



Guidance Information  
on Types of Learner's  
Disabilities and Difficulties

# Contents

Aims & Objectives of this booklet

Specific information about ADHD

Irlen syndrome

Dyscalculia

MLD

BESD

Dyspraxia

Dyslexia

EAL

ASD

Tourettes

List of Websites

# Aims & Objectives

## **The objective of this document, is**

- To provide, teachers and parents with a brief outline of the learning disability their child / student may have.
- To provide parents / teachers with a number of useful strategies which can work in helping the student overcome their difficulty and so improve their attainment to the level of their peers.
- To provide a resource which gives you an avenue to go to and find more information.

## **What are learning difficulties?<sup>1</sup>**

They are quite simply a variation on normality. Such as

- Not being able to concentrate for long periods of time,
- getting bored rather easily,
- acting impulsively,
- tripping over things,
- trying to make sense of what you read or write,
- living in a world of your own,
- losing track of time,
- forgetting what you have just learnt,
- being single minded or extraordinarily talented

A Child has an Additional Educational Need, if they require some form of specific additional educational provision, be it to stretch a gifted and talented student, support their English development, if English is a secondary language, or if they have a physical or learning disability / disorder.

According to National statistics, 20% of students in school are listed as being on school registers as having some form of learning difficulty or disability.

According to the recent Bercow Report (2008), the single biggest issue which affects learning is ‘speech, language & communication’ It is also listed by WHO and UNSECO as being one of the 10 basic human rights.

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<sup>1</sup> (mindroom.org, it takes all kinds booklet)

## **Our aim**

At The Folkestone Academy our aim is to make ‘all reasonable adjustments to our teaching and learning environment, to aid students in achieving excellence in academic, social, behavioural and employment opportunities.’

Although The Academy is extremely important in the lives of students, it accounts for only a small percentage of the time a student has, both as a child and an adult. Therefore, it is vital that families play their part in supporting their children in raising their aspirations and academic attainment. Your involvement, along with ours and any outside agency will be most effective when implemented as a team.

## **AEN Level of Need**

All students who are deemed to have a learning or physical disability/ disorder, will have a level of need. In line with National standards, these are graded into 3 bands of increasing severity.

### **1. School Action**

This the lowest form of need. It will involve the AEN department and yourselves giving advice to members of staff on how best to meet the needs of the child at this level. This may involve a teaching assistant supporting that student within the lesson, or providing suitable support from an intervention programme within the Academy.

### **2. School Action Plus**

This level of support requires all of the support given for students at School Action, in addition to support from agencies outside the Academy. Such as, School Counsellor, Hearing / Visual impairment specialist, Connections, BEST, Breakthrough, CAHMS, Educational Psychologists or some form of support from Social Services.

### **3. Statement of Need**

This is the highest level of need. This requires substantial documentation, and will be given for the most severe or complex needs. A Statement is required if a student is to be considered for a place at a school of special needs. Unlike in the past, no additional monies are given to schools to meet the needs of the statement. These statements of need are reviewed annually.

The Folkestone Academy is wishing to work with its community, and offering support to the community in meeting the Academy’s mission statement.



## Learner's Difficulties & Disabilities Factsheet

<b>Name of Disorder:</b> Attention Deficit Hyperactivity Disorder (ADHD)
<b>Back ground information:</b>  This is a minor brain dysfunction, children affected will show inability to control their impulses and they may speak or behave in an inappropriate way and have difficulty maintaining concentration. Suffers may be disorganised and socially clumsy. This affects boys more than girls and is usually a hereditary condition.
<b>Symptoms:</b>  Fails to finish tasks Looses things Disorganised Avoids tasks e.g. Homework Easily distracted Forgetful Interrupts others Restless and fidgety Cant stop talking Does not appear to listen when being spoken to

<b>Teaching Strategies:</b>  A daily routine for the child Be specific in your instructions Make clear and reasonable requests Encourage and praise as much as possible Immediate discipline for poor behaviour Be consistent and calm Seated away from distractions such as a window Use of rewards for good behaviour Give instructions with eye contact Liaise with the Academy's AEN department.
<b>Coping Strategies for Parents:</b>  Sometimes medication will be needed such as Ritalin this reduces hyperactivity and impulsiveness Lots of praise and encouragement Helping with organisation Consistent routine National support groups are available for families of children with ADHD Liaise with the Academy's AEN department.
<b>Web Links:</b>  <a href="mailto:Info@addiss.co.uk">Info@addiss.co.uk</a> <a href="http://www.nhsdirect.nhs.uk">www.nhsdirect.nhs.uk</a> <a href="http://www.ADHD.org.uk">www.ADHD.org.uk</a>



## Learner's Difficulties & Disabilities Factsheet

### Name of Disorder

Meares Irlen syndrome

### Back ground information

This condition takes its name from Helen Irlen, who was a School Psychologist in America. Her research was between 1980 and 1985. She discovered that there were gaps in other research tests especially where some children expressed their inability to read.

The syndrome also called in medical terms "*Scotopic Sensitivity Syndrome*" this means that the brain does not interpret correctly the visual information which is sent from the eyes.

### Symptoms:

- Eyes could be sensitive to the glare from artificial lights which could cause difficulty and discomfort.
- Reading from white paper may prove difficult.
- The print may move, disappear or be difficult to see.
- May miss out lines of words and read slowly
- Unable to read grouped or several words fast.
- Concentration could be difficult in reading, listening or working.
- Sufferers may be clumsy i.e. catching balls or judging distances

### Teaching Strategies

- Using colours on the white board which the sufferer can read, ie changing black to blue
- Different coloured plastic sheets (overlay) or rulers can be provided to aid reading text books
- Use the Visual reading ruler available for computer work
- Check child's understanding of work read
- Work may need to be read allowing the child to write the answer.
- Rest periods may be necessary during teaching time
- Liaise with AEN dept.

### Coping Strategies for Parents

- Regular appointments with optician who can provide glasses with coloured lenses, if required, appropriate for your child's sensitivity
- Be aware of physical side affects caused by Irlen Syndrome such as tiredness, migraines, clumsiness, and lack of self esteem and self consciousness of their problem
- Liaise with AEN Dept of Academy
- Get more information from Reading by Colour, a charity supporting children with Irlen Syndrome
- Also Irlen Centre, Kent (Tel 01622 842764)

### Web Links

- [www.readingby.colour.btinternet.co.uk](http://www.readingby.colour.btinternet.co.uk)
- [www.irleneast.com](http://www.irleneast.com)
- [www.visualdyslexia.freeserve.co.uk](http://www.visualdyslexia.freeserve.co.uk)
- [www.irlen.com](http://www.irlen.com)



## Learner's Difficulties & Disabilities Factsheet

### Name of Disorder

**Dyscalculia**

### Back ground information

Dyscalculia is like Dyslexia for numbers. At the moment it is suggested that it is a congenital condition caused by the abnormal functioning of a specific area of the brain. People with dyscalculia experience great difficulty with the most basic aspects of numbers and arithmetic. It is estimated that between 3% and 6% of the population are effected with dyscalculia and are not dyslexic so therefore only have difficulty with maths but perform well in other areas of learning.

### Symptoms

- **Counting:** Dyscalculic children can usually learn the sequence of counting words, but may have difficulty navigating back and forth, especially in 2's and 3's.
- **Calculations:** May find learning and recalling number facts difficult. They often lack confidence even when they produce the correct answer. They fail. To use rules and procedures to build on known facts.
- **Numbers with zeros:** Find it difficult to grasp that the words ten, hundred and thousand have the same relationship to each other as the numerals 10, 100 and 1000.
- **Measures:** Often have difficulty with operations such as handling money or telling the time. May also have problems with concepts such as speed ( miles per hour) or temperature.
- **Direction/orientation:** Difficulty understanding spatial orientation (including left and right) causing difficulties in following directions or with map reading.

### Teaching Strategies

The best way to teach children with dyscalculia is through using a multi-sensory approach in which they say, hear, write and handle numbers simultaneously.

Researchers have suggested that maths should be taught in short blocks of time (10 minutes seems ideal) with each session building on what has taken place previously.

Teachers should refrain from asking dyscalculia children simple maths questions in front of a class as it could lead to embarrassment and frustration.

Liase with the AEN department.

### Coping Strategies for Parents

Dyscalculia is a special need and requires diagnosis and appropriate counselling.

As a parent you may find it helpful to discuss your concerns with the school's AEN department.

### Web Links:

[www.dyscalculia.org/diagnosis.html](http://www.dyscalculia.org/diagnosis.html)

[www.dyscalculia.me.uk](http://www.dyscalculia.me.uk)

[www.dyscalculia.org](http://www.dyscalculia.org)

[www.dyscalculiaforum.com/news.php](http://www.dyscalculiaforum.com/news.php)

[www.dyslexichelp.co.uk/dyscalculia](http://www.dyslexichelp.co.uk/dyscalculia) (for parents)



## Learner's Difficulties & Disabilities Factsheet

<b>Name of Disorder:</b> Moderate Learning Difficulties MLD
<b>Back ground information:</b>  This condition also known as GLD (Global Learning Difficulties). This is a general development delay and children can suffer from Dyspraxia (clumsiness). These children often experience little success in school and their behaviour can be affected and they often suffer from low self-esteem.
<b>Symptoms:</b>  Short attention span Lack of logical reasoning Immature social and emotional skills Difficulties in Reading, Writing and Comprehension Poor understanding in maths Limited communication skills Under-developed co-ordination skills Can affect short and long-term memory

<b>Teaching Strategies:</b>  Liaise with AEN dept. for strategies and resources Differentiated text, use of word banks and writing frames Allow extra time to finish task Break down each task and keep them short Build up student profile and monitor response to different teaching styles Establish a routine Use appropriate praise and encouragement Use Teaching Assistants effectively to implement above Frequent practice of key skills
<b>Coping strategies for parents;</b>  Help with organisational skills and ensure everything is organised for the day in school Liaise with school's AEN dept on strategies and resources available Maintain regular home/school routine Offer support and encouragement in all areas Keep school informed of any changes or concerns that may arise
<b>Web Links:</b>  <a href="http://www.gov.je/">www.gov.je/</a> <a href="http://www.teachingexpertise.com">www.teachingexpertise.com</a>



## Learner's Difficulties & Disabilities Factsheet

<b>Name of Disorder:</b> Behaviour, Emotional , Social Difficulties (BESD)
<b>Back ground information:</b>  Behavioural, Emotional and Social Difficulty covers a continuum of severity and the full range of ability. It describes pupils whose difficulties present a barrier to learning and persist despite an effective school behaviour and policy curriculum. Pupils are sometime; Unhappy, unwilling and/or unable. Have learning difficulties and a low self-esteem. Have fewer friends and poor social skills Emotionally volatile or are easily hurt
<b>Symptoms:</b>  Pupils can display all or some of the following symptoms to varying degrees Difficulties in social interaction Poor concentration Frequent temper, which can be violent Low self-esteem Quiet and withdrawn Antagonistic towards peers and adults Challenging and defiant behaviour

<b>Teaching Strategies:</b> Have clear and well communicated ground rules. Ensure work set is appropriate and praised. Build on positives. Be consistent in approach and give clear guidelines about acceptable behaviour Help and intervene before a social or academic crisis develops. Allow time out. Encourage social conventions e.g. turn taking, not shouting out. Be aware of particular difficulties and follow IEP. Encourage them to recognize and identify feelings in themselves and crucially others. Give instantaneous rewards and limit threats and punishments. Language can make the difference: Verbal & non-verbal communication Recognise your importance and the influence you can have! Praise is a Reward 'Well done for talking quietly' 'It's great to see you getting to you lessons on time'. 'That's brilliant, look how much neater your work is'
<b>Coping strategies for parents;</b>  Have clear and well communicated ground rules. Be consistent in your approach to your child and give clear guidelines about acceptable behaviour Encourage social conventions e.g. turn taking, not shouting out. Encourage your child to recognize and identify feelings in themselves and in others. Give instantaneous rewards, especially praise and limit threats and punishments. Be mindful of the types of language, both verbal and non verbal.
<b>Web Links:</b>  <a href="http://www.behaviour4learning.ac.uk">www.behaviour4learning.ac.uk</a> <a href="http://www.behaviouruk.com">www.behaviouruk.com</a>



## Learners Difficulties & Disabilities Factsheet

**Name of Disorder:**

Dyspraxia

**Background Information:**

This is an impairment that affects the way the brain processes information resulting in lack of coordination and speech impairment.

1 in 30 children will have some sign of this but it affects mostly boys.

This can be helped if diagnosed early enough.

**Symptoms:**

Slow at dressing

Difficulties with using a knife and fork

Unable to tie shoe laces

Slow completion of class work

Handwriting difficulties

Difficulty in recognising danger

Movements are awkward and seem clumsy

General irritability and limited social skills

May tire easily

**Teaching Strategies:**

Encouragement to stay on task

Encourage effort

Boost self esteem at every opportunity

Line guides for setting out work

Help in planning such as lists sequences and timetables

Encourage support from classmates

Allow extra time for finishing work

Make use of your T/A

Avoid distractions

Limit the amount of handwriting that is expected, use chunking

Liaise and/or refer to AEN dept.

**Coping Strategies for Parents:**

Lots of encouragement and praise

Keep a daily routine

Use of post it notes for reminders

Help with organisation, possibly a school timetable stuck to the fridge.

Liaise with the AEN dept of the Academy.

**Web Links:**

[www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk)

[www.embrook.demon.co.uk/dysprax/homepa.e.htm](http://www.embrook.demon.co.uk/dysprax/homepa.e.htm)



## Learner's Difficulties & Disabilities Factsheet

<b>Name of Disorder:</b> Dyslexia
<b>Back ground information:</b> <p>Dyslexia is a specific learning difficulty which hinders the learning process in relation to reading, writing and spelling.</p> <ul style="list-style-type: none"><li>• Dyslexia is perhaps best described as a condition with a wide range of possible causes and symptoms.</li><li>• 5 – 10% of the population can be affected to some degree.</li><li>• Many dyslexics describe a page or print as moving or swirling and frequently lose their place when reading.</li></ul>
<b>Symptoms:</b> <p>Not all students who have difficulties with these skills are dyslexic. Formal testing is the only way to confirm a diagnosis of suspected dyslexia. Indicators may be,</p> <ul style="list-style-type: none"><li>• Problems with spoken language</li><li>• Difficulty in expressing themselves clearly.</li><li>• The inability to fully comprehend instructions/conversations given by others.</li><li>• Ability to process in order letters, groups of letters. Days , months, stories or information.</li><li>• Speed of reading, understanding, concentration and co-ordination.</li></ul>

<b>Teaching Strategies:</b> <ul style="list-style-type: none"><li>• Work within their areas of strength</li><li>• Visual timetables</li><li>• ICT – make use of line-trackers (Reading Ruler), book marks and/or coloured overlays as appropriate.</li><li>• Use pictures, plans and flow charts.</li><li>• To constantly give praise and encouragement</li><li>• Making all learning objectives achievable.</li><li>• Liaise and/or refer to AEN dept.</li></ul>
<b>Coping strategies for parents:</b> <p>With proper diagnosis, appropriate instruction, hard work and support from family, teachers, friends and others. Individuals who are dyslexic can succeed in school and working adults. Patience, praise and encouragement Allowing sufficient time for all activities Good communication between home and school Liaise with the AEN dept. when necessary.</p>
<b>Web Links:</b> <p><a href="http://www.dyslexiaaction.org.uk/">www.dyslexiaaction.org.uk/</a> <a href="http://www.bdadyslexia.org.uk/">www.bdadyslexia.org.uk/</a></p>

## Learner's Difficulties & Disabilities Factsheet

**Name of Disorder:**  
EAL – English as Additional Language

**Back ground information:**

Pupils who are EAL may come from a large variety of countries and backgrounds.

In England, 686,000 pupils are recorded as having a mother tongue other than English. More than 200 languages are spoken in the homes of children attending school.

There are many different languages of the Ethnic Minorities at The Academy including;

Nepalese/Bengali/Czech/Slovak  
Russian/Polish/Turkish/Nigerian/Shona/Albanian  
Chinese/Farsi/Hungarian.

It is important to note that an EAL pupil is not automatically an SEN pupil

**Symptoms:**

Social Difficulties with English peers  
Isolation  
Poor Behaviour  
Emotional issues  
Lack of understanding  
Communication skills  
Confidence  
Cultural differences  
Lack of education  
.

**Teaching Strategies:**

- Be aware all the time that an EAL pupil is not working in his own language
- Make sure the pupil is seated with a clear view of the teacher and any visual aids
- Give clear concise instructions
- Always check the pupil understands what is expected of him
- Try not to give dictation but if necessary give the EAL pupil a copy
- Give written lists of a new subject specific vocabulary for translating and learning at home
- Write in clear cursive handwriting: EAL pupils cannot predict spelling patterns
- Allow enough mental transaction time for the pupil to respond to any verbal question or command
- Face class when explaining – EAL pupils use facial expression and lip reading as aids to understanding
- Try to use the same terminology and avoid slang eg hang on a minute
- Oral work opportunities – pair work discussion, before task, is useful
- Visual aids, diagrams, demonstrations, to show concepts and new vocabulary will help
- Writing in supported means ie writing frame, flow diagram, word bank/key words will also help

Liaise and/or refer to AEN dept.

**Coping strategies for parents:**

Translator outside or pupil to be used when required  
Attend Coffee mornings  
Attend Parents meetings  
Work with the Academy's AEN/EAL dept.

**Web Links:**

<http://www.standards.dfes.gov.uk/primary/publications/inclusion/newarrivals/1160039>



## Learner's Difficulties & Disabilities Factsheet

<b>Name of Disorder:</b> Autistic Spectrum Disorder
<b>Back ground information:</b> <p>ASD is a generic term to describe people who have a common set of difficulties which affect communication, relationships and imagination.</p> <p>Autism It is caused by biological/ physiological or organic/ biochemical defects in the functioning of the brain.</p> <p>Aspergers is an impairment of two-way social interaction. Speech may be odd and pedantic. They tend to have very good rote memory. Often coexist with other syndromes</p>
<b>Symptoms:</b> <p>Does not like change</p> <p>High anxiety, low self esteem</p> <p>Have a narrow range of interests</p> <p>Does not interpret verbal and non verbal language appropriately</p> <p>May lack or have poor physical and visual motor skills</p> <p>Sensitive to sounds, light or may not make eye contact.</p>

<b>Teaching Strategies:</b> <p>Calm consistent approach</p> <p>Provide routines and structure.</p> <p>Don't invade personal space</p> <p>Allow time out cards</p> <p>Break down tasks, use visual clues</p> <p>Give positive feedback</p> <p>Use timeframes for completion of activity</p> <p>Recognise anxiety increases and allow them take up time, and safe haven area.</p> <p>Be explicit with instructions</p>
<b>Coping Strategies for Parents</b> <p>Teach recognition of emotions using a 1-10 scale. Use emotion check ins at specific times of day. Perhaps use photographs of emotions as a cue card.</p> <p>Have a routine and visual check lists, which can be ticked off.</p> <p>Use think pads</p> <p>Have chill out area</p> <p>Rewards for self control and teach rescue phrases if they are feeling angry or anxious.</p> <p>Reduce clutter</p>
<b>Web Links:</b> <p><a href="http://www.nas.org.uk/">www.nas.org.uk/</a></p> <p><a href="http://www.aboutautism.org.uk/">www.aboutautism.org.uk/</a></p> <p><a href="http://www.autismresearchcentre.com/arc/default.asp">www.autismresearchcentre.com/arc/default.asp</a></p>



## Learner's Difficulties & Disabilities Factsheet

<b>Name of Disorder:</b> Tourettes
<b>Back ground information:</b>  Is a neurological development condition, which means that it is part of the make-up of the brain It s a hereditary genetic condition, caused by specific chemicals not working in the brain
<b>Symptoms:</b>  Lose control over movements Make sounds without warning Twitch or jerk Coughing and grunting Usually chronic and involuntary tics, made worse by anxiety

<b>Teaching Strategies:</b>  Ignore the 'tics', this will help reduce them Structure and reliable routines Break assignments down into small manageable sections Work with a familiar face or group Regular breaks Provide a retreat area Use relaxation techniques Use of Time out card, if they feel anxious or to lt tics out Reward positive behaviours
<b>Coping Strategies for Parents:</b>  Reward charts Awareness training development work, to aid control Competing response training, so they use less provocative words Diet control Medication
<b>Web Links:</b> <a href="http://www.tourettes-syndrome.info">www.tourettes-syndrome.info</a> <a href="http://www.tourettes.com">www.tourettes.com</a> <a href="http://www.tourettes-action.org">www.tourettes-action.org</a>

## Useful Web-sites

Web Address	Outline
<a href="http://www.mindroom.org">www.mindroom.org</a>	Charity website to support all people in educating and helping people with learning difficulties
<a href="http://www.gov.je/">www.gov.je/</a> <a href="http://www.teachingexpertise.com">www.teachingexpertise.com</a>	MLD
<a href="http://www.behaviour4learning.ac.uk">www.behaviour4learning.ac.uk</a> <a href="http://www.behaviouruk.com">www.behaviouruk.com</a>	BESD
<a href="http://www.dyscalculia.org/diagnosis.html">www.dyscalculia.org/diagnosis.html</a>  <a href="http://www.dyscalculia.me.uk">www.dyscalculia.me.uk</a>  <a href="http://www.dyscalculia.org">www.dyscalculia.org</a>  <a href="http://www.dyscalculiaforum.com/news.php">www.dyscalculiaforum.com/news.php</a>  <a href="http://www.dyslexichelp.co.uk/dyscalculia">www.dyslexichelp.co.uk/dyscalculia</a>	dyscalculia
<a href="http://www.readingby.colour.btinternet.co.uk">www.readingby.colour.btinternet.co.uk</a> <a href="http://www.irleneast.com">www.irleneast.com</a> <a href="http://www.visualdyslexia.freemove.co.uk">www.visualdyslexia.freemove.co.uk</a> <a href="http://www.irlen.com">www.irlen.com</a>	Meares Irlen Syndrome
<a href="http://www.standards.dfes.gov.uk/primary/publications/inclusion/newarrivals/">www.standards.dfes.gov.uk/primary/publications/inclusion/newarrivals/</a>	EAL
<a href="mailto:Info@addiss.co.uk">Info@addiss.co.uk</a> <a href="http://www.nhsdirect.nhs.uk">www.nhsdirect.nhs.uk</a> <a href="http://www.ADHD.org.uk">www.ADHD.org.uk</a>	ADHD
<a href="http://www.dyspraxiafoundation.org.uk">www.dyspraxiafoundation.org.uk</a> <a href="http://www.embrook.demon.co.uk/dysprax/homepa.e.htm">www.embrook.demon.co.uk/dysprax/homepa.e.htm</a>	Dyspraxia
<a href="http://www.nas.org.uk/">www.nas.org.uk/</a> <a href="http://www.aboutautism.org.uk/">www.aboutautism.org.uk/</a> <a href="http://www.autismresearchcentre.com/arc/default.asp">www.autismresearchcentre.com/arc/default.asp</a>	Autistic Spectrum Disorder
<a href="http://www.tourettes-syndrome.info">www.tourettes-syndrome.info</a> <a href="http://www.tourettes.com">www.tourettes.com</a> <a href="http://www.tourettes-action.org">www.tourettes-action.org</a>	Tourettes