

Why Jason and Janet Aren't Learning to Read



There are many reasons why a child may have difficulty learning to read.

It is obvious that all children are not alike. Some are more mature than others, some are artistic, some excel in math, some children read and write for pleasure, and many are talented in music or sports. There are genetic differences in ability to learn. These differences are not what this booklet is about. Every child should meet the standards* for the grade unless there are problems. The problems are also varied. The child may have learning disabilities, physical or emotional problems, the learning conditions may be poor or the programs unsuitable. A child may be behind if the skills have not been taught, if he has poor eyesight, or if his brain is not processing the information correctly.

Whatever the explanation, **the child is not at fault.**

* Standards for Grade One are grade level scores on any *standardized* test.

A child of 6 or 7 or 8 wants to do well. He wants to please his teacher and he likes to have the approval of his peers. If a child is not learning as well as he should there are reasons that are not the fault of the child and it is more devastating for him than for anyone else. Programs that place little emphasis on skills and achievement will not help - a child always knows when others can do things that he cannot do. Trying to boost his self esteem in other ways is fine, but it is simply putting a band-aid on a serious injury. If a child is not learning to read he needs the proper help so that he will learn, and when he learns his self-esteem will increase.

It is very important that you try to discover the reasons for a child's lack of success. If you know the reason or reasons, you are on the way to discovering the remedy.

You must be able to say, “I am having a problem teaching Jason to read. What can I do to help him?” Not, “Jason is having a problem learning to read.”

Often there is not just one reason for a child's problems in reading. A child may have poor eyesight, and after you have diagnosed this and the parents have provided corrective lenses there may still be a problem with the child's reading and you will discover that he has auditory perception problems and cannot learn the letter sounds to decode words easily. A child can be learning disabled and also have food allergies. The combinations are limitless.

As you study the following list of the most common problems that prevent children from achieving reading success in the primary grades, you will recognize past students and present members of your class. The important part of this is - “What will you be able to do to help the child learn to read?” Hopefully the suggestions provided will help.

1. Educational deprivation or disadvantage

Some children come to school with little or no background in literature. They have not had books read to them, they do not watch educational TV programs and they have no books of their own. These children have no concept of print, do not know any (or few) letter names and no letter sounds. A solid literature and language program in kindergarten helps, but often these children are still far behind their peers in the understanding of print and also in language development. These children frequently look blankly at you when you give instructions and have difficulty following instructions with more than one step.

Simple Tests:

- Hand a book to the child. Ask him to show you the front of the book. Open to the first page and ask the child where we start reading and see if he can point to the upper left. See if he knows to trace the lines of print from left to right and top to bottom of the page.

- Find an easy predictable book, read it aloud pointing to each word, and see if he can point to each word as he repeats the text. A ‘Big Book’ is good for this exercise.

- Mix the letters of the alphabet and see how many the child recognizes – upper and lower case. Does he know the names of the letters in his name? Is he able to print his name?

- Frequently these children have not experienced the use of scissors, crayons or pencils. While a lack of dexterity may mean a fine motor problem or poor eyesight, these children may be unable to handle the tools correctly because of the lack of experience.

What Can You Do?



- Read 'Big Books' from your school library every day. Follow the words with your hand from left to right, and show each word as you read. Read the same book often, and when a book or page has been memorized have the child come and touch the words as he 'reads'. Your quicker learners may be actually learning the words during this process.

- Teach the letters slowly and with much repetition. Review the letter names and sounds with this child individually.

- Use kinesthetic techniques. Making huge letters on the floor with his fingers, feeling sandpaper letters, making letters in a sand tray and modelling them in plasticine may help. Have the child do whole-body exercises with letters or words (for example, take the word 'red' and put it next to red objects).

- Read and write experience stories with the class daily.

- Teach reading words that are meaningful to the child. (Don't postpone the teaching of sight reading words for the disadvantaged child. **Children learn by learning.** The child's abilities will increase as his knowledge increases. He will learn each word a bit more quickly than he learned the last. Postponing the learning of simple sight reading vocabulary simply puts the child farther behind his peers.)

- Talk to the parents about the importance of reading a bedtime story. If that is not practical, perhaps you can find a volunteer or an aide to take this child aside every day and read a story one-on-one, and review his reading words and the letters.



2. The child is not being taught in his strongest learning style.

There are three distinct learning styles. Some children are mainly visual learners, some are strong auditory learners, and a few favour the kinesthetic methods. Many children are able to learn to read no matter which style is being taught because they are strong in all three areas. Other children, however, strongly favour one style over the others. Visual learners do best with sight reading methods. Auditory learners do best with phonics. Strong kinesthetic learners, if they are weak in the other two styles, must print, trace letters and words and use whole body movements in order to succeed.

If only one method of teaching reading is being used, many children in the class will not be learning to their potential or not learning at all. If a method is being taught that doesn't suit a particular child's learning style, he may be having unnecessary problems in learning to read. When one method is being used alone, such as literature-based reading or phonics, many children will have troubles; but when all the methods are being taught it stands to reason that more children will be experiencing success and the blend of methods will benefit every child. This is especially important when you consider that there are children who can only learn by one direct method and all other methods will fail.

Visual Methods

a) The Sight Word Method

The sight word method (most of the old basal readers, for example) works well for many children. These programs work by straight visual memorization. This will work well for a child if he has a good visual memory. He must be able to retain a mental picture of the word and have an immediate recall of the word. Of course, without learning phonics and decoding skills it is difficult for the child to increase his reading vocabulary without direct teaching of the words. This method gives much repetition of sight words, especially at the Grade One level. For some children this is the only method that will work.

Shannon was a strong visual learner. The grade one teacher taught a blend of all the reading methods and it became apparent early in the first term that Shannon could not easily learn phonics. She had an articulation problem and voiced the sounds incorrectly, and could not remember and apply the letter sounds even after much repetition. She could, however, easily remember sight words that were taught to her, but unless she was told what an individual word was, she had no way of decoding it.

Later she was tested and it was proven that she had a severe auditory learning disability. Shannon had difficulties later in school when she had teachers who taught through literature and specific words were no longer taught in reading lessons. Without direct teaching of words her reading vocabulary did not increase. Shannon is an extreme example of a child who needs the sight word method.

The sight word method will not work well for a child if he has a poor visual memory or problems with visual discrimination. Some children have difficulty remembering words and discriminating between words that look alike. If a child has problems seeing small differences in words or has letter or word reversals ('b' for 'd', 'on' for 'no', 'was' for 'saw', or mixes 'for', 'from' and 'of') then the sight word method will be more difficult. Every child, however, needs to be given a sight word reading vocabulary even when phonics is the optimal way for the child to learn, as many words cannot be phonetically decoded.

A sight word program does not need to include basal ‘Dick and Jane’ type readers. Most schools do not even have them any more. There are sight word programs that can be individually suited to the child, group or class that will provide the repetition necessary for children who learn by this method. The sight words can be taught through literature, but must be taught sequentially and with much repetition in order for all students to achieve mastery.

b) Literature-Based Methods.

Whole language was the universal favourite of educators in the 1990’s. For the teachers who believed in it this became almost a religion, as ‘Whole Language’ was more than a reading method, it was a philosophy of teaching. This term went out of vogue, and the method has evolved to what is now called ‘Literature-based’ learning or ‘Guided Reading’. There are also as many definitions of this as there are teachers using the program. As the term is used here, teachers who use literature-based programs do not specifically teach individual sight words or explicit phonics. They usually teach phonics implicitly. The teacher begins with the language as a whole and then breaks it down into the parts - the ‘top-down’ approach. It works well for children who have no problems, who have a good background in language and who are able to teach themselves a sight reading vocabulary and phonics without specific repetition of the reading words or sequential teaching of the letter sounds. To learn to read well with a literature-based program a child must be a strong visual learner.

True literature-based methods have the highest failure rate among any of the reading methods. When whole language became popular, the educational community ‘threw out the baby with the bathwater’ and totally dismissed explicit phonics and sight word reading as unhealthy. In those days, at least a third of the children in any grade one class were not experiencing success in learning to read. If the number of children reading well was much higher than that, it was likely that parents taught phonics or sight word reading at home or the teacher had been teaching phonics and sight words behind closed doors. This is still true to a lesser degree. If a child has a mild to severe learning disability, has not had a background in literature or is not as mature as most six year olds, literature-based methods do not work well.

If you teach this method and are waiting for one or more children to ‘emerge’ as good readers, writers or spellers but half a year has gone by with nothing happening, this is obviously not working and it is unlikely that it will succeed in the future. A strong literature program is wonderful in kindergarten. It helps the educationally disadvantaged children gain a concept of print and it improves the language development for all the children. Even in kindergarten, however, we can hope that the children have been taught the letters and the letter sounds and given visual and auditory discrimination and recall exercises. Every child needs to be taught the ‘top-down’ approach in order to make reading relevant but for many children this method isn’t enough alone. Good teachers have always used many of the strategies that are now considered ‘literature-based’. Literature strategies are a necessary part of a balanced reading program that will teach every child in the class. And, there are a few students who learn to read easier with these strategies than with other methods.



Now “Reading Recovery” has been brought in to close the gap – to help those children who are not learning through the usual literature-based classroom reading lessons. There are differences of opinion in the research on RR and whether it is effective in the long term. What is obvious, however, is that the children who are learning disabled will not succeed with this short-term fix, and that the children who are given this help are generally low-average learners who would benefit much more from specific teaching all year in the classroom. The teaching in RR isn’t truly specific or sequential and it simply works because these children do not have severe problems and benefit from the one-on-one time. Reading Recovery is expensive, too, in this time of cut-backs in school funding.

Reading Recovery is used in schools where it is expected that a certain percentage of children will not be adequately taught in the classroom. This seems to be a ‘built-in’ failure of the literature-based methods used.

The Auditory Method

Phonics

Phonics comes along every 20 years or so as the cure for all reading difficulties. Twenty years ago there were expensive kits for sale (‘Hooked on Phonics’, etc.) that were careful not to say that they work for everyone but gave an impression that they would correct all reading problems. Now there are expensive explicit phonics programs for early primary teachers that make extensive claims. Unfortunately it doesn't work that way. Classes that are taught only through phonics will have a number of children who are not learning to read to their potential. The actual reading material that goes with phonics programs make the ‘Dick and Jane’ basal readers sound positively literary. ‘A cat has a mat’ type of fascinating literature is almost guaranteed to turn a child off the printed word and should only be used as decoding practice. Phonics is necessary for the decoding of new vocabulary and for spelling, but generally speaking it only works well when used beside sight reading and literature-based programs and only if it is taught correctly and sequentially.

Phonics will work well for a child if he is an auditory learner and can hear, remember and reproduce the sounds correctly. Some children can only learn by the phonics method.

Peter had great problems in Grade One. He couldn't remember sight words even after hundreds of repetitions. His visual memory was very weak. When he was taught a sequential phonics program he immediately did well and he was able to blend the sounds easily. When he read he had to sound out every word as he had no visual memory or recall. Today Peter can blend sounds automatically so his reading doesn't sound too stilted, but he continues to have to sound out almost every word he reads and he has problems with words that do not follow phonetic rules. His spelling is all phonetic (he spells ‘sed’ for ‘said’ to this day), because even if he has seen a word thousands of times he has no picture of it in his mind. Because of strong phonetic teaching, Peter has learned to read and to cope with his visual learning disability.

Phonics will not usually work well for a child if he has an articulation delay or other speech problems. For these children phonics will be confusing and difficult. Often they have auditory processing and recall problems (they do not hear the sounds correctly or remember them), so teaching reading by sounds is obviously not going to be easy. Many children have trouble blending the sounds to form words, and after struggling to do this reading becomes tedious and meaningless. These children should be taught phonics but as a secondary method.

Kinesthetic Learning

The rewards of using kinesthetic methods to teach letters, sight words, and phonics are underestimated. While good teachers use body movements to help the children learn concepts, they perhaps do not realize how important this can be, especially for some students.

Certainly many children find it easier to remember a reading word or phoneme when a physical movement is connected to it. This can be a whole body movement, or by printing the word or letter as it is spoken. Tracing letters on a variety of tactile surfaces is a standard teaching device in Grade One, and using manipulatives in math is also standard.

For some children the kinesthetic method is the strongest way to learn.

Carrie spent two years in Learning Assistance. She appeared to be a bright child with good oral language skills and a good language background. She learned no sight reading vocabulary in Grade One, and in L.A. during Grade Two and Three learned to blend phonetically, but this wasn't easy for her. She learned sight words slowly and had many reversals when reading, mixing b, d, g, q and p, both mirror reversals and flipping letters vertically. She struggled to learn to read, and her classroom teacher and the Learning Assistance teacher struggled with her. They knew she was learning disabled, but she didn't have a strength in either phonics or sight reading. The answer, however, had been in front of them all the time. In all her printed work in class she never reversed letters and she was able to spell quite well. She could correctly print words she couldn't read easily.

One day when Carrie was in Grade Three the L.A. teacher decided to give her a simple test for reversals, a page of upper and lower case letters - some correctly printed and some reversed or flipped. She was to circle the ones that were incorrectly printed. The teacher watched as she hesitated at the letters which she reversed when reading. Then she traced each letter correctly on the table beside the paper with her finger and immediately could feel whether the printed letter was right or not. Her body and hand knew the correct direction and by doing this as she went down the sheet she made no errors. Her eye couldn't tell, but her hand could.

Carrie is a strong kinesthetic learner. She should have been taught from the beginning by body movements and a large amount of printing.



Watch for children who have excellent hand-eye co-ordination and have difficulty learning to read through phonics or sight word methods. These children are often good at drawing. Kinesthetic techniques may be the answer to helping this child learn to read. Test it by teaching a group of words with sight and auditory techniques, and another similar group of words with body motions and printing. Test the child's memory a few days later.

There are many children with the opposite problem – they are weak in kinesthetic skills. Many children who have difficulty learning to read also have gross and fine motor difficulties. You can watch a child in the gym to check for gross motor problems. Some children have no awareness of their bodies in space. They don't know where their arms, legs, hands or feet are, and this is obvious when attempting to do exercises or gymnastics. Fine motor problems are obvious in printed work or drawings. This often seems to carry over into visual or auditory discrimination. A school district physiotherapist may give you a gross motor program to help a child with severe learning and gross motor difficulties.

All children benefit from a solid P.E. program with specific gross motor activities. Whether this helps the child learn to read is still to be proven, but there is evidence that learning physical skills will improve mental skills. Our brains are being exercised in both procedures and exercises in one helps the other.

Conclusion:

The most successful teachers teach all three methods. Early reading teachers that give the children a good background in literature and language, who teach the children an extensive sight word vocabulary and who also teach a strong explicit phonics program will find that all children will benefit, but that the children who have problems will learn best in one of the disciplines. Once you know a child's strengths, you can teach the child strongly in that specific area.

3. Physical Problems That Can Cause Learning Problems

a) Vision



Children think that what they see and the way they see it is the way that everyone perceives the world. If you ask a child to define the way he sees, he will be confused by your question. A child with a vision problem will not likely complain unless he has headaches. If a child is having difficulty learning to read, a vision problem is the first possible reason to be eliminated.

Christine had problems learning to read in Grade One. She was obviously a bright child, with an excellent oral vocabulary and a good background in literature. She was sent to Learning Assistance where several reading methods were tried, but Christine still had problems. Her parents were understandably concerned, and the Learning Assistance teacher suggested that they take Christine for a vision check. The parent phoned just after the test thanking the school for the suggestion, as it turned out that Christine could barely see the page and needed glasses badly. No wonder she had difficulty reading! After she received glasses, she learned to read quickly. If a year or more had passed, however, Christine could have found it difficult to catch up with her peers.

There is more to vision than the ability to see clearly. It is important to check the child's eyesight, but this is just the beginning of a vision check-up. Ask the parents to find an optometrist who is trained to check the child's ability to track (follow lines of print) and his ability to focus his eyes properly.

Tom had problems in school. He knew all the reading vocabulary, could spell very well, had good oral language skills and a background of literature. But Tom read very haltingly and he disliked reading. Without the practice that he needed, reading became more difficult for him. When he was 15, his mother heard about vision problems and took him to a qualified optometrist. He discovered that the boy had to refocus his eyes each time he moved them on a page of print. It was so tiring for his eyes that he understandably hated to read. Although he was a bright boy, this affected his attitude towards school and his performance on tests. All those years of frustration made a difference in Tom's life. While he is now a skilled intelligent adult, he had a very difficult school life and had low self-esteem. If the school had realized the problem when he was in the primary grades, he could have been helped by simple eye exercises.

If a child cannot see the chalkboard or the print in his book clearly, he cannot be expected to progress to the level of his capabilities. If a child can't tell the difference between words that look similar or has difficulty printing on the lines and spacing his words correctly, he may have poor eyesight. If he skips lines of print or single words, if he has problems keeping his place on a page of print, he may have vision problems. If he can spell and knows the reading vocabulary but has difficulty reading smoothly and tires quickly, there may be a problem with the focusing of his eyes.

Vision checks by a qualified optometrist are covered by medical plan (in Canada), so parents can easily and inexpensively rule out problems with the child's eyesight and vision. It is surprising how many children who are having difficulties in reading in the early primary grades have some problem with their eyes. Often this is only part of the answer, but in some cases poor eyesight is the only problem and it is amazing to see the children bloom when they have been given corrective lenses.

b) Hearing

If the child is not learning quickly and you have any reason to suspect a hearing loss, suggest that the parents take the child to a qualified audiologist. If the child can't hear the instructions or the lessons properly, he will find it difficult to learn as quickly as his peers. Again, the child will not likely understand that he has a problem.

The simple testing done in some schools may not give any indication that the child has specific hearing problems. Sometimes children cannot follow one voice if there are other sounds in the background. Sometimes a child will not hear one or more tonal levels, and the rest of his hearing may be satisfactory. Often modern classrooms are quite noisy and the child cannot pick the teacher's voice out of the background sound. The child may become extremely distraught as the classroom noise level increases.

If the child sometimes ignores you or says he didn't hear you call his name, it may be he has a hearing loss. If he does not pay attention to the lessons, does not always respond to your voice or becomes agitated when the classroom is noisy, as the parents to have an audiologist check for hearing problems.

c) Food - Hunger and Allergies

The lack of proper nutrition affects a child's learning. Bodies and brains run on energy provided by the food we eat. With a low energy source, our bodies and brains do not function adequately. Many inner-city schools and schools in poorer rural areas provide breakfast and/or lunch for children who are not receiving adequate nutrition. Having a good breakfast and lunch makes an important difference in a child's ability to learn. If a child is hungry, his school work suffers. If this continues over a long period of time it can result in a much lower IQ. It must also be difficult for children who are constantly hungry to care about their school work or their learning.

If your school does not have a breakfast or lunch program to help the children who are not being properly nourished, you could have a special place in the classroom where extra food could be put when the children are eating lunch. If you have parents who want to help, extra food could be brought and shared, or other children could share food that they won't eat. Check this with your Principal and the parents, if possible.



Food plays other important roles in a child's ability to learn. Often teachers see a child coming to school feeling nervous, cranky or hyper-active, and sometimes this is caused by a breakfast with a high sugar content. Cold cereals, the ones children will pick, very often have a high sugar content, and even though the parent thinks the child has eaten well this sugar level may be too high for that particular child. We may also see children eating chocolate bars and other sweets from their lunch before 9:00 a.m. There are many children who are inattentive, who fidget constantly and who do very little work of value because of what is truly an allergy to sugar. Often the child will crave the food that causes the problem.

James was a plump child and he had plump parents. The refrigerator and cupboards were always filled with junk food, and Mother liked to bake sweet cinnamon rolls and chunky cookies. James did poorly in school, and in the first grade had difficulty learning the beginning reading skills. He did not finish his assignments, he cried often for little reason and wiggled constantly, falling off his chair several times each day. The teacher and his mother discussed his eating habits and his mother tried to put him on a sugar-free diet. The very first day there was a change in James. He was able to pay attention, he finished his work and he never once fell out of his chair. For a week there was a definite improvement in James's ability to learn - and then he, and his mother, presumably, fell off the wagon and James was back to his old habits.

There is little we are able to do to change this without the parent's co-operation. Teaching lessons in good nutrition may help for a time but we need the home support.

In recent years there have been medical studies linking food allergies to behavioural and learning difficulties. These allergies are not as obvious as asthma, hayfever or rashes, and are often misdiagnosed by the medical profession. They are sometimes caused by sugar, sometimes grain products or milk or by other foods in the diet that are difficult to pinpoint. In extreme cases, these foods cause hyperactivity so severe that the child will scream, constantly thrash his arms and legs and is unable to focus his attention even on pleasurable things. In less extreme cases, the child may be inattentive, hyperactive, not complete his schoolwork assignments, will lack the ability to concentrate and have difficulty remembering instructions. Could some of our diagnosed ADHD students have food allergies instead?

Suspect a food allergy if a child's work is not consistently done and his behaviour is unpredictable. At some times of the day he may behave quite normally and at other times he will act in a totally different manner. If his behaviour changes after a meal or he behaves poorly on certain days and normally on others, you could suspect food allergies. You could work with the parents to see what happens with a simple change of foods, and if there is a reason to be concerned ask the parents to get the child checked by an allergist.

d) Attention Deficit Disorder

Attention Deficit Disorder, (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) have probably been with us forever but it is only in recent years that educators and parents have been increasingly aware of the symptoms and the medical profession has been willing to make a diagnosis. As we find out more about these behavioural problems, more and more children affected with these seem to be in our classrooms. The children are often not medically diagnosed until they are about 8 years old, so Grade One teachers do not have the comfort of knowing that a certain child is ADHD. You may be part of the diagnosis. Here are some guidelines.

ADD children -

- may daydream excessively and appear 'spacey'. You may have to keep bringing this child back to your lessons and his tasks.
- may sometimes be confused or have mental fogging. They seem lethargic.
- are sometimes impulsive or disruptive. May be aggressive or defiant, but often in a passive manner.
- have problems with mental processing, have selective attention, and are inconsistent in remembering. These children are often disorganized.
- are often anxious, and may be prone to depression.
- may be non-compliant. They are often socially withdrawn.



ADHD children -

- are 'fidgety' all the time. Something is always in motion. These activities will be disruptive to others as well as effecting the child's ability to learn.
- do not stop and think before speaking or acting, and say the first thing that comes to mind. They have feelings that erupt or explode quickly.
- seem to be daydreaming and not paying attention.
- are disorganized. Their materials are often scattered, carelessly handled or lost.
- make careless mistakes, avoid tasks that require sustained mental effort, are easily distracted and forgetful.
- in the classroom they often leave their seat, blurt out answers, rudely interrupt conversations, have difficulty waiting turns, talk excessively.
- The symptoms of ADHD children are worse when a routine is disrupted.

Many children with ADD/ADHD fall behind in their academic studies. They have the ability to learn well but lack the concentration. 20-25% of these children may also have learning disabilities.

Stimulants are the most widely used treatment, Ritalin being the most common. They provide better control of the symptoms than any other treatment.

Classroom management ideas for ADHD children

- Class rules should be few in number, clear, concise and positive. Consequences must be immediate and easily enforced. Change positive consequences often. Post the rules.

- Provide a written schedule of daily events. Avoid changes in the daily routine, if possible, and also avoid waiting periods. ADHD children are especially difficult for substitute teachers, as this is a severe break from the normal routine.

- Get the child's attention before giving instructions. Keep the instructions clear, specific and simple. If you are not sure if the child understands, have him repeat the instructions.

- Have a hand signal for simple instructions, e.g. - raise your hand for 'stop', point to your eye for 'look' and to your ear for 'listen', etc. Develop a secret signal to remind the child not to blurt answers.

- Keep the classroom as quiet as possible, with the least amount of movement. Some teachers find the playing of soft classical music helps.

- Have shorter work periods for this child.

- Break assignments into smaller pieces.

- Give the child a reason to move around at appropriate times - doing errands, helping in the classroom, etc.

- Allow a transition period after recess and lunch time.

- To decrease disorganization, keep his materials at a minimum. Distribute them as needed.

- Seat the student near you and away from distracting places (the door or the pencil sharpener, for example).

- A 'Back-and-Forth' book will keep the parents informed of problems, homework, good behaviour, etc.



ADD and ADHD are severe behavioural problems that need a medical diagnosis. With a diagnosis, there may be money in some school districts to help a child cope with school, but don't count on a classroom aide or one-on-one assistance. These children usually do not have severe learning disabilities, but they often have some learning problems and they often fall through the cracks in the education system. Generally, the parents and the school have to do the best they can without help. Ritalin and other similar medications are often beneficial.

These children usually learn to read adequately and understand the math concepts if they are given one-on-one assistance in order to focus their attention, but they get little practice work done and this causes them to fall behind their peers. This becomes more obvious in the later primary and intermediate grades.

e) Fetal Alcohol Syndrome - Fetal Alcohol Effect

If the mother drinks or takes drugs during her pregnancy, the child may be born with Fetal Alcohol Syndrome. Children with FAS often have some identifying physical characteristics. They have problems remembering more than one thing at a time, have difficulty sequencing events and have a short attention span and trouble concentrating. There has been damage in part of their brain, and throughout their childhood years their problems make it difficult for them to handle regular classroom work.

Trent had been adopted at birth by a delighted family. From the first days at school, Trent's adoptive mother received phone calls from the teacher. The teacher had problems getting Trent to pay attention and to do any work. As he progressed through school, he became farther and farther behind his peers. All his teachers were frustrated because it was obvious that Trent was capable of learning the material, and his parents were frustrated because no matter how hard they tried to help him, he was still not paying attention or getting assignments completed.

As he went into Jr. High School, his problems became even more obvious. There, the young teen-agers were expected to listen to instructions and follow longer and more involved directions. They were expected to work independently and take responsibility for their learning. Trent would forget what class he was supposed to go to next, he would show up without a pen, notebook or text, and would rarely remember to do homework. Even when it was written down for him he would forget to refer to his notes. His mother learned about FAS and had Trent tested. While he continues to have the same problems, he now knows what he must do in order to organize his days, and he is able to understand why he behaves differently than the other children.

Children with FAS usually need special assistance in order to keep up with their peers. They often have the ability to learn, but lack direction, incentive and organizational skills. Many children with FAS have the most serious problems during puberty, but the symptoms seem to decrease somewhat as they become young adults. There is, however, a high risk that women with FAS will have children that are also affected, as these young adults are often prone to addiction.

Some children have FAE – Fetal Alcohol Effect. This is not a less severe form, but is more difficult to diagnose. The children have fewer of the physical or behavioural characteristics of FAS, but have the brain damage. The only certain way this can be diagnosed is if the mother admits to drinking during pregnancy.

4. Emotional Problems



More and more, educators see children with emotional problems that affect the school work and learning. Perhaps this can be blamed on the times in which we live. There are many dysfunctional homes, more homes where the parents are too busy to spend time with the children, and more worries for the child. There isn't the security in today's families that there was in earlier times. There seems to be more sexual, physical and psychological child abuse and more children living below the poverty line. Parents often don't realize the damage that arguments or family disruptions can cause their children. The children may try to show that they are not disturbed, but one indication of their troubled state is when the marks and progress in school decline. Often children feel that they are to blame for problems in the family, and this is a terrible burden for a child to bear.

Children often worry about their parents without saying anything, and sometimes their sadness or anxiety will affect other parts of their life.

Joshua was the oldest child in a family with three small children. By the age of six he had been through more family distress than most adults have faced. The second oldest child had Downs Syndrome, another sibling had been killed in an auto accident, his mother was on her third marriage and was often ill with severe depression attacks with suicide attempts. The step-father, while not physically abusive, treated Joshua with contempt. Joshua cried often in Kindergarten and Grade One. He learned very little in the first grade. When asked to 'Think about this....' - he responded, 'I don't do think.' And he didn't. How could he think about school work when he carried the responsibility of his mother and siblings with him at all times? He was misdiagnosed as learning disabled in Grade Two. When his home situation changed for the better (to some degree), he learned to read easily and without learning problems.

Peer pressures can affect a child's learning. While schools try to prevent it, some children are cruel to others who are different, and the child who is the target of the cruelty and bullying feels the pain greatly. Often children will be fearful of their peers or older children who are bullies. Sometimes, even in Grade One or Two, a child will have a group of friends turn against him and this can cause pain and a lack of concentration in class.

In some classes, especially in the upper grades, it is not 'cool' to do well in school, and some children with low self-esteem will deliberately decrease their efforts in order to be accepted.

There are also the more severe emotional and psychological problems. Children suffer from depression, from disassociate behaviours, schizophrenia and other mental illnesses. If you even suspect that a child could have an emotional or mental illness, document your concerns carefully, with dates, behaviours and specific occurrences. Then talk to your school counsellor and the district psychologist and perhaps they can persuade the parents to see a qualified physician. While you may be the person who becomes aware of problems, your concerns should be referred to more highly trained school district personnel before this is discussed with the parents.

5. Learning Disabilities

This is the most common reason for children to have problems in school. Perhaps up to 10 percent of children have a learning disability that is fairly severe, but the term 'learning disability' is too often used when there may be other explanations. Generally, a child is learning disabled when he makes adequate progress in some parts of his learning and has difficulties in one or more areas. For example, a child may understand math well but have difficulty learning to read and spell. A child may be able to read but can't spell. He may be able to read well and have problems understanding math concepts. A child with a learning disability will often be bright and quick, and it is very difficult for the parent to understand why the child has problems learning one or more subjects.

Before diagnosing a learning disability it is important to eliminate all other possible causes for the child's learning problems.

Learning disabilities cannot be 'fixed'. The child with a learning disability will have this problem all his life. There are ways, however, in which the child can be taught to cope with his problems and he can often do well in school if the problems are caught and understood early enough and special teaching is provided for his specific difficulties.



Some modern theorists state that a child should not be pushed and that he will learn when he is ready to do so. This is disastrous for learning disabled children. They usually **are** ready to learn, but without specifically directed instruction the learning will not take place. All of these children learn more easily with direct instruction in a one-on-one situation or in a small group, but recent cutbacks in many districts have cause schools to eliminate or decrease learning assistance. Often, too, unqualified teacher's aides are given the job of helping disabled children and they do not have the necessary skills or knowledge. Severely learning disabled kids will not progress well without the correct, intense, direct instruction. Literature-based instruction will not be suitable for LD children in the classroom.

John only learned a very few simple reading words in the primary grades. By Grade Three he spent most of his day in the Learning Assistance room and then he was lucky to get an excellent Learning Assistance teacher who used phonics, word cues, drill and lots of practice to help him begin to read. John was quite bright and had a good background in literature, but he could not remember sight words and had difficulties learning to decode words. In the late Intermediate grades his L.A. teacher thought to ask him how words looked to him. He said that sometimes letters were backwards, sometimes upside down or on their sides, and the letters in a word would be in a mixed order, not appearing the same from one place to another. Some letters skipped to the line above or below. A word on one line of the page looked completely different from the same word on the line below. John had to decipher each word as a puzzle in order to read. It was only due to his perseverance and the skill of his teacher that he learned to read at all. His brain was receiving scrambled signals. This is very difficult for the average person to understand, but it is easy to see how terrible a handicap this would be. This is severe dyslexia.



Thankfully, learning disabilities are rarely as serious as John's. His disability was a severe problem with visual perception and processing. We frequently see children with a less severe version of John's problem. They reverse letters and words, and letters within a word. Often they, too, are not seeing words in exactly the same way from one line to another, so the teacher or parent wonders why they can't remember a word that has just been taught or told to them. They are also not able to visualize or form a picture of a word in their mind to compare with a printed word, or to mentally retrieve the word in order to spell it correctly. These children will only learn to read by having phonics and rules for reading taught in a very systematic and repetitive way.

Another disability is a problem with auditory perception and processing. These children are not hearing and understanding the sounds correctly, and they have difficulty learning phonics. They often have an associated articulation problem, with difficulty controlling their rate of speech or they may lag behind their peers in learning to make speech sounds. Most will recover from the articulation problems, but the underlying auditory difficulty is permanent. They must be taught a sight word method, and because the letters and sounds are confusing to these kids, they must be taught with many word repetitions and lots of word drill and reading practice so that they recognize the words on sight. They still need to be taught phonics, but as a secondary method. Listening exercises where the child must hear beginning, middle and ending sounds in words can also be of help.

Michael was a child who had both severe visual and severe auditory problems. Because of this, he had very poor oral language skills and spoke in his own form of 'baby-talk' even at age 10, using pronouns incorrectly and having difficulty retrieving the vocabulary he needed to express himself adequately. For example, at 8 he could not name a picture of a stove or a potato. He could not remember sight reading vocabulary, and he could not learn the sounds. He learned no reading words in Grade One or Two, and progressed very slowly after that. Even after years of lessons in language experience, concentrated phonics and sight reading techniques, he may never read above a beginning Grade Two level. When he tried to spell an unknown word (and most words are unknown to him) the letters he used are nothing like the letters in the word. For example he might spell 'rain' by writing 'prmb' or 'tli'.

Michael's strength was kinesthetic. To remember reading words he had to print them over and over, and to retrieve words he had to print them again – a slow and difficult procedure.



Learning disabilities in math are quite common. A child who is disabled in math will not be able to visualize a number of objects, and while he may be able to memorize simple facts, he will have little understanding because a 6, without manipulatives to count, is meaningless. A grade three child, with his hand behind his back, may not be able to 'see' his hand with the five fingers and mentally take two away. Larger numbers are often just learned by rote, and the child is unable to understand or 'see' that 85 is 8 tens and 5 ones, no matter how often he works with manipulatives.

Children with learning disabilities in math often have difficulties with time. It is not uncommon to find children in grades 5 to 7 who cannot tell time, do not understand the sequence of hours in a day, do not know what day of the week it is, what month or season. They often do not know how many hours there are in a day, days in a week or months in a year. These children also frequently have problems with money and cannot tell the denominations of coins or add them up to reach a total.

Another common disability that affects up to 5% of children, mostly boys, is called dyspraxia or Developmental Co-ordination Disorder. This is a problem between the brain and muscle control. It has been explained in this way: cross your arms and then clasp your hands together. Swing the clasped hands in towards your body and up. Now move a specific finger..... You will see that the signals have been confused. These children have to think through movements each time. They will have both fine and gross motor problems with difficulty printing and drawing. P.E. will be terrifying for them, as the other children will be doing things that they find impossible. While this disability does not directly affect reading, it will make writing and other parts of the curriculum that take physical movement difficult. Dyspraxia may also affect speech, so that the child is not able to speak clearly or articulate sounds.

What are the signs of a learning disability?

1. Learning disabilities are often genetic. If either of the parents has had difficulties in reading or math, watch for disabilities in the child. So often we hear from parents, 'Johnny must take after me. I had problems in math (or reading) when I was in school.' Most of the children in Learning Assistance programs have a mother or father who is learning disabled (often not diagnosed).

2. Boys are learning disabled more often than girls, although when girls have disabilities they are no less severely affected.

3. A learning disabled child is often bright and creative. It is very difficult for the parent to understand why he is having a problem with easy reading or simple math problems. It is also difficult for the child to see others easily do what he is not able to do.

4. Children with a visual learning disability often reverse letters or words. Some reversals are common for most children as they begin to read, but by the second grade this should have passed. A reversal of 'b' and 'd' is most common, and also 'g', 'q' and 'p'. A grade three girl read 'gob' for 'dog', and 'big' for 'did', sometimes. Other times when she came to these words she said something else, sometimes the correct word and sometimes with different reversals or vertically flipped letters. Children with visual learning disabilities often reverse letters in words, so when spelling will write 'taht' for 'that' and 'teh' for 'the', for example. Sometimes whole words are reversed when reading or spelling. 'Was' and 'saw' and 'on' and 'no' are the simplest.

5. Children with an auditory learning disability will not hear or reproduce sounds correctly, and not be able to remember the sound of a letter easily. Often these children will have articulation problems.

6. Learning disabled children will often read a word correctly or be told a word and not recognize the same word in the next sentence.

7. Children who are disabled in math will want to continue to use manipulatives or add and subtract on their fingers long after they should have the facts memorized. They have difficulty with time, the calendar, sequence of events, money and directions.

8. Children with a co-ordination disability will be awkward, have difficulty running or climbing or jumping. In class they will not be able to control their hands when colouring or printing. They may refuse to try rather than do poorly.

It is most important to catch a learning disability early, in Grade One if possible. Many school districts refuse to consider the diagnosis of a learning disability until the child is at least two years behind his peers, or usually in Grade Four. By this time the child has experienced years of failure and, too often, little help. There is much that can be done to assist the child's learning if the problem is understood at an early stage. Most children with mild to moderate disabilities can be helped by repetition, one-on-one teaching and extra practice *in the methods that work best for him*. If the problem is more severe, it is important that the child has professional help from a teacher trained to work with learning disabled children. He must be taught specific strategies that will work for him, and these may have to be designed especially for him. Disabilities cannot be cured, but good training early in a child's schooling can frequently give him ways to cope with the disability.

Kevin is a very bright boy. He has a marvellous spoken vocabulary and an auditory understanding (as in his oral class lessons) that is far above most of the other children. He asks great questions and always shows a superior understanding of the concepts taught.

Kevin has severe visual learning disabilities. He is now in senior high school but he still has no sight reading vocabulary, and it is only because he was taught an excellent phonics program and other reading strategies that he is able to read at all. He has learned ways to partially cope with his problems. He is able to painstakingly sound letter by letter and word by word through a difficult reading selection, guessing at words that are difficult to sound out phonetically, and when the rest of us would have no idea what the paragraph was about after that effort, he fully understands what he has read.

Learning disabilities are very difficult for the children to understand, too. They do not know why others can read or do math and they can't, especially when they know they are bright and that they have a good understanding. Often these kids have behavioural problems as they try to compensate for their feelings of frustration and lack of self-esteem. ***It is important to find out about a disability as early as possible.*** It is important that a bright child, who is falling behind his peers for reasons that he cannot understand, is given help before he begins to hate school and stops trying to learn. His self-esteem can become damaged if he considers himself 'stupid', not being able to do what others can. It happens too frequently. There are many children who act out and become discipline problems because of learning disabilities.

Parents, too, need to know that it is not the child's fault, that he is not being lazy or inattentive when he does not learn what seem to be simple skills. Report card time and parent interviews can be a horror for a child who tries to do his best, but is blamed for his difficulties by parents who do not understand.

What can you do to help a child that you suspect is learning disabled?

- These children need a sequential sight word program and a sequential phonics program in order to learn to read. Once you discover the strongest method, concentrate on it but continue to teach the other. Make sure the child masters each step before going on to the next.

- They need rules that they can refer to when they are blocked by their disabled mental processes.

- Talk to the parents. Tell them what you are presently doing and what you will be doing in the future to help the child. Do not use the words 'learning disabled', as it will be several years before it can be accurately diagnosed, but be honest about the problems the child is having. Explain to the parents that it is not the child's fault.

- Document your concerns and ask your L.A. for help if you feel it is necessary.



6. Mild Mental Handicap

There are very few children in our schools who truly fall into this category. To be classified MMH a child must be a very slow learner in all areas. He will have slow language development, have difficulty in reading, math and all other parts of the curriculum. Many of these children have been diagnosed before coming to school and the local Child Development Centre will have information to help the school. If, however, you suspect MMH talk to your district psychologist. It helps if you have documented your ideas and have work samples, testing done by your Learning Assistance teacher and some family background. There is money available to help MMH students.

7. Other factors that can prevent a child from learning to read

Transient families

Moves from one school to another may be necessary, but these moves may cause the child to have problems learning to read. Unless the child is very bright and adaptable, he will likely soon be behind his peers. Schools, school districts and provinces often have different programs, and especially in the early grades the child who changes schools will frequently have problems. New schools may be teaching different programs with which the child is not familiar. This causes a lowering of self-confidence.

These children may also have emotional upsets when friendships are broken and bonds with the teacher are severed. They often feel insecure and afraid to bond in the new environment.

It may be difficult to give the child the feeling of security he needs, but you can improve their self-esteem by helping them to learn to read in the time they are with you. If they can read and do math well, the next move will not cause as much damage.

Poor teaching

A child may not learn to read if he has not been taught. You would not expect him to do long division if he has not been taught to do this, and a child who has not been taught the skills needed in order to read may not be able to learn on his own. Reading is not a natural process for most children.

There are poor teachers. Unfortunately, our teacher's unions who rightly protect teachers from unjust dismissals also protect the incompetent. Once a teacher has a continuing contract, little short of sexual misconduct will remove him or her from the classroom. There are teachers who are lazy and teachers who can't teach. Not many, thankfully, but even one is too many for the students in these classes.

A few primary teachers direct their lessons at the children who are bright and learn easily. It is a great temptation! The teacher looks around the room. The brightest, most enthusiastic students

have their sparkling eyes on her every move and these delightful children hang on the teacher's every word. The ones who really need her help may be looking the other way, talking or falling off the chair. To which children will she direct her attention? The bright children need only one explanation, and it makes a teacher feel successful to see how well her lessons have been understood. In the early primary grades, however, this will soon leave the educationally disadvantaged children or those with learning problems listening to lessons that might as well be taught in a foreign language.

The Grade One teacher was doing a phonics lesson and game with long vowels. It was wonderfully done, and her dynamic personality had many of the children enthralled. It would be easy to say she was doing a splendid job, if you didn't know that at least eight of her students didn't know the letter names or the sounds of even the simplest consonants. A game joining consonant blends and long vowels with a silent 'e' was a foreign language to these eight little children and perhaps more in the class. How very confusing it must be for them.

These are teachers who could be wonderful. They are marvellous entertainers and usually have a strong educational philosophy. The results, however, are poor. Many of the slower children, especially primary children who should be learning to read, are falling behind because they are not being taught.

Most of us boast about our top students. In March in Grade One it is very ego-lifting to say, 'Susan and Drew are already reading Grade Three material!' But Susan and Drew just needed to be pointed in the right direction, and they would be where they are no matter who was teaching them or whatever method was being taught. To be able to truly say that your lowest student has learned 50 sight words and is able to blend using the short vowels 'a' and 'i' is something that should really give you pride. You know how well you had to teach and how hard you worked in order for this miracle to happen.



Be aware that the bright children will learn without you and these others need you desperately. Prove your worth by doing everything possible for the slower students. Certainly one excellent measure of a teacher's capabilities is the progress of the children with problems.

Poor classroom situation

1. Large classes limit the individual attention that each child may receive. When school districts are short of money, they often cut back on the number of teachers hired so that the number of children in each class rises. If a primary class has more than 25 children, the teacher

may be so busy that a particular child's progress (or lack of progress) may go unnoticed or ignored, especially if the child is quiet, pleasant and tries to please. Large classes increase the chances of having more children with behavioural problems and learning disabilities. Large classes increase the teacher's work load, with more marking, more reports, more parent conferences, more paper work and record keeping. As classes are rarely formed with homogeneous groupings, large classes increase the range of learning abilities. Often Grade Three classrooms will have 25 to 30 children reading from a mid-grade one to a grade eight level. Split classes and multi-aged groupings increase this range, and make it more difficult for the teacher to give help to individual students at their level.

2. Now that children with special needs (mental and/or physical handicaps) are being mainstreamed into the classrooms, it is important that the teacher is given the necessary support. Integrating these children is a very good idea in most cases, and there can be excellent results and benefits not only for the handicapped child but for all the children in the class if there is the necessary assistance. Again, in many districts, the lack of money at the classroom level is preventing the proper support systems and without a full-time aide, child-care worker or personal care attendant, much of the teacher's time is taken from the other children and her teaching.

There are some horror stories of severely handicapped children being placed in the classroom without support. There was one classroom where the child spent most of the day under a table screaming, and another where the child yelled and rolled on the floor and no aide or child-care worker had been hired in either case to help the child and the teacher. Without support, the learning situation was very poor for the other children in the class. With a properly trained aide or attendant, having a special needs child in the class can be a great experience for everyone, but not all special needs children are able to adapt to a classroom situation.

3. Classes with many English as a Second Language (E.S.L.) students may have to lower expectations as the new students struggle to learn the English language. Much of the emphasis may be on the acquisition of English language skills to help those children, and the other children in the class may not be receiving the teaching that they need.

4. A good teacher may be faced with many behavioral problems in a class. In this time of broken homes and an increasing number of dysfunctional families, many children are acting out and demanding attention in inappropriate ways. This disruption lowers the instructional time and shatters the concentration of the other students. There may be a group of students who are more interested in impressing their peers than in their school work, and the teacher will likely spend an unequal amount of time with these students as she tries to get them to focus on their assignments and stop bothering others. There are an increasing number of children suffering from ADD, ADHD and FAS. These children have difficulty concentrating and demand a lot of attention from their peers and the teacher. Some classrooms have three or more children with medically diagnosed behavioural problems. Certainly the learning situation in these classrooms will be poor unless there is appropriate assistance for the teacher. There are classes where 70% of a teacher's time is taken up with behavioural concerns!

5. Sometimes the physical features of the classroom affect the learning situation. We are hearing more and more about 'sick' schools, where both teachers and children have illness and/or allergies from fungus, asbestos or other environmental problems in the building. Many inner-city schools are very old, with poor ventilation and lighting. In newer suburban areas, often schools

are not being built fast enough to accommodate the rise in population. The schools are crowded, and classes are placed in portable classrooms (sometimes without bathrooms handy) which are too hot in the summer and too cold in the winter. Sometimes children must be bussed long distances to other schools, making the child's day much longer. All of these things affect the child's learning situation.

It is unlikely that the individual teacher can do much to improve these classroom situations. Sometimes lobbying the principal, school district authorities or your local union will help, and it is certainly worth trying. Perhaps the staff can brainstorm some short-term solutions to the problems, or a group of teachers can work together to help the learning situation improve. Always, it is the Jasons and Janets who suffer the most, when their learning and instructional needs are not met.

It is the responsibility of the classroom teacher to give every child the best possible education. It is not always possible to discover all the reasons why a child may be having difficulties, but if we have some understanding of the causes we may be able to find some solutions.

