 12 years of age. Subtests are used to test different areas, with an age equivalent of years and months being scored as results. Subtest 1: Auditory Number Memory (forward and reversed) is a measure of ability to retain and repeat a number series. Language ages in years and months for digits forward and digits reversed are scored. Subtest 2: Auditory Sentence Memory taps a child's ability to remember and repeat sentences. Subtest 3: Auditory Word Memory measures the ability to repeat a word series in the same sequence presented. Subtest 4: Auditory Interpretation of Directions measures auditory memory and sequencing and the ability to understand and interpret what is heard. Subtest 5: Auditory Word Discrimination assesses a child's ability auditorally to discriminate like pairs of words. Subtest 6: Auditory Processing measures the child's ability to understand a question and formulate a response.*

token reinforcement systems: *A system in which students may earn plastic chips, marbles, "checkmarks" or other tangible items that may be exchanged for activities, food items, special privileges, or other rewards for positive behavior changes. Also referred to as a "token economy".*

tone: *Degree of muscular tension.*

tone deafness: *Inability to distinguish between two sounds of different frequencies within the normal hearing range when there is no apparent loss of acuity in these frequencies, as is being unable to tell whether oneself or another is singing "off key" or "on key".*

tongue lateralization: *Active movements of the tongue to the sides of the mouth to maintain and propel food between the biting surfaces during the chewing process; begins at about 6 to 7 months of age with*

horizontal shifts or gross rolling movements of the tongue when food is placed on the side gums.

tongue thrust: *Moving the tongue through the lips when swallowing. Normally associated with suckling in infants less than 4 months of age. It is a common abnormal feeding pattern; a very forceful protrusion of the tongue from the mouth. This makes it difficult to inset the nipple or spoon and may cause the liquid or food to be pushed out of the mouth.*

tonic: *The phase of a grand mal seizure that is marked by prolonged muscular contraction (rigidity).*

total communication: *A philosophy requiring the incorporation of appropriate aural, manual and oral modes of communication to ensure effective communication with and among hearing impaired people. This philosophy encourages the use of all viable methods. Within this system, not all methods are used to the same extent by all people and in all situations.*

totally blind: *Having no functional vision. This term is used in an educational context to describe a student with a severe visual impairment in which they learn via Braille or other non-visual media.*

trainable: *A level of mental retardation, based on educability expectation, which involves measured intelligence of 40 to 55, with learning primarily in self-help skill areas; some academic achievement; social adjustment often limited to home and closely surrounding area; vocational proficiencies include supported work in a community job or sheltered workshop.*

transition: *The process of bridging the time and environments between two settings, programs, or life situations (e.g., from home to school, school to school, or from school/home to employment/independent living).*

transition plan: *A designed program outlining the transition of a person from school to adult life, by identifying the services needed for that specific individual, the activities that must occur during the school years, and the timelines and responsibilities for completion of these activities. See also "transition services".*

transition services: *A coordinated set of activities for a student, designed within an outcome oriented process, which promotes movement from school to integrated employment (including supported employment), postsecondary education, vocational training, continuing and adult education, adult services, independent living, and community participation. These activities shall: (a) be based upon the individual student's needs; (b) take into account students' preferences and interests; and (c) include, but not be limited to, instruction in community experiences, the development of employment and other post-school adult living objectives, and when appropriate, the acquisition of daily living skills and functional vocational evaluation and services. See also "transition plan".*

tremor: *A motion or movement, which occurs in a limb, that is constant, involuntary, and uncontrollable.*

trisomy 21: *A type of Down Syndrome in which the chromosomal pairs do not separate properly as the*

sperm or egg cells are formed, resulting in an extra chromosome on the twenty-first pair. Also called nondisjunction.

tympanogram/tympanometry: *A graph showing the measurement of the ease with which sound flows through the eardrum membrane while air pressure against the eardrum is varied. It is a simple procedure that can be performed in most doctor's offices. Measures the movement of the eardrum, and can assist in determining if fluid or pressure is present in the middle ear.*

U

undifferentiated schizophrenia: *A condition manifested by definite signs of schizophrenic thought, affect and behavior that are of a sufficiently mixed or indefinite type that they defy classification into one of the other types of schizophrenia.*

unilateral: *One sided. Affecting or occurring on only one side of the body.*

V

validity: *The degree to which a test measures what it is supposed to measure. Validity tells us what we can infer from the test score.*

verbal dyspraxia: *A common speech disorder in which a person is unable to produce the sequential, rapid, and precise movements required for speech. Nothing is wrong with the child's vocal apparatus, but the child's brain cannot give correct instructions for the motor movements involved in speech. This disorder is characterized by many omissions. Some verbally dyspraxia children speak only in vowels, making their speech nearly intelligible, and have very slow, halting speech with many false starts before the right sounds are produced. Their speech errors may be similar to those of children with phonological impairment.*

verbalisms: *The excessive use of speech (wordiness) in which individuals use words that have little meaning to them.*

Vineland Social Maturity Scale: *A standardized assessment procedure for evaluating adaptive behavior.*

visual acuity: *The sharpness or clearness of vision.*

visual aids: *Any materials or machines or actions that allow students to SEE information. Examples of visual aids are: chalkboards, overheads, filmstrips, TV/VCRs, pictures, films, pantomimes, and computers.*

visual closure: *The ability to identify an object from an incomplete visual presentation.*

visual discrimination: *The ability to match or determine exact characteristics of two forms when one of the forms is among similar forms. Distinguishing likenesses and differences between symbols.*

visual disorder/impairment: *Having reduced vision in one or both eyes that results in difficulties with educational performance and/or an independent lifestyle. Visual losses may be classified by the degree of visual acuity, peripheral vision, and the ability to track, shift gaze, and scan. The terms partially sighted, low vision, legally blind and totally blind are used in the educational context to describe students with visual impairments. Eye disorders which can lead to visual impairments can include retinal degeneration, albinism, cataracts, glaucoma, muscular problems that result in visual disturbances, corneal disorders, diabetic retinopathy, congenital disorders and infection.*

visual figure ground: *Ability to separate at will an object from its surrounding background and hold the image while scanning the total pattern.*

visual memory: *The ability to remember for immediate recall (after 4 or 5 seconds) all of the characteristics of a given form and being able to find this form (recall) from an array of similar forms, or to recall in sequence what was seen for long or short periods of time.*

visual motor coordination/integration: *The ability to coordinate the eyes with the movements of the hand and/or body and the thought processes of the brain to achieve a specific motor task such as writing, sorting, and sewing.*

visual perception: *The capacity to identify, organize, and interpret or give meaning to what is seen.*

vocational education/instruction: *Organized instruction which is designed to prepare individuals (upon its completion) for employment in a specific occupation or cluster of closely related occupations in an occupational field, and which is especially and particularly suited to the needs of those engaged in or preparing to engage in such occupation or occupations. Vocational instruction may also include exploratory programs.*

vocational program: *A planned sequence of instruction, courses, services, or activities designed to meet an occupational objective.*

vocational rehabilitation specialist: *The professional who specializes in designing and implementing programs to help people with disabilities obtain and hold employment.*

vocational rehabilitation (VR, VRD, DRV): *1. The service of providing diagnosis, guidance, training, physical restoration, and placement to persons with disabilities for the purpose of preparing them for and involving them in employment that helps them to live with greater independence. The preferred term is now rehabilitation services. 2. Vocational Rehabilitation Department, or Division of Rehabilitation Services: A State/Federal program that assists people with disabilities to independence.*

voice disorders: *Types of speech impairments characterized by either an inappropriate pitch (too high, too low, never changing or interrupted by breaks); loudness (too loud or not loud enough); or quality (harsh, hoarse, breathy, or nasal) of the speech itself.*

W

WAIS-R: *See "Wechsler Adult Intelligence Scale (Revised)".*

Wechsler Adult Intelligence Scale (Revised) (WAIS-R): *One in the series of verbal and performing Wechsler tests which are widely used in school systems.*

Wechsler Intelligence Scales/Tests: *A series of verbal and performance tests widely used in school systems that can be used from preschool levels, through childhood, to adulthood. The three types used are: 1. WPPSI: The Preschool and Primary Scale of Intelligence. 2. WAIS-R: The Adult Intelligence Scale (Revised). 3. WISC III: The Intelligence Scale for Children (Third Edition).*

Wide Range Achievement Test (WRAT): *A short test for evaluating basic skills of spelling, arithmetic and reading. The WRAT is widely used by schools for testing educational achievement.*

WISC-III: *See "Wechsler Intelligence Scales/Tests."*

withdrawing behavior: *Behavior characterized by reduced interest in or contact with other people, and can include absence of speech, regression to babyhood, exhibition of many fears, depression, and refusing contacts with other people.*

WRAT: *See "Wide Range Achievement Test".*

X Y Z

Below are some links to other resources for definitions and acronyms.

- <http://dredf.org/special-education/special-education-resources/special-education-acronyms-and-glossary/>
- <http://www.specialeducationguide.com/special-education-dictionary/>



What else do I need to know?

To ensure that you have the necessary information to be successful, please use the tools and resources included in this manual. See the Appendix below for additional resources.

Appendix

VAK Learning Styles Self-Assessment Questionnaire

Write down the letter of the answer that most represents how you generally behave.
It's best to complete the questionnaire before reading the accompanying explanation.

1. When I operate new equipment I generally:
 - a) read the instructions first
 - b) listen to an explanation from someone who has used it before
 - c) go ahead and have a go, I can figure it out as I use it

2. When I need directions for travelling I usually:
 - a) look at a map
 - b) ask for spoken directions
 - c) follow my nose and maybe use a compass

3. When I cook a new dish, I like to:
 - a) follow a written recipe
 - b) call a friend for an explanation
 - c) follow my instincts, testing as I cook

4. If I am teaching someone something new, I tend to:
 - a) write instructions down for them
 - b) give them a verbal explanation
 - c) demonstrate first and then let them have a go

5. I tend to say:
 - a) watch how I do it
 - b) listen to me explain
 - c) you have a go

6. During my free time I most enjoy:
 - a) going to museums and galleries
 - b) listening to music and talking to my friends
 - c) playing sport or doing DIY

7. When I go shopping for clothes, I tend to:
 - a) imagine what they would look like on
 - b) discuss them with the shop staff
 - c) try them on and test them out

8. When I am choosing a holiday I usually:
 - a) read lots of brochures
 - b) listen to recommendations from friends
 - c) imagine what it would be like to be there
9. If I was buying a new car, I would:
 - a) read reviews in newspapers and magazines
 - b) discuss what I need with my friends
 - c) test-drive lots of different types

10. When I am learning a new skill, I am most comfortable:

- a) watching what the teacher is doing
- b) talking through with the teacher exactly what I'm supposed to do
- c) giving it a try myself and work it out as I go

11. If I am choosing food off a menu, I tend to:

- a) imagine what the food will look like
- b) talk through the options in my head or with my partner
- c) imagine what the food will taste like

12. When I listen to a band, I can't help:

- a) watching the band members and other people in the audience
- b) listening to the lyrics and the beats
- c) moving in time with the music

13. When I concentrate, I most often:

- a) focus on the words or the pictures in front of me
- b) discuss the problem and the possible solutions in my head
- c) move around a lot, fiddle with pens and pencils and touch things

14. I choose household furnishings because I like:

- a) their colours and how they look
- b) the descriptions the sales-people give me
- c) their textures and what it feels like to touch them

15. My first memory is of:

- a) looking at something
- b) being spoken to
- c) doing something

16. When I am anxious, I:

- a) visualise the worst-case scenarios
- b) talk over in my head what worries me most
- c) can't sit still, fiddle and move around constantly

17. I feel especially connected to other people because of:

- a) how they look
- b) what they say to me
- c) how they make me feel

18. When I have to revise for an exam, I generally:

- a) write lots of revision notes and diagrams
- b) talk over my notes, alone or with other people
- c) imagine making the movement or creating the formula

19. If I am explaining to someone I tend to:

- a) show them what I mean
- b) explain to them in different ways until they understand

c) encourage them to try and talk them through my idea as they do it

20. I really love:

- a) watching films, photography, looking at art or people watching
- b) listening to music, the radio or talking to friends
- c) taking part in sporting activities, eating fine foods and wines or dancing

21. Most of my free time is spent:

- a) watching television
- b) talking to friends
- c) doing physical activity or making things

22. When I first contact a new person, I usually:

- a) arrange a face to face meeting
- b) talk to them on the telephone
- c) try to get together whilst doing something else, such as an activity or a meal

23. I first notice how people:

- a) look and dress
- b) sound and speak
- c) stand and move

24. If I am angry, I tend to:

- a) keep replaying in my mind what it is that has upset me
- b) raise my voice and tell people how I feel
- c) stamp about, slam doors and physically demonstrate my anger

25. I find it easiest to remember:

- a) faces
- b) names
- c) things I have done

26. I think that you can tell if someone is lying if:

- a) they avoid looking at you
- b) their voices changes
- c) they give me funny vibes

27. When I meet an old friend:

- a) I say "it's great to see you!"
- b) I say "it's great to hear from you!"
- c) I give them a hug or a handshake

28. I remember things best by:

- a) writing notes or keeping printed details
- b) saying them aloud or repeating words and key points in my head
- c) doing and practising the activity or imagining it being done

29. If I have to complain about faulty goods, I am most comfortable:

- a) writing a letter

- b) complaining over the phone
- c) taking the item back to the store or posting it to head office

30. I tend to say:

- a) I see what you mean
- b) I hear what you are saying
- c) I know how you feel

Now add up how many A's, B's and C's you selected.

A's = B's = C's =

If you chose mostly A's you have a VISUAL learning style.

If you chose mostly B's you have an AUDITORY learning style.

If you chose mostly C's you have a KINAESTHETIC learning style.

Some people find that their learning style may be a blend of two or three styles, in this case read about the styles that apply to you in the explanation below.

When you have identified your learning style(s), read the learning styles explanations and consider how this might help you to identify learning and development that best meets your preference(s).

Now see the VAK Learning Styles Explanation.

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VAK Learning Styles Explanation

The VAK learning styles model suggests that most people can be divided into one of three preferred styles of learning. These three styles are as follows, (and there is no right or wrong learning style):

Someone with a Visual learning style has a preference for seen or observed things, including pictures, diagrams, demonstrations, displays, handouts, films, flip-chart, etc. These people will use phrases such as 'show me', 'let's have a look at that' and will be best able to perform a new task after reading the instructions or watching someone else do it first. These are the people who will work from lists and written directions and instructions.

Someone with an Auditory learning style has a preference for the transfer of information through listening: to the spoken word, of self or others, of sounds and noises. These people will use phrases such as 'tell me', 'let's talk it over' and will be best able to perform a new task after listening to instructions from an expert. These are the people who are happy being given spoken instructions over the telephone, and can remember all the words to songs that they hear!

Someone with a Kinaesthetic learning style has a preference for physical experience - touching, feeling, holding, doing, practical hands-on experiences. These people will use phrases such as ‘let me try’, ‘how do you feel?’ and will be best able to perform a new task by going ahead and trying it out, learning as they go. These are the people who like to experiment, hands-on, and never look at the instructions first!

People commonly have a main preferred learning style, but this will be part of a blend of all three. Some people have a very strong preference; other people have a more even mixture of two or less commonly, three styles.

When you know your preferred learning style(s) you understand the type of learning that best suits you. This enables you to choose the types of learning that work best for you. There is no right or wrong learning style. The point is that there are types of learning that are right for your own preferred learning style.

Please note that this is not a scientifically validated testing instrument – it is a free assessment tool designed to give a broad indication of preferred learning style(s). More information about learning styles, personality, and personal development is at www.businessballs.com. With acknowledgements to Victoria Chislett for developing this assessment. Victoria Chislett specializes in performance psychology and its application within organisations, and can be contacted via email: performancepsychologist@yahoo.com . © V Chislett MSc & A Chapman 2005.

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SHARING INFORMATION

Use this checklist as a guide to ensure that basic information and critical details have been shared and discussed with you.

CAMPUS INFORMATION	YES	N / A
BUILDING STAFF:		
PRINCIPAL		
ASSISTANT PRINCIPAL(S)		
GUIDANCE COUNSELOR(S)		
BEHAVIOR SPECIALIST		
PRINCIPAL'S SECRETARY		
FRONT OFFICE STAFF		
DATA MANAGEMENT TECHNICIAN		
HEAD PLANT OPERATOR		
CAFETERIA MANAGER		
LIBRARY MEDIA SPECIALIST(S)		
SCHOOL NURSE		

ESE ASSOCIATE MANUAL

SPEECH/LANGUAGE THERAPIST		
OCCUPATIONAL THERAPIST		
PHYSICAL THERAPIST		
ESE TEACHERS		
GENERAL EDUCATION PARTNERING TEACHER(S)		
ESE SUPPORT STAFF		
PROGRAMS OPERATING ON THE CAMPUS		
MASTER SCHEDULE		
CAMPUS RULES, PROCEDURES AND GUIDELINES:		
ARRIVAL AND DEPARTURE TIMES		
ARRIVING LATE OR LEAVING EARLY		
ABSENCES		
BREAK AND LUNCH TIMES		
PARKING		
BUILDING MAP		
COMFORT ISSUES: RESTROOMS, ACCESS TO TELEPHONES, CHECKING MAIL, EMAIL AND MESSAGES, LUNCH OPTIONS, VENDING MACHINES, BREAK ROOM, SMOKING POLICY, DRESS CODE		
LOCKED PERSONAL STORAGE AND WORK SPACE		
LOCATION AND USE OF EQUIPMENT AND SUPPLIES		
PAYCHECK DISTRIBUTION		
FORMS		

ESE ASSOCIATE MANUAL

CAMPUS TRADITIONS:		
LUNCHEONS, BIRTHDAYS, CASUAL DAYS, HOLIDAY EXCHANGE, ETC.		
SCHOOL WIDE BEHAVIOR PLAN		
• GUIDELINES FOR SUCCESS		
• COMMON AREA RULES		
• REWARD SYSTEMS		
EMERGENCY, HEALTH AND SAFETY PROCEDURES:		
EMERGENCY EXITS		
FIRE/HURRICANE/TORNADO DRILLS		
STUDENT ACCIDENT OR ILLNESS		
FIRST AID SUPPLIES		
SPECIALIZED HEALTH CARE (STUDENT SPECIFIC)		
MAINTAINING HEALTHY, SAFE ENVIRONMENTS		
SUSPECTED CHILD ABUSE AND NEGLECT		
WORKER'S COMP.		
SCHOOL CLOSURE INFORMATION		
CLASSROOM INFORMATION	YES	N/A
ROLES AND RESPONSIBILITIES:		
THE ROLE OF TEACHERS		
THE ROLE OF ESE ASSOCIATES		
PERSONALIZED JOB DESCRIPTION		
PERFORMANCE EVALUATION		
CLASSROOM SCHEDULE		
ESE ASSOCIATE DAILY SCHEDULE		
INSTRUCTIONAL ENVIRONMENT:		
CURRICULUM ISSUES		
INSTRUCTIONAL ISSUES		
CLASSROOM MANAGEMENT ISSUES		
EVALUATION ISSUES		
STUDENT PROFILES		

ESE Associate: _____ Teacher/School Representative: _____

Date: _____

Personalized Job Description

ESE Associate: _____

Teacher: _____

This form is to be used as a tool to define the roles and responsibilities of the ESE Associate in individual classroom settings.

<i>TASKS</i>	<i>ROLES AND RESPONSIBILITIES</i>	<i>COMMENTS</i>
Classroom Organization		
Duplicating materials		
Preparing displays and bulletin boards		
Typing instructional materials		
Creating seating arrangements for various small group activities		
Creating and maintaining filing systems for materials		
Other		
Student Assessment		
Checking student work		
Keeping anecdotal records on student performance		
Completing checklists on student performance		
Conducting formal observations of student performance		
Administering teacher-made tests		
Other		

<i>TASKS</i>	<i>ROLES AND RESPONSIBILITIES</i>	<i>COMMENTS</i>
Setting Objectives		
Documenting when a student has mastered an objective		
Identifying possible objectives for a student		
Assisting in writing objectives		
Other		
Direct Instruction		
Reinforcing subjects which have been taught by the teacher		
Assisting small groups of students		
Working one-on-one with students		
Presenting information to a whole class		
Providing appropriate feedback to students		
Other		
Personal Care Management		
Assisting students with tasks such as feeding, dressing and toileting		
Providing specialized care for students under the supervision of the school nurse		
Other		

<i>TASKS</i>	<i>ROLES AND RESPONSIBILITIES</i>	<i>COMMENTS</i>
Behavior Management		
Monitoring students in less structured environments (i.e. PE, recess, lunchroom)		
Monitoring students in time-out		
Monitoring student behavior with tracking charts, contracts, behavior improvement plans		
Supervising students in restricted lunch		
Helping students deal with stress		
Developing strategies which reinforce appropriate behavior		
Monitoring small groups		
Monitoring large groups		
Other		
Working With Parents		
Directing parents to appropriate resources		
Providing on-going communication regarding students		
Other		

ESE ASSOCIATE MANUAL

<i>TASKS</i>	<i>ROLES AND RESPONSIBILITIES</i>	<i>COMMENTS</i>
Working With Technology		
Reinforcing objectives using low, medium, and high technology		
Assisting in the setting and maintaining of speech		
Assisting in computer lab setup		
Other		
Building Classroom Partnerships		
Working with one partner teacher		
Working with a number of partner teachers		
Other		
Miscellaneous Duties		
Monitoring the lunchroom		
Assisting with hall and bus duties		
Supervising students in community settings		
Other		

CAMPUS INFORMATION

BUILDING STAFF:

PRINCIPAL
NAME

LOCATION

NOTE

ASSISTANT PRINCIPAL
NAME

LOCATION

NOTE

GUIDANCE COUNSELOR
NAME

LOCATION

NOTE

BEHAVIOR SPECIALIST
NAME

LOCATION

NOTE

SECRETARY 1
NAME

ESE ASSOCIATE MANUAL

LOCATION

NOTE

SECRETARY 2
NAME

LOCATION

NOTE

HEAD PLANT OPERATOR
NAME

LOCATION

NOTE

CAFETERIA MANAGER
NAME

LOCATION

NOTE

LIBRARY MEDIA SPECIALIST
NAME

LOCATION

NOTE

SCHOOL NURSE
NAME

LOCATION

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NOTE

SPEECH/LANGUAGE THERAPIST
NAME

LOCATION

NOTE

OCCUPATIONAL THERAPIST
NAME

LOCATION

NOTE

PHYSICAL THERAPIST
NAME

LOCATION

NOTE

TEACHER
NAME

LOCATION

NOTE

TEACHER
NAME

LOCATION

NOTE

TEACHER

ESE ASSOCIATE MANUAL

NAME

LOCATION

NOTE

TEACHER ASSISTANT
NAME

LOCATION

NOTE

TEACHER ASSISTANT
NAME

LOCATION

NOTE

OTHER

NAME

LOCATION

NOTE

PROGRAMS OPERATING ON THE CAMPUS

MASTER SCHEDULE

CAMPUS RULES, PROCEDURES AND GUIDELINES:

ARRIVAL AND DEPARTURE TIMES

ARRIVING LATE OR LEAVING EARLY

ABSENCES

BREAK AND LUNCH TIMES

PARKING

BUILDING MAP

COMFORT ISSUES: RESTROOMS, ACCESS TO TELEPHONES,
CHECKING MAIL, EMAIL AND MESSAGES, LUNCH OPTIONS,
VENDING MACHINES, BREAK ROOM, SMOKING POLICY,
DRESS CODE

ESE ASSOCIATE MANUAL

PERSONAL STORAGE AND WORK SPACE

LOCATION AND USE OF EQUIPMENT AND SUPPLIES

PAYCHECK DISTRIBUTION

FORMS

CAMPUS TRADITIONS:

LUNCHEONS, BIRTHDAYS, CASUAL DAYS, HOLIDAY EXCHANGE, ETC.

BEHAVIOR IMPROVEMENT POLICIES AND PROCEDURES:

EMERGENCY, HEALTH AND SAFETY PROCEDURES:

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EMERGENCY EXITS

FIRE/HURRICANE/TORNADO DRILLS

STUDENT ACCIDENT OR ILLNESS

FIRST AID

SPECIALIZED HEALTH CARE

MAINTAINING HEALTHY, SAFE ENVIRONMENTS

SUSPECTED CHILD ABUSE AND NEGLECT

PERSONAL INTERESTS, TALENTS AND HOBBIES

Specify particular interests, talents and hobbies that you would be interested in sharing with the school community.

SPORTS: _____

CRAFTS: _____

TRAVEL: _____

DANCE: _____

MUSIC: _____

OTHER: _____

MY WORK STYLE

Circle the number that indicates your level of agreement/ disagreement with each statement. Use the information as the basis of discussion with your partner teacher about similarities and differences in work styles.

	<u>Disagree</u>			<u>Agree</u>		
	1	2	3	4	5	
I like to be closely supervised.						
I like a flexible work schedule.						
I like to know exactly what is expected of me.	1	2	3	4	5	
I like to choose my own materials to use with students.	1	2	3	4	5	
I like to have a written work schedule.	1	2	3	4	5	
I like time to think ahead on the next task.		1	2	3	4	5
I like to develop my own methods of instructing.	1	2	3	4	5	
I like to try new activities on my own.	1	2	3	4	5	
I like to be told directly how to do each task.	1	2	3	4	5	
I like to do several things at one time.	1	2	3	4	5	
I like challenges and new situations.		1	2	3	4	5
I like taking care of details.		1	2	3	4	5
I like to be very punctual.	1	2	3	4	5	
I like to know frequently how I can improve.	1	2	3	4	5	
I like to bring problems out in the open.		1	2	3	4	5
I like to have daily feedback.		1	2	3	4	5
I like to discuss activities that do not go well.	1	2	3	4	5	
I like to work with other school staff.	1	2	3	4	5	

Communication Needs _____

Hobbies & Leisure Interests _____

Likes/Dislikes _____

INSTRUCTIONAL INFORMATION

Strengths _____

Weaknesses _____

Recommended Instructional Strategies _____

BEHAVIORAL INFORMATION

Strengths _____

Weaknesses _____

Recommended Behavioral Strategies _____

Triggers (actions or events that tend to precede behavioral problems) _____

Recommended Reinforcers _____

ATTACHMENTS

- IEP
 - Behavior contracts
 - OT report
 - PT report
 - Report from counselor
 - Functional vision report
 - Healthcare procedures
 - Speech/language report
 - Assistive technology report
 - Photos of student using adaptive equipment
 - Other
-

Teacher's Checklist

Getting Started

- Provide an atmosphere of respect, recognition, and open communication.
- Meet with the ESE Associates before the first day of school or their first day on the job.
- If the ESE associate is new to the school, introduce them to other teacher, associates, and personnel in the building.
- Discuss school rules and policies regarding behavior on the play ground and in the lunchroom, bathrooms, hallways, library, etc.
- Acquaint the associate with school records and the way they are monitored and used.
- Show the associate where supplies and materials are kept and how they are obtained.
- Discuss building and classroom emergency procedures.
- Discuss school safety issues and policies.

Orienting Associates to Your Classroom

- Allow the associate to spend a day observing you.
 - Provide an initial orientation to you classroom, including:
 - Daily routines
 - Daily and weekly schedules
 - Instructional procedures
 - Procedures for handing in and posting student assignments.
 - Explain the activities that take place at the beginning of each class, such as:
 - Attendance recording
 - Warm-up routines
 - Special services, such as speech therapy and other special programs
-

- Explain your class policy regarding:
 - Classroom procedures (e.g., posting and handing in assignments, etc.)
 - Room organization and clean-up
 - Student rules
 - Neatness, incomplete work, late or missing work, and make-up work
- Provide a spot for the ESE associate to put his or her belongings, materials, etc.

Working with ESE Associates

- Take time to provide clear instructions and complete information to the associate.
- Discuss the appropriate roles of the teacher and associate.
- Share your expectations for the associate.
- Build time in your schedule to plan and communicate with the associate.
- Discuss how you'll communicate with one another if you don't have a daily meeting time.
- Discuss the roles of the substitute and the associate when the teacher is absent.
- Make the most of meeting and planning times with the associate.
- Discuss problems and ideas with associates. Ask for their ideas, suggestions, and opinions.
- Take time to listen to the associate's concerns and questions.
- Allow for individual initiative. Don't expect the associate to do things exactly the way you do them.

Tasks

- Decide which tasks and duties could be delegated.
 - Prepare work assignments for associates based on program needs, learning objectives for student(s), and associate's skills and experience.
 - Consider the strengths, interests, and needs of associates when planning schedules and assignments.
 - Involve associates in planning and organizing learning experiences based on associates qualifications.
 - Provide the associate with a written list of duties and responsibilities.
 - Organize schedules that allow for cooperation, planning, and information sharing.
-

- Discuss the associate's role in any other duties, such as:
 - Taking attendance
 - Copying materials
 - Recording grades
 - Ordering supplies
 - Organizing classroom materials
 - Collecting student work
- If the associate is working with more than one teacher, discuss how the associate's time will be divided.
- Develop a system to monitor task performance.

Parents and Families

- Discuss the associate's role with the parents and families of students,
- Discuss the importance of confidentiality and parent communication.
- Address the importance of respecting and listening to students.
- Discuss health-related needs of specific students, if appropriate.
- Discuss the associate's role, if any, in parent conferences and IEP meetings.

Curriculum and Instruction

- Introduce the associate to instructional procedures.
 - Discuss district and classroom instructional standards and learning targets.
 - Explain your teaching philosophy and teaching style.
 - Discuss your lesson-plan format.
 - Encourage the involvement of associates in setting goals and planning, implementing, and evaluating instructional activities.
 - Discuss how students are motivated in the learning environment.
 - Introduce associates to classroom learning stations and explain how they are used.
-

- Allow associates to familiarize themselves with educational software and technology.
- If the associate is primarily assigned to one student, clarify the teacher's role in the student's instruction, including the times the teacher will be working with the student.
- Discuss Individual Education Plans (IEPs) for student with special needs. Plan short-term objectives and lessons that address IEP goals.

Student Behavior

- Discuss student accountability and expectations.
- Discuss behavior management in the classroom and your expectations for managing students.
- Discuss what behavior is expected of students when they've completed an assignment.
- Discuss classroom rules and regulations.
- Explain expected behavior of student.
- Address the importance of respecting and listening to students.
- Demonstrate how to observe and chart student behavior.

Feedback

- Compliment associates on their contributions to the program and let them know how much you appreciate their assistance.
 - Provide **regular**, constructive feedback regarding each associate's work performance.
 - Share your plan to give associates feedback on their performance. Let them know how and when feedback will be provided.
 - Discuss the evaluation criteria that will be used by the district to assess the associate's work performance.
 - Discuss formal and informal assessment and the associate's role in assessment.
 - Provide a way for both teacher and associate to evaluate the team relationship.
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