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PROCEDE

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INTRODUCTION

We are pleased to present this guide, which we hope will help you better support students with specific needs. This document can be used by all teachers who face difficulties with their students, whether students have a disability, a code or not.

You will find definitions of the most frequently encountered difficulties and disorders, their manifestations, their impact on learning, interventions to be put in place for teachers and pedagogical consultants, and support tools for students. This document was previously prepared for adult education only but we believe that the information can also be useful for elementary and secondary teachers.

This work is not intended to replace the expertise of specialists: it is not a medical guide, or a highly specialized reference tool. Rather, it is intended as a pedagogical resource for teachers who wish to know more about various disorders of their students, and to empower teachers with various types of interventions to implement with at-risk or vulnerable students. We wish to specify that in this guide we have chosen *not* to address issues related to intellectual disabilities. You will notice that the classification of the different types of issues used in this guide does not always follow consistently the ones associated with the Developmental and Statistical Manual of Mental Disorders (DSM-5), which is the manual used by the Complementary Services personnel.

For more information you can contact your special education consultant or the Center of Excellence for the Physically, Intellectually and Multi-challenged. <http://centrefexcellence.etsb.qc.ca/>

We also felt it was important to add some information about mental health because people with these issues often find themselves struggling with learning difficulties. In addition to this, intervention strategies aiming to support learning are suggested along with some courses of action that can help prevent the increase of unwanted or inappropriate behaviours.

Descriptive feedback given by teachers has a big impact on student learning. For students struggling with learning difficulties it is essential to provide feedback to improve the implementation of essential compensatory strategies. Therefore we would like to invite you to share, at appropriate times, the information that you deem pertinent with the learner who presents difficulties, using an approach suitable to their age and their level of development.

We would like to remind you that specific adaptation measures, or accommodations, are strictly reserved for students who have been clearly identified by the school team or a professional as presenting with a learning disability as mentioned in the Chapter 5 of the “Sanction des Études”. However it is important to note that a school team cannot identify a learning disability: only a professional can diagnose a learning disability.

http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/sanction/Guide-sanction-2015_ang.pdf

Please take note that there is no restriction on using some of these adaptation measures with students who have not been identified, as long as there is a clear plan in place for the measures to be eventually and gradually removed before the writing of the Sanction and Board exams.

Adaptation measures are offered to students upon being identified by the school team as presenting difficulties or challenges. They could also be offered to students without a professional diagnosis. The school team’s judgement, documented in the IEP, is sufficient for the student to be provided with adaptation measures.

***Any adaptations have to be written in the IEP.**

For the Adult Sector, all the adaptation measures that are mentioned in the previous and most recent IEP (less than 3 years) can be put in place.

We wish to acknowledge the work of ETSB employees in translating and modifying the document “Vers des pratiques pédagogiques adaptées” written by Nathalie Landry and Michelle Émond from la commission scolaire de Laval.



**Teachers'
SECTION**

Disorders and Disabilities



Executive Function Disorder

Executive function plays a key role in orchestrating the actions an individual must take every day. It has an impact at several levels, including school tasks, problem solving or any other situations faced in life, regardless of the person's intellectual ability.

The main manifestation of the disorder is at the decision making level. The person demonstrates a clear inability to act, and makes poor choices in everyday life. This can be seen primarily through:

- ✚ lack of initiative
- ✚ inefficient working memory
- ✚ lack of cognitive flexibility
- ✚ lack of inhibition

Some manifestations of lack of initiative

- ✚ Inability to engage in a task or slow to begin the task
- ✚ Difficulty initiating actions towards a goal
- ✚ Distractibility
- ✚ Difficulty anticipating actions that need to be taken: organizing and to planning

Some manifestations of inefficient working memory

- ✚ Difficulty dealing with opposing ideas
- ✚ Inability to make connections to prior knowledge
- ✚ Difficulty mentally synthesizing multiple pieces of information
- ✚ Inability to make hypotheses and deductions
- ✚ Mismanagement of information, which can be confused with an attention problem

Some manifestations of a lack of cognitive flexibility

- ✚ Difficulty shifting quickly from one activity to another, according to the demands of the environment
- ✚ Difficulty monitoring and correcting an action in progress
- ✚ Inappropriate use of strategies for a situation

Some manifestations of a lack of inhibition

- ✚ Impulsivity
- ✚ Inappropriate behaviour; unsuitable to the situation or context
- ✚ Gestures that do not respect social conventions
- ✚ Quick reaction
- ✚ Non-compliance with work steps
- ✚ Response without thinking

Attention deficit disorder with or without hyperactivity (ADD, ADHD)

ADD / ADHD is a neurological disorder that manifests itself in childhood and generally includes the following 3 characteristics:

- ✚ Inattention
- ✚ Impulsivity
- ✚ Hyperactivity or lack of reactivity

These behaviours must be present in a marked and permanent manner for a diagnosis to be made by a health professional. They must also be found in more than one sphere of the person's life.

Although most of the time the child is born with this disorder, it may happen that a person develops this type of problem due to trauma involving the brain (e.g, brain injury, major emotional shock).

Possible manifestations:

Inattention

- ✚ Difficulty following an instruction
- ✚ Being distracted by background noise
- ✚ Difficulty planning – knowing where to start
- ✚ Difficulty organizing information on a page or in a notebook
- ✚ Forgetting tasks
- ✚ Difficulty organizing their time
- ✚ Loss of school supplies
- ✚ Lack of comprehension, exhibited through irritability or frustration

Hyperactivity and impulsivity

- ✚ Verbal outbursts at inappropriate times
- ✚ Answering questions before we have finished asking them
- ✚ Difficulty awaiting turn
- ✚ Frequently Interrupting and intruding
- ✚ Getting up (apparent restlessness)
- ✚ Moving frequently
- ✚ Fidgeting

Slow speed of reaction

- ✚ Evident difficulty beginning a task
- ✚ Excessive delay in the execution of tasks
- ✚ Inability to perform two tasks simultaneously
- ✚ Major difficulty sustaining mental effort
- ✚ Distractibility
- ✚ Difficulty selecting relevant information
- ✚ Tendency toward disorganization in his/her work material
- ✚ Difficulty with expression in writing

Specific Learning Disorders (SLD)

DSM-5 considers SLD to be a type of Neurodevelopmental Disorder that impedes the ability to learn or use specific academic skills (e.g. reading, writing, or arithmetic), which are the foundation for other academic learning.

“Learning Disorder” has been changed to “Specific Learning Disorder” and the previous labels for different types of Learning Disorders (Dyslexia, Dyscalculia, and Disorder of Written Expression) are no longer being recommended. The type of Learning Disorder will instead be specified as noted in the diagnosis. In this document, we have included both terms for convenience.

“Learning Disabilities” refers to a number of disorders, which may affect the acquisition, organization, retention, understanding, or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency.

Learning disabilities result from impairments in one or more processes related to perceiving, thinking, remembering, or learning. These include, but are not limited to: language processing; phonological processing; visual spatial processing; processing speed; memory and attention; and executive functions (e.g. planning and decision-making).

Learning disabilities range in severity and may interfere with the acquisition and use of one or more of the following:

- ✚ Oral language (e.g. listening, speaking, understanding);
- ✚ Reading (e.g. decoding, phonetic knowledge, word recognition, comprehension);
- ✚ Written language (e.g. spelling and written expression); and
- ✚ Mathematics (e.g. computation, problem solving).

Learning disabilities may also involve difficulties with organizational skills, social perception, social interaction, and perspective taking.

Adopted by the Learning Disabilities Association of Canada January 30, 2002 Re- endorsed on March 2, 2015

SLD with impairment in reading (formerly Dyslexia)

This is a deficit in the phonological processing affecting the acquisition of reading skills. It manifests itself in various intensity levels, which persist throughout life.

Some possible manifestations

- ✚ Difficulty decoding
- ✚ Confusion between letters of similar design (e.g. p-b)
- ✚ Confusion of sounds, especially with phonetically similar letters (e.g. f-v)
- ✚ Reversing letters or syllables
- ✚ Difficulty in identifying words
- ✚ Abnormally slow and hesitant reading
- ✚ Abnormal eye movement during reading (e.g. jumping lines, rereading, skipping words)
- ✚ Difficulty with spelling

- ✚ Difficulty with text orientation
- ✚ Inability to use context to find the meaning of words
- ✚ Difficulty remembering what has been read
- ✚ Inability to make connections with personal experiences
- ✚ Errors in the interpretation of certain words
- ✚ Inability to make inferences

If reading was/is practiced persistently during childhood and adolescence, reading will be practiced more easily in adulthood. However, it remains an exercise characterized by marked slowness and lack of fluidity. The dyslexic adult must spend more time and effort to reach his/her reading goals.

SLD with impairment in written expression (formerly Dysorthographia)

This is a specific disorder affecting the acquisition and mastery of spelling, characterized by a difficulty of recognition, comprehension and reproduction of written symbols in general, and especially in writing.

Some possible manifestations

- ✚ Mistakes when copying a text
- ✚ Difficulty discriminating auditory sounds (grapheme, phoneme)
- ✚ Omissions of letters, syllables or words
- ✚ Misspelling of homonyms (your/you're)
- ✚ Conjugation, grammar and spelling errors due to difficulty remembering rules
- ✚ Hesitations, slow performance, poor written texts
- ✚ Difficulty planning a text
- ✚ Difficulty determining a writing purpose, finding and expressing ideas
- ✚ Difficulty writing legibly
- ✚ Difficulty transferring knowledge, applying spelling and grammatical codes
- ✚ Apparent lack of motivation for writing, editing and proofreading

SLD with impairment in mathematics (formerly Dyscalculia)

This is a learning disorder related to mathematical logic and reasoning. This disorder affects the comprehension of concepts, the use of numbers and the memorization of number facts. It is often associated with other disorders such as ADD / ADHD, dyslexia, and dysorthographia

Some possible manifestations

Difficulty with:

- ✚ mental calculations
- ✚ basic operations
- ✚ recognition of the key elements required to solve a word problem
- ✚ memorization of tables and/or mathematical formulas
- ✚ calculations handling money
- ✚ calculations involving common concepts such as time, distance or quantity
- ✚ solving problems with several possible solutions

- + abstract concepts
- + mathematical symbols
- + recopying numbers, read or written
- + visual representation of problems
- + spatial organization
- + alignment of numbers
- + measurement and geometry

Other Impacts

- + Forgetting to borrow and carry digits
- + Errors due to inattention
- + Math anxiety



Communication Disorder (formerly Dysphasia)

This mainly affects the expression and comprehension of oral language. The slowness with which people express themselves might suggest an intellectual disability although this is generally not the case.

Some possible manifestations

Difficulty:

- ✦ discriminating or processing sounds
- ✦ understanding the meaning of words
- ✦ recognizing and understanding letters or words
- ✦ memorizing and understanding long sentences
- ✦ using the correct words
- ✦ formulating grammatically correct sentences
- ✦ writing and spelling correctly
- ✦ understanding abstract concepts
- ✦ generalizing or categorizing
- ✦ adjusting to a new context
- ✦ organizing themselves in time (time concepts)
- ✦ remaining attentive
- ✦ adapting to new situations

Other manifestations

- ✦ Hyperactivity or under-reactivity
- ✦ Difficulty socializing properly
- ✦ Difficulty backing up an idea, and/or formulating an argument



Developmental Coordination Disorder (formerly Severe Motor Dyspraxia)

Some possible manifestations

Motor

- ✚ Clumsiness in fine or gross motor skills
- ✚ Visuospatial problem that may affect balance, timing, ability to combine movements into a sequence, holding and/or transferring objects
- ✚ Obvious slow execution of any writing task
- ✚ Difficulty tracing numbers, aligning columns of numbers, solving simple algorithms, etc.
- ✚ Difficulty in geometry when it is necessary to trace or reproduce figures
- ✚ Written work often messy, crumpled, draft-like
- ✚ Slow to automatize the actions for writing
- ✚ Difficulty creating letters of equal size
- ✚ Inadequate letter patterns
- ✚ Difficulty orienting writing on paper (e.g. using a margin, organizing writing in paragraphs or columns, drawing a closed figure)
- ✚ Difficulty organizing sentences and ideas sequentially
- ✚ Difficulty reading from left to right
- ✚ Difficulty locating information in different genres and print formats (e.g. newspaper, poster, brochure)



Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder is of neurological origin and may be associated with genetic factors. ASD appears in the first years of life. People affected by this disorder have their own unique perception of life and their environment. ASD occurs at different intensities and can be paired with normal to superior cognitive functioning or with an intellectual disability. There is a predominance of boys affected with this disorder and the manifestations of the condition can be quite different for females. People living with an ASD may not be able to continue their education beyond the youth sector.

All individuals with a diagnosis of ASD are affected with regards to social interactions, communication, and distinct fields of interest that are narrow and stereotyped.

Some possible manifestations of ASD without accompanying intellectual impairment

- + Difficulty understanding multiple instructions or ones that are lengthy
- + Fascination with the mechanics and operation of objects
- + Obsession with special interests
- + Difficulty maintaining attention over a sustained period of time
- + Difficulty making friends or functioning within a group
- + Lack of empathy
- + Rigidity with regards to routines and schedules
- + Difficulty with the abstract: puns, humour
- + Difficulty participating in a conversation
- + Persistent and observable anxiety
- + Difficulty understanding explanations aimed at the group as an individual approach is preferred
- + Weak eye contact with people (it's important not force them!)

Intolerance to certain sounds, smells, textures or other elements of the environment



Auditory Processing Disorder

The person with APD has difficulty in integrating, organizing and interpreting auditory messages without hearing problems being a cause. The individual behaves as if a peripheral hearing loss is present when auditory acuity is actually normal.

Some possible manifestations

- + Difficulty understanding fast flowing speech
- + Difficulty following or retaining multiple instructions
- + Frequent requests to have things repeated
- + Difficulties in reading and writing
- + Little or no participation class discussions
- + Inappropriate answers
- + Sullen attitude or behaviour
- + Difficulty hearing and understanding in noisy environments
- + Difficulty identifying the relevant sound source (teacher's voice)
- + Distraction caused by surrounding noise
- + Confusion about certain noises
- + Difficulty with auditory memory
- + Difficulty formulating sentences
- + Monotone voice or unusual intonation
- + Difficulty understanding the intentions of verbal communication (humour, explanations, dialogue)



Tourette's Disorder

This disorder is mainly characterized by involuntary motor and vocal tics of varying intensity, which develop during childhood and can persist throughout life. The tics occur at unpredictable times and are the expression of a physical or physiological discomfort felt in the body. Self-control of tics requires a lot of energy on the part of the person and can cause severe fatigue.

This disorder is often accompanied by associated disorders including OCD (Obsessive Compulsive Disorder), SLDs, ADD/ADHD and Anxiety Disorder.

Some possible manifestations

- + Vocal tic(s)
- + Motor tic(s)
- + Impulsivity
- + Hyperactivity
- + Learning disabilities
- + Anxiety
- + Agitation
- + Sleep disorder
- + Fatigue
- + Frequent changes in choices and ideas

Examples of vocal tics:

Sniffing, clearing of the throat, barking noises, profane or obscene language, repeating of words or syllables, etc.

These tics are very apparent and any attempt to repress them creates a lot of anxiety for the person. However, the person can learn to control them by compensating so as to make them more socially acceptable.

Examples of motor tics:

Eye blinking, facial grimacing, feeling hands or objects, spitting, kicking, rituals, imitating the movements of a person, obscene gestures, etc.



Non-verbal Learning Disorder (NVLD)

This disorder is related to Pervasive Developmental Disorder (now ASD), in that it shares many similarities of manifestations. However, this is a different impairment that particularly affects the right hemisphere in the following three areas:

- ✚ Visuospatial and motor coordination
- ✚ Attention and nonverbal memory
- ✚ Expression and interpretation of emotions seen in inappropriate behaviours

Some possible manifestations

- ✚ Difficulty with visuospatial skills
- ✚ Attention deficit
- ✚ Lack of social judgment
- ✚ Talking a lot and usually inappropriate to the context
- ✚ Phonetic writing
- ✚ Asking many questions to obtain information
- ✚ Lack of autonomy
- ✚ Preference for situations that are repeated and predictable
- ✚ Not maintaining eye contact
- ✚ Speaking in a monotone voice
- ✚ Difficulty interpreting irony or sarcasm
- ✚ Inability to understand messages with a double meaning
- ✚ Poor psychomotor coordination
- ✚ Poor manual dexterity
- ✚ Impaired balance
- ✚ Slow performance (difficulty finishing tasks on time)
- ✚ Difficulty performing more than one task at a time
- ✚ Significant difficulties with social behaviours

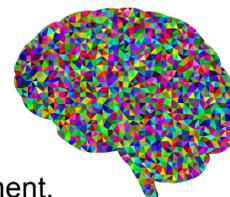


Disabilities

The “Office des personnes handicapées” du Québec (OPHQ) defines a disabled individual as: **"Any person with an impairment causing a significant and persistent disability, who is subject to encounter barriers in performing everyday activities.**

Within the framework of this guide, we have chosen to include in this section various issues that are not related to learning disabilities but which may generate some, due to the specific needs related to the disability. We exclude all so-called learning disabilities (presented in the previous section) and mental health disorders that are discussed in the next section.

Traumatic brain injury (TBI)



Traumatic brain injury is an invisible disability, which beyond physical impairment, affects cognitive, behavioural, psychoaffective and behavioural dimensions of the individual. This type of injury occurs when an external force causes the brain to move within the skull, which may or may not leave lesions. The intensity and duration of a TBI may vary according to the trauma suffered.

Some possible manifestations

- ✚ Difficulty focusing, processing and reusing information
- ✚ Impairment of short, medium or long-term memory
- ✚ Difficulty with abstract information
- ✚ Difficulty organizing information
- ✚ Difficulty doing several tasks simultaneously
- ✚ Difficulty communicating or externalizing information at the verbal level
- ✚ Slow performance
- ✚ Passivity
- ✚ Rigidity
- ✚ Difficulty starting a task
- ✚ Difficulty stopping an activity once it is started
- ✚ Difficulty taking initiative
- ✚ Fatigue
- ✚ Frustration
- ✚ Mood swings
- ✚ Anger or aggression
- ✚ Decreased tolerance to delays
- ✚ Impulsivity and unpredictability of actions
- ✚ Loss of autonomy
- ✚ Exaggerated reactions to stimuli or provocations
- ✚ Little empathy

Hearing Impairment

Hearing Impairment is a communication handicap. Anyone who cannot use



hearing to capture the meaning of a verbal exchange is considered deaf. Hearing impairment comes from the lack or loss of hearing at birth, or following an accident or an illness occurring during life. The causes of the disability can be varied.

Hearing impairment is classified according to four degrees of severity ranging from mild hearing loss to profound. In addition, some conditions such as an Auditory Processing Disorder or Tinnitus can lead to limitations in the ability to perceive sound stimuli and thus these conditions can become a major obstacle for the integration and development of an individual in social, professional, family or school settings.

Impact of hearing loss

Mild hearing loss:

Loss of 20 to 40 decibels
Whispered voice is not perceived

Average hearing loss:

Loss of 40 to 70 decibels
Difficulty following a normal conversation

Severe hearing loss:

Loss of 70 to 90 decibels
Strong voice is not perceived

Profound hearing loss:

Loss of 90 decibels or more
For some, only very loud noises are perceived
For others, no sound is perceived

Some possible manifestations

- + Difficulty learning to read and write
- + Difficulty structuring sentences in writing and speech
- + Difficulty with conceptualization in general
- + Difficulty understanding and interacting during group discussions
- + Difficulty working in a team
- + Use of lip reading to understand the spoken message
- + Difficulty with spoken language
- + Difficulty with personal and inter-personal relationships
- + Isolation, difficulty making friends
- + Limited vocabulary

Visual Impairment



Visual impairment relates to people with blindness or low vision. The seriousness of the infringement depends on visual acuity, which can vary from one person to another. Loss of vision can be caused by congenital eye problems, diseases that occur during life, or infections. There are different types of vision: central or tunnel, peripheral, blurred, seeing spots, and total blindness.

In everyday life, visual impairment plays mostly on the movements and activities, which use central vision such as reading, writing, and visual recognition of people and objects.

A totally blind person may or may not attend a regular school. For these students, there are specialized services that use modes of communication particularly focused on oral language and the written language code called Braille. Others will be integrated in regular classes on a case-by-case basis.

Some possible manifestations, depending on severity

- ✚ Remote blurred vision
- ✚ Difficulty reading posters or what is written on the blackboard
- ✚ Limited field of vision and limited quality of vision
- ✚ Reduced vision in the dark
- ✚ Unusual clumsiness in gestures and movements
- ✚ Need to hold objects (books, tools) close to eyes or angled
- ✚ Frequent blinking
- ✚ Frequent eye oscillations
- ✚ Sensitivity to ambient lighting of various intensities
- ✚ Need to close or cover an eye when reading
- ✚ Missing words when writing
- ✚ Confusion of letters or words that look the same when writing (for example, a, o and e)
- ✚ Marked preference for looking at things either from afar or near
- ✚ Irritability with a task that requires a lot of visual concentration

Physical or Motor Disabilities:

People with motor disabilities or physical disabilities have limited capacity or ability to move, perform manual tasks or participate in certain activities. This type of disability includes a variety of impairments or conditions such as neurological damage, muscular amputations, joint problems, etc.

The origins of motor disabilities are diverse, as are the onset, duration, intensity, and evolution.

Some possible manifestations

- ✚ Difficulty performing certain daily activities
- ✚ Difficulty or inability performing certain manual tasks
- ✚ Possible loss of visuomotor coordination, therefore slow execution of fine motor skills
- ✚ Difficulty concentrating - attention span may be affected
- ✚ Difficulty with memory, perception, discrimination and synthesis skills
- ✚ Pain and/or difficulty with physical movement
- ✚ Difficulty with social skills (e.g. asking for help, engaging with peers)
- ✚ Isolation, withdrawal
- ✚ Greater susceptibility to physical and mental fatigue



Mental Disorders

“Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of dysfunctional thoughts, emotions, behaviours and interpersonal relationships. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be successfully treated.”

World Mental Health Organization



Anxiety Disorders

In society today, the concern for performance generates high expectations in all spheres of life. Therefore, anxiety affects the majority of people at one time or another, and even more for students with difficulties. Anxiety is a problem frequently encountered by teachers.

When manifestations of anxiety are detected in a student, it may require some “digging” to uncover one of the problems described in this guide. In many cases related to troubles or difficulties, anxiety is an important characteristic.

It is essential to understand that anxiety is a clear manifestation, a sign of a problem, which leads to the identification of what could be the cause of the distress. With careful observation, early warning symptoms of anxiety may be detected, before an eventual crisis takes place.

Anxiety is experienced in phases; it increases gradually as the pressure builds. It first appears as trivial symptoms, but early detection and help may avoid undesirable effects. Any change can cause a significant increase in symptoms related to anxiety, hence the importance of establishing a stable routine and preventing possible deviations from this routine.

This guide offers some of the most common manifestations of anxiety.

Generalized Anxiety Disorder (GAD):

Individuals with GAD experience irrational fears when facing daily activities. They worry about everything and nothing. The fears relate to things as common as activities related to reading and writing, test situations and results, relationships with friends and family, the organization of the day, travel, health, public speaking, etc.

Some possible manifestations

- ✚ Apprehension when facing work to do or examinations
- ✚ Restlessness or fatigue
- ✚ Difficulty concentrating
- ✚ Noticeable emotional instability
- ✚ Frequent headaches, stomach-aches or other aches
- ✚ Avoidance of school activities

- ✚ Absenteeism
- ✚ Alcohol or drug consumption
- ✚ Under-reactivity in class

This type of student is not easy to identify. He/she is often polite, discreet and quiet.

Panic Disorder:

Panic disorder is the recurrence of panic attacks, which take the form of visible physiological reactions. These ailments are of deep concern to the person and are characterized by anxious thoughts, and can include the mind creating catastrophic scenarios.

Some possible manifestations

- ✚ Hyperventilation
- ✚ Significant muscle tension
- ✚ Unusual sweating
- ✚ Inability to move (“freeze”)
- ✚ Uncommon physical discomfort
- ✚ Expression of anxiety in relation to his/her physical and mental state (does not know what is happening to him/her, fear of dying)
- ✚ Expression of a sensation of suffocation
- ✚ Unexplained change in behaviour
- ✚ Avoidance behaviour, opposition, or flight from a situation
- ✚ Requests for exemption from certain academic tasks

- ✚ **Social Phobia** is an anxiety disorder that may resemble panic disorder, as its manifestations are very similar. Social Phobia is the acute fear of being perceived as unworthy in public situations or within a group. This is a marked and persistent fear in social or performance situations in which the person is in contact with unfamiliar people. The person is afraid to act in a humiliating or embarrassing way. Exposure to the feared social situation causes almost systematic anxiety that may take the form of a panic attack.

Special manifestations related to social phobia

- ✚ Great anxiety for hours and days before a social situation considered ordinary for most people
- ✚ Loss of control during a public performance

Trauma- and Stressor-Related Disorders

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder occurs as a result of an event experienced as traumatic. People in this state often experience flashbacks and nightmares in which they sometimes relive the circumstances of their trauma. This impairment can affect both children and adults. In its most severe form, the individual may even find it difficult to lead a normal life.

Some possible manifestations

- ✚ Great emotional pain
- ✚ Insomnia
- ✚ Loss of appetite
- ✚ Disorganization or agitation
- ✚ Anxiety
- ✚ Fatigue, distraction
- ✚ Being withdrawn
- ✚ Difficulty concentrating and carrying out activities
- ✚ Intense, apparently unmotivated fear
- ✚ Moodiness
- ✚ Disinterest in everything
- ✚ Avoidance of certain situations
- ✚ Memory problems
- ✚ Alcohol or drug consumption

Personality Disorders

A personality disorder is defined in the DSM as a regular and persistent disturbance of subjective experience and behaviour affecting cognition, emotions, relationships and impulse control. Personality disorders seriously undermine psychological development. The most frequent personality disorders are: borderline personality disorder (BPD), narcissistic personality disorder (NPD), schizoid personality disorder (SPD) and antisocial personality disorder (APD).

Some possible manifestations (depending on the type of disorder)

In terms of identity:

- ✚ Doubt and ambivalence about self
- ✚ Overemphasis on how others see you in determining self-worth
- ✚ Low tolerance to criticism which is seen as bashing
- ✚ Ego-centricity
- ✚ Oversensitivity with regard to occupied rank or position in society

Emotional:

- ✚ Excessive and abnormal intensity of emotions: alternating between anxiety, anger, sadness and emptiness
- ✚ Episodes of generalized anxiety
- ✚ Episodes of depression (more or less severe)
- ✚ Detachment and lack of warmth
- ✚ Indifference to criticism, compliments or praises

Relational:

- ✚ Intense and unstable relationships: tendency to idealize and to disqualify others
- ✚ Excessive fear of abandonment
- ✚ Discrediting others to enhance his/her own image
- ✚ Tendency to highlight the situations of failure by others
- ✚ Little empathy for others, little interest in friendship

Cognitive:

- ✚ Missing nuances, regarding self and others
- ✚ Frequent change of mind
- ✚ Tendency to take credit for achievements that are not his/hers
- ✚ Inability to analyze
- ✚ Tendency to experience psycho-somatic symptoms
- ✚ Difficulty with judgement related to social situations
- ✚ Story fabrication

Social and behavioural:

- ✚ Deficiency in impulse control: conflict and violence, increased probability of consumption of psychotropic substances, risky behaviours, suicidal thoughts or possible suicidal acts
- ✚ Oppositionality
- ✚ Social withdrawal that may be confused with signs of depression

Obsessive–Compulsive Disorder (OCD)

OCD is characterized by the appearance of intrusive recurrent thoughts, which may or may not be related to a phobia. Anxiety may cause compulsions (irrational repetitive gestures), which can vary in intensity.

Obsessions: some examples

- ✚ Fear of illness, death or contamination
- ✚ Fear of suffering
- ✚ Fear of doing or saying something wrong
- ✚ Fear of a negative event occurring

Compulsions: some examples

- ✚ Avoidance of germs and dirt
- ✚ Excessive need to be comforted
- ✚ Repeated checking of locks and devices
- ✚ Extreme perfectionism
- ✚ Search for symmetry
- ✚ Rituals
- ✚ Collecting or excessive accumulation

Some possible manifestations

Student may be:

- ✚ Indecisive and slow to carry out tasks
- ✚ Refusing to use material in class
- ✚ Stubborn, argumentative, demanding
- ✚ Distracted or inattentive
- ✚ Insistent on always having an eraser
- ✚ Always asking questions
- ✚ Repeating sounds, words or specific melodies
- ✚ Always going to the washroom
- ✚ Needing frequent explanations or reassurance
- ✚ Experiencing unpredictable mood changes

- ✚ Rejected by peers

Obsessions and compulsions can increase and/or decrease over the course of life.

Bipolar and Related Disorders:

These disorders are characterized by a significant alteration of mood. This disturbance persists for a period of time and affects the person's normal functioning. The most common are depressive disorders and bipolar disorders.

Some possible manifestations

Depressive disorders:

- ✚ Loss of interest or pleasure in usual activities
- ✚ Low self-esteem
- ✚ Disinterest academically and socially
- ✚ Disinterest and loss of confidence in the future
- ✚ Appetite disturbance (increase or decrease)
- ✚ Difficulty with attention and concentration
- ✚ Slowed thinking (little energy for activities of intellectual nature)
- ✚ Sleep disturbance (sleeping more or little)
- ✚ Neglecting personal hygiene and maintenance of environment
- ✚ Excessive irritability
- ✚ Drastic mood swings
- ✚ Intolerance to annoyances
- ✚ Aggressiveness
- ✚ Withdrawal or continuous search for the company of others
- ✚ Fatigue and lack of energy
- ✚ Psychomotor slowdown
- ✚ New or increased consumption of alcohol or drugs
- ✚ Suicidal thoughts

Bipolar disorders

- **Depressive phase:**
 - ✚ same as those for depression
- **Manic phase:**
 - ✚ Decreased need for sleep
 - ✚ Loss of interest in food
 - ✚ Non-recognition of the limits of his/her strength
 - ✚ State of euphoria, excessive cheerfulness, exhilaration
 - ✚ Excessive involvement in pleasurable activities (e.g. compulsive shopping, reckless activities, including sexual)
 - ✚ Ease in making contact with others, accompanied by lack of inhibitions and modesty
 - ✚ Emotional and intellectual overexcitement
 - ✚ Great confidence in his/her powers and charm (convinced and convincing)
 - ✚ Irritability
 - ✚ High reactivity, easy to irritate or anger
 - ✚ Unproductive restlessness
 - ✚ Activity without rest (too many projects which are often unrealistic)

- ✚ Increased self-esteem
- ✚ Grandiose ideas
- ✚ Incoherent speech
- ✚ Rapid transition between laughter and tears



Interventions to limit inappropriate behaviour related to mental health

Here are some suggested interventions that can make all the difference in interactions with a person having a mental health problem. Prioritizing interventions can help avoid magnifying unwanted behaviour inappropriate to the situation, especially in class.

GENERAL INTERVENTIONS

Interventions to pursue Do:	Interventions to avoid Don't:
Chose the right moment	Lecture
Ensure total availability (no interruption)	Try to make the student understand that he/she must respect authority
Take the student's availability into consideration	Give homework and obligations without room for explanations
Make sure you have enough time to speak with the student	Police, giving warnings
Give the student the time to express how he/she feels and listen	Judge
Make sure you understood what the student meant and rephrase it in your own words	Criticize
Use an «I» message	Blame
Keep visual contact	Ridicule
Encourage, congratulate the student	Undermine the worries demonstrated by the student by belittling
Respect the student while respecting yourself. Work at preserving a relationship with the student, greet him/her even if the student abandoned your course	Avoid or redirect the problem
Accept that the student wishes to assert himself/herself, make space to convey different ideas	Tease, joke, being ironic: this attitude may hurt and break the desired bond of trust
Collaborate to implement a common solution	Ignore the anxiety of the student
Refer or seek help from a professional	
State your limits	
Be honest with the student with regards to your limits and constraints in helping in terms of time, energy, training or objectivity	

GENERAL ANXIETY DISORDER

Interventions to pursue Do:	Interventions to avoid Don't:
Reassure and congratulate with sincerity	Increase the cognitive charge when anxiety is very present (e.g. night before an exam)
Pay particular attention to the very timid student	Announce an evaluation at the last minute
Manifest empathy with regard to anxiety	Bombard the student about your own concerns and questions
Establish routines and specify expectations	Amplify consequences of failure in an evaluation, about an error or a difficulty
Adapt the workload	Increase your requirements in order to stimulate motivation
Obtain the support of a professional	Criticize or question concerns
Keep in mind that anxiety is not always rational but the feelings are real	

PANIC DISORDER

Interventions to pursue Do:	Interventions to avoid Don't
React to panic attacks by reassuring and calming the student	Deny, minimize discomforts felt or make fun of the student, even with the purpose to deescalate
Manifest empathy toward the student but staying calm and without dramatizing	Manifest anxiety when faced with the student's anxiety (becoming sympathetic instead of empathetic)
Recognize that the student is going through a disagreeable and difficult time	Escape situation by quickly moving away from student or leaving him/her by himself/herself without preparation or prior intervention
Encourage the student to meet a professional to put in place strategies aiming at decreasing anxiety	Oblige student to face the situation he/she wishes to avoid without preparation or intervention

POST-TRAUMATIC STRESS DISORDER

Interventions to pursue Do:	Interventions to avoid Don't
Maintain routine as much as possible	Ignore or take lightly discomforts or fears expressed verbally by the student
Create a feeling of security for the student	Require from the student things that he/she says is unable to do, without having carefully evaluated his/her condition
Be attentive to the milieu the student originates from	Make fun of fears or discomforts expressed
Create a relaxing area, if possible	
Seek help from a professional	

PERSONALITY DISORDERS

Interventions to pursue Do:	Interventions to avoid Don't
Create a significant bond	Let down the student or threaten to not help anymore
Encourage the student to seek help from a professional	Be excessively permissive (without establishing a framework)
Act along with other interveners	Act with excessive authority
Help the student to organize sequentially	Allow the student to ignore the needs and rights of others
Divide longer work into chunks	Give in to blackmail or harassment (e.g. put in place

Supervise the student giving him/her clear and coherent instructions (be consistent)	adaptation measures that would not be necessary had the student not insisted)
Determine clear limits (rules in class, desired behaviour)	

OPPOSITION DISORDERS

Interventions to pursue Do:	Interventions to avoid Don't
Specify the classroom/school rules	Belittle or deny the student's condition
Be consistent with other teachers or professionals	Undermine the choice the student is making
Tolerate humour or use humour moderately	Undertake steps to consult a professional without having discussed it with the student
Keep calm	
Schedule individual meetings in order to create bonding	Use of words like «calm down»
Beware of trigger points and avoid them	Highlight the student's weaknesses and make him/her responsible, especially in front of other students
Decode emotions behind behaviour	Confront the student with points aiming at being superior to him/her
Use non verbal codes to encourage a desired behaviour or prevent escalation	Belittle the student
Point out achievements of the student	Raise your voice
	Adopt an aggressive attitude
	Ignore the student to avoid confrontation

BIPOLAR AND RELATED DISORDERS

Interventions to pursue Do:	Interventions to avoid Don't
Use humour moderately, and a positive and upbeat tone of voice	Belittle or deny the student's condition
Name strengths, abilities, and help student to use them	Invalidate the choice the student is making
Consider the student's emotional reality	Undertake steps to consult a professional without having discussed it with the student
Help the student to set realistic and achievable goals in the short term so that he/she can live success	Nag the student to get treated
Schedule follow ups on a regular basis with the student (review his/her objectives and deadlines)	Use words like «calm down»
	Highlight the student's weaknesses and make him/her responsible, especially in front of other students



Tools And Coping Strategies



In this part of the guide, a number of the tools and strategies will be presented.

Included is a graphic (“Considerations Leading to the Choice of Assistive Technology”), which offers areas to consider as a student’s needs are being assessed; and a table (“Use of Technological Support Tools”) describing different technological tools and how they can be used to better support a student when significant difficulties with learning or behaviour are present in class.

Following this, there is a section on Intervention Strategies, beginning with a graphic (“Factors to Consider when Developing an Intervention Plan for Students with Learning Difficulties”), which shows areas of possible difficulty and areas of intervention. This is elaborated later with a series of possible adaptive measures that may be implemented following the thorough analysis of the student’s file. This analysis must be carried out not only by the teacher, but by the Intervention Team affiliated with the institution attended by the student. Therefore, what is offered here is mentioned for information only.

Finally, the proposed Intervention Strategies should directly relate to what is observed in the “Portrait of the Student”. There are two versions: one for the teacher(s) to complete and also a “Student Self-Portrait”, which the student may complete. In order to simplify use, the material contained in this section has been designed from one framework. The recommendation is to complete the Portrait first to get a good reading of the student’s needs and later choose interventions according to spheres that present the most important discrepancies.

Considerations Leading to the Choice of Assistive Technology

Social integration Needs

- To communicate
- To establish relationships
- To assume functional autonomy

Physical or Sensory Considerations

- Fine motor skills
- Speech capacity
- Visual capacity
- Aural capacity

Intellectual Considerations

Ability to:

- comprehend
- decode information
- organize and structure information
- communicate: orally and in writing
- carry out mathematical or scientific tasks

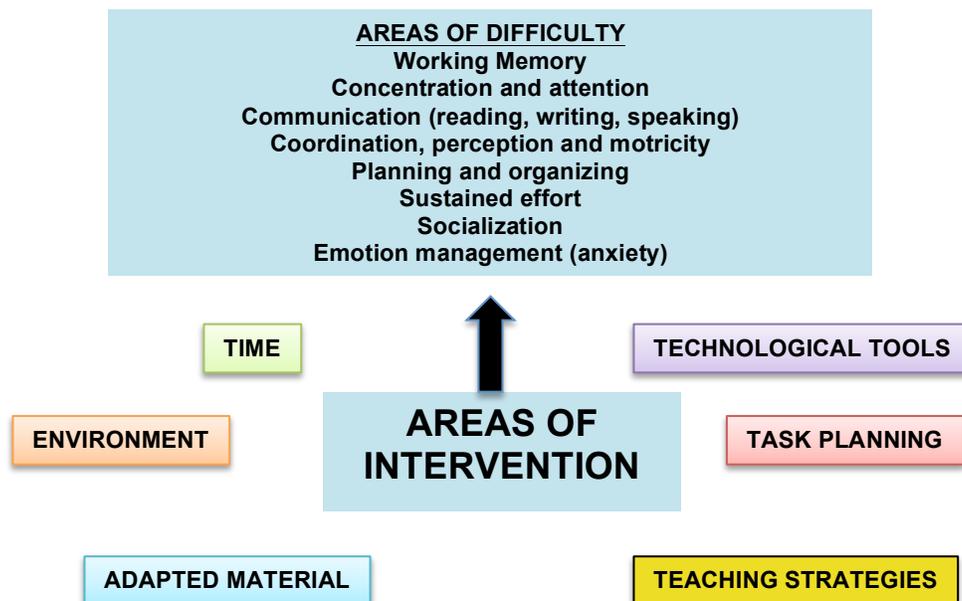
TYPES OF ICT SUPPORT

Mind mapping tool
Word processor
Spell Check
Word predictor (ex: Word Q, Read and Write, Dicom)
Text reader (ex: Word Q, Balabolka)
Speech to Text program
Electronic dictionary (Lexibook)
Scanner pen (C-Pen, Smart pen)
Digitized voice (VOKI, DS Peech)
Etc.

Use of Technological Support Tools

VOICE SYNTHESIS	Voice synthesis is a type of software that allows converting a text or numeric pictograms into synthesized voice. It is used as audio support for reading or rereading.
WORD PREDICTOR	The word predictor offers a choice of words for each letter the student types on the keyboard. The words offered take into account the lexical structure of the text and grammar rules. This may help students to write coherently.
IDEA/GRAPHIC ORGANIZER	The idea organizer is used to write by supporting the student in its process of production and organization of ideas offering a space that allows him/her to write ideas and to connect them as a diagram or organizational idea cards.
ELECTRONIC DICTIONARY	The electronic dictionary allows the student to search the words he/she questions regarding spelling or meaning. The phonological dictionary allows students who cannot identify the first letters of a word to find the searched word using the first sounds he/she hears.
SCANNER MOUSE	The scanner mouse allows students to transform a paper document into digital form and benefit from the voice synthesis at the same time. It only works for small portions at a time.
PHOTOCOPIES IN PDF TEXT MODE	Photocopies in PDF Text Mode allow the student to scan a text as a whole to be subsequently able to read a text using voice synthesis.
DIGITIZED VOICE	Digitized voice helps speaking by converting human voice into digital audio format (MP3 or WAV). This is the same principle as a tape recorder.
GRAMMAR AND SPELLING CHECKER	The spell checker can analyze a text to detect and possibly correct spelling errors it contains. This tool compares the words in the text to the words of a dictionary. The student must learn to use judgment on the proposals made by the software.

Factors to Consider when Developing an Intervention Plan for Students with Learning Difficulties



Intervention strategies: Time



- ✚ Provide a schedule
- ✚ Give a tool to manage time (alarm, watch, visual timer)
- ✚ Determine the duration of the task
- ✚ Give time reminders (5 min left)
- ✚ Break up the objectives or tasks and give more time to reach them
- ✚ Allow pauses
- ✚ Use an agenda or a checklist
- ✚ Establish timelines
- ✚ Encourage the use of task lists with checkboxes
- ✚ Establish a routine
- ✚ Etc.

Adaptations

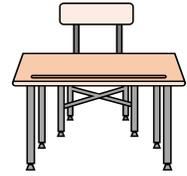
- Extending the time allowed for a test by a maximum of another one third (e.g. instead of 60 minutes, allow 80 minutes)
- Giving a break during the task or exam

Written in IEP for board and ministry exams

*A tool must never perform the task for the student during ministerial or board exams. Refer to the Info-Sanction (Chapter 5) for more information.

http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/sanction/Guide-sanction-2015_ang.pdf

Intervention strategies: Environment



- ✚ Decrease ambient noise or the number of sound stimuli
- ✚ Allow hearing protectors (plugs, headphones, etc.)
- ✚ Keep student away from sources of stimulation (door, windows, computers, etc.)
- ✚ Define the space that the student can use
- ✚ Keep only the necessary equipment on desk
- ✚ Structure the space by placing visual markers
- ✚ Etc.

Adaptations

- Taking the exam in an isolated location, with supervision

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**Intervention strategies:
Materials
for students with hearing, visual or fine
motor skills impairment**



- ✚ Assistive devices
- ✚ Headphones
- ✚ Magnifying glass or other magnifying tool
- ✚ Increased font size and sans serif font
- ✚ Handouts with limited text/graphics and sufficient white space
- ✚ Ergonomic equipment provided by specialized rehabilitation centers
- ✚ Etc.

Adaptations

- Using a reading device: magnifier, media reading, magnifying device or software
- Using a computer
- Using a copy of a test with increased font size and choice of sans serif
- Using a spaced out copy of the test
- Accompaniment: for reading questions, dialogue of the listening tape, note down the student answers, to answer to the specific needs of the person
- Using Braille or E-texts
- Utilizing an interpreter for the hearing impaired or deaf student
- Using adapted computer aids

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Intervention strategies: Reading, Writing & Speaking



- ✚ Use removable stickies/Post-Its to organize the work to be done
- ✚ Increase the font size and promote a choice of typeface without serifs
- ✚ Give handouts with limited text/graphics and sufficient white space
- ✚ Obtain ergonomic equipment provided by specialized rehabilitation centers
- ✚ Use a coloured ruler to follow a line to read
- ✚ Use visual aids to help communication
- ✚ Provide checklists, graphic organizers
- ✚ Etc.

Adaptations

- Extending of the duration of the event up to a maximum equivalent to one third of the time normally allocated
- Using a supervised break during the test
- Using a technological reading and writing tool (written in the IEP)
- Using a audio recorder to allow the students to record his answer
- Using a test copy that spaces out information and directions.
- Using a reading device: magnifier, media reading, magnifying device or software
- Using a copy of a test with increased font size and sans serif font

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Intervention strategies: Materials for Math



- ✚ graph paper for all mathematical operations
- ✚ calculator (if possible)

Adaptations

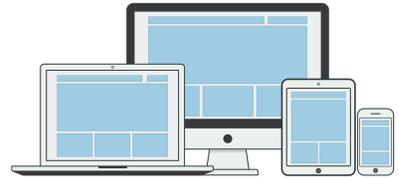
- Allowing extended time up to a maximum equivalent to one third of the time normally allocated
- Using a supervised break during the test
- Using a calculator, multiplication and addition tables
- Using graph paper
- Using a audio recorder or a MP3 player to allow the students to record his answer
- Using a copy of a test with increased font size and choice of sans serif
- Using a spaced out test copy (use more white space between questions or information)

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Intervention strategies: Assistive Technology



- ✚ Use a variety of ways to demonstrate students' comprehension (iPad, voice recorder etc.)
- ✚ Use an interactive whiteboard
- ✚ Allow the use of a dictionary or electronic agenda (refer to the chapter 5-Sanction des etudes.

Adaptations

- Allowing a text reading feature (e.g. Word Q or Read and Write)
- Allowing a word predictor (e.g. Word Q)
- Allowing use of an electronic dictionary
- (Refer to chart "Use of Technological Support Tools for additional suggestions)

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Teacher Planning: To better serve all students' needs

Planning of the tasks:

- ✚ Prepare a timetable (Readable at a glance)
- ✚ Provide a model of a planner
- ✚ Provide time for reminders and revision
- ✚ Provide breaks integrated into a work period
- ✚ Create an efficient filing system

Teaching strategies:

- ✚ Provide a work plan with specific tasks to be done (with checkboxes)
- ✚ Provide the criteria for quality work
- ✚ Provide a checklist for longer projects
- ✚ Provide self-assessment or evaluation grids
- ✚ Provide written instructions on the board or on a worksheet
- ✚ Provide the rules and duration of the tasks before starting
- ✚ Present the rubrics with which the student's work will be evaluated
- ✚ Estimate the time for each task and transmit this information
- ✚ Encourage the use of reference materials
- ✚ Encourage the use of an agenda
- ✚ Propose a timeline
- ✚ Refer regularly to this timeline
- ✚ Ask the students to set specific and realistic goals for the upcoming period
- ✚ Avoid clutter of unnecessary material on work space
- ✚ Take time with students to review their course materials (notes, photocopies, etc.)
- ✚ Provide effective study and organization models
- ✚ Encourage the use of colour coding, abbreviations for taking notes, index cards, separators, idea organizers, etc.

Teacher Planning: To promote concentration and attention

Planning of the tasks:

- ✚ Parcel out the work
- ✚ Provide visual supports
- ✚ Provide breaks
- ✚ Decrease the number of exercises to do by prioritizing the most important ones
- ✚ Provide trimmed and spaced out photocopies
- ✚ Customize some of the reference sheets, checklists, routines
- ✚ Control the work to avoid delays

Teaching strategies:

- ✚ Maintain eye and physical contact with the student as much as possible
- ✚ Move toward the student's desk while giving instructions
- ✚ Give short instructions and repeat frequently
- ✚ Share positive feedback
- ✚ Break tasks down into steps and to the student's level
- ✚ Provide a list of steps to follow
- ✚ Start with a structured and guided activity (e.g. model, then do a sample with the students, before asking students to do a task independently)
- ✚ Finish with an activity that requires more autonomy
- ✚ Reduce material that is given out
- ✚ Allow frequent small breaks

Teacher Planning: To support development of working memory

Planning of the tasks:

- ✚ Parcel out the work
- ✚ Provide visual supports
- ✚ Provide breaks
- ✚ Decrease the number of exercises to do by prioritizing the most important ones
- ✚ Provide trimmed and spaced out copies highlighting the most important aspects
- ✚ Customize some of the reference sheets, checklists, routines
- ✚ Control the work to avoid delays
- ✚ Provide reminders and time for revision

Teaching strategies:

- ✚ Provide tools to track information
- ✚ Present concepts in various forms, with visual cues for encoding
- ✚ Teach the student how to do a clear and easy page layout

Teacher Planning: To contain restlessness and impulsivity

Planning of the tasks:

- ✚ Alternate between demanding periods of work and those that allow movement
- ✚ If possible, provide a soothing space where the student may withdraw as needed
- ✚ Plan extracurricular activities that allow movement
- ✚ Prepare a code of conduct stating the rules to function in a group
- ✚ Produce a positive reflection environment (rather than punitive)

Teaching strategies:

- ✚ Ensure that the permitted noise does not bother others
- ✚ Assign an area in the class away from potential sources of distraction
- ✚ Use visual reminders
- ✚ Encourage students to only keep the material necessary for the task on their desk
- ✚ Suggest tasks that allow students to move (giving them responsibilities)
- ✚ Allow students to work standing up or kneeling on the chair
- ✚ Identify places in the classroom related to certain tasks
- ✚ Educate students about the effects of stimulating drinks
- ✚ Provide sensory manipulatives (fidgets) to reduce tension
- ✚ Discuss the strategies other students use to relax
- ✚ Give selective attention
- ✚ Emphasize good behaviour
- ✚ Ensure the attention of the student by questioning him
- ✚ Show empathy to students in moments of discouragement
- ✚ Establish with the student appropriate contexts or times for moving around the classroom
- ✚ Establish a nonverbal cue with a student to give a reminder

Teacher Planning: To encourage perseverance

Planning of the tasks:

- ✚ Help students to focus on one goal at a time
- ✚ Divide longer work into small steps
- ✚ Provide an individualized work plan with check boxes
- ✚ Provide a tool to manage time
- ✚ Give students choice
- ✚ Provide a self-assessment tool

Teaching strategies:

- ✚ Alternate between demanding periods of work and those that allow movement
- ✚ Gradually increase the time attention is required for an activity
- ✚ Verbally or visually indicate the time remaining for the completion of the task
- ✚ Promote teamwork by assigning roles to everyone
- ✚ Establish frequent periods of work but of short duration
- ✚ Give out the rules and duration of the tasks before starting
- ✚ For each activity, have a work plan (checklist)
- ✚ Recognize completed work and encourage continuation
- ✚ Routinely ask the students what they did well at the end of a task
- ✚ Remind them about what they did well early on in a new task (to promote anchoring)

Teacher Planning: To facilitate communication

Planning of the tasks:

- ✚ Parcel out the work
- ✚ Provide visual supports
- ✚ Provide breaks
- ✚ Decrease the number of exercises to do by prioritizing the most important ones
- ✚ Provide trimmed and spaced out copies highlighting the most important aspects
- ✚ Customize some of the reference sheets, checklists, routines
- ✚ Control the work to avoid delays

Teaching strategies:

- ✚ Ensure the understanding of the task by asking the student to rephrase
- ✚ Encourage students to identify and name: the steps of the process, their reasoning and the strategies used
- ✚ Specify the equipment required for activities
- ✚ Put an X where the student must begin to perform a task
- ✚ Read difficult words for the students and if necessary, the sentences
- ✚ Limit note taking and copying
- ✚ Allow oral work whenever possible
- ✚ Give several small instructions rather than a long explanation of the task
- ✚ Give one instruction at a time
- ✚ Give out the photocopies of the material before class starts
- ✚ Explain the procedures for a task
- ✚ Demonstrate reading and writing strategies
- ✚ Model, and give guided practice
- ✚ Attract the students' attention, by taking into account students' interests
- ✚ Help the student to build a personal dictionary
- ✚ Encourage the use of a bank of words for essays
- ✚ Make eye and/or physical contact
- ✚ Accompany instructions with actions (gestures)

Teacher Planning: To promote coordination and motor skills

- ✚ Break up the work into simple tasks
- ✚ Provide more time to permit repetitions (develop automaticity)
- ✚ Focus on quality over quantity



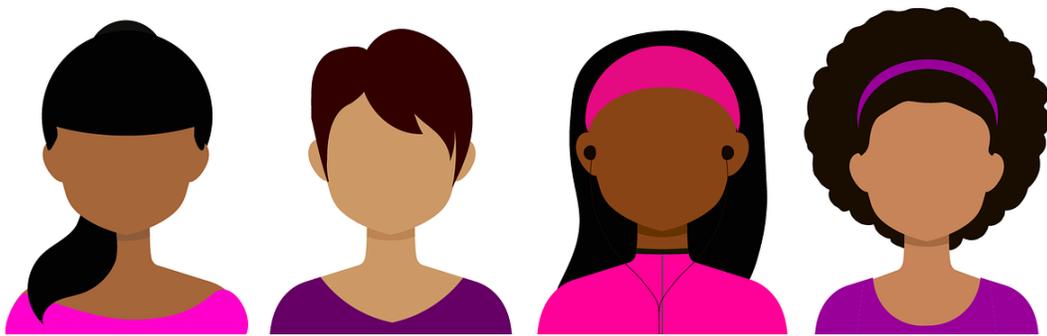
COMMENTS:

Knowing the diagnosis or the challenges of a student sheds light on how to put learning strategies in place. However, it is important to remember that an official diagnosis is not absolutely required for a school team to decide to implement support measures (accommodations). It is important to gather as much information as possible, and to document this in a file, and on that basis, the school team can determine which support tools and strategies would be beneficial to the student.

The following offer some practical tools (“Student Portrait” and “Student Self-Portrait”) to help detect areas of difficulty and to better intervene with students by selecting appropriate strategies based on what is revealed in the completed profile. For the teacher, as a first step, when a difficulty is suspected, the Student Portrait may be completed. This tool has been designed to highlight the student's main difficulties, which will be useful in choosing intervention strategies. It may also be pertinent to have the student complete his “Student Self-Portrait.” This tool is intended to be complementary to the other because it highlights the learner's perception of his or her own skills, attitudes and behaviours. Both of these tools can also serve as guidelines to discuss a particular area that may be challenging for a student.

Again, this is not meant for diagnosis, but simply a way to gather useful information.





**Students'
SECTION**

Student Portrait

PLANNING AND ORGANIZATION	FREQUENCY		
Does not know where to start	repeatedly	occasionally	rarely
Difficulty integrating routines	repeatedly	occasionally	rarely
Difficulty organizing thoughts and ideas	repeatedly	occasionally	rarely
Difficulty organizing, storing and finding personal belongings	repeatedly	occasionally	rarely
Leaves belongings lying around	repeatedly	occasionally	rarely
Difficulty structuring course notes	repeatedly	occasionally	rarely
Struggles to plan the steps of a task and anticipate the materials necessary for completion	repeatedly	occasionally	rarely
Difficulty following timelines and meeting deadlines	repeatedly	occasionally	rarely
Difficulty using an agenda	repeatedly	occasionally	rarely
Difficulty following instructions relating to tasks	repeatedly	occasionally	rarely
Forgets to use known strategies	repeatedly	occasionally	rarely
Invades the space of others	repeatedly	occasionally	rarely
Does not demonstrate autonomy and needs constant individual interventions	repeatedly	occasionally	rarely
Does not know how to go about self correcting work	repeatedly	occasionally	rarely
Slow execution of the task	repeatedly	occasionally	rarely

COMMENTS

CONCENTRATION AND ATTENTION	FREQUENCY		
Is easily distracted by ambient noises or other stimuli	repeatedly	occasionally	rarely
Takes time to settle	repeatedly	occasionally	rarely
Does not complete tasks	repeatedly	occasionally	rarely
Sloppy work	repeatedly	occasionally	rarely
Slow to start the task	repeatedly	occasionally	rarely

Manifests signs of fatigue	repeatedly	occasionally	rarely
Often stops during execution of a task	repeatedly	occasionally	rarely
Asks questions that have already been answered or are out of context	repeatedly	occasionally	rarely
Interrupts initial task to do something else	repeatedly	occasionally	rarely
Difficulty following instructions given orally or in writing	repeatedly	occasionally	rarely
Difficulty performing two tasks simultaneously	repeatedly	occasionally	rarely
Difficulty with retention of information	repeatedly	occasionally	rarely

COMMENTS

WORKING MEMORY	FREQUENCY		
Difficulty remembering math formulas, grammar rules and spelling of common words, working procedures, etc.	repeatedly	occasionally	rarely
Difficulty with visual representation on paper of a problem to solve	repeatedly	occasionally	rarely
Difficulty using vocabulary related to the material	repeatedly	occasionally	rarely
Difficulty following a task sequence	repeatedly	occasionally	rarely
Difficulty remembering the procedure or work steps	repeatedly	occasionally	rarely
Forgets what has just been read or heard, what s/he means or recent instructions	repeatedly	occasionally	rarely
Difficulty retrieving (to transfer) information stored in the memory	repeatedly	occasionally	rarely
Difficulty transferring concepts learned in other situations	repeatedly	occasionally	rarely
Difficulty retaining more than one instruction at a time	repeatedly	occasionally	rarely
Difficulty with visual memory (ex. written concepts, images, graphics, etc.)	repeatedly	occasionally	rarely
Difficulty with auditory memory (i.e. verbal instructions, lectures, etc.)	repeatedly	occasionally	rarely
Difficulty with kinaesthetic memory (i.e. manual procedures or tasks)	repeatedly	occasionally	rarely

COMMENTS

AGITATION AND IMPULSIVITY	FREQUENCY		
Moves constantly	repeatedly	occasionally	rarely
Fidgets, makes noises	repeatedly	occasionally	rarely
Speaks a lot, interrupts, answers without waiting his turn	repeatedly	occasionally	rarely
Acts without planning: impulsive and spontaneous	repeatedly	occasionally	rarely
Seeks movement	repeatedly	occasionally	rarely
Does not comply with instructions or group rules	repeatedly	occasionally	rarely
Makes inappropriate comments	repeatedly	occasionally	rarely
Demonstrates impatience when needs are not responded to immediately	repeatedly	occasionally	rarely
Does not manage frustration well (gets upset or reacts disproportionately)	repeatedly	occasionally	rarely
Speaks and acts impulsively	repeatedly	occasionally	rarely
Defies authority, struggles with compliance	repeatedly	occasionally	rarely
Avoids taking responsibility for actions	repeatedly	occasionally	rarely
Argues, does not get along with peers or teachers	repeatedly	occasionally	rarely
Makes excuses to avoid new tasks	repeatedly	occasionally	rarely

COMMENTS

MOTIVATION & EFFORT	FREQUENCY		
Does only the required minimum (work, exercises, homework)	repeatedly	occasionally	rarely
Tires quickly and loses interest	repeatedly	occasionally	rarely
Does not finish assignments or tasks	repeatedly	occasionally	rarely
Does work Inconsistently in quality and quantity	repeatedly	occasionally	rarely
Delegates own responsibilities to others	repeatedly	occasionally	rarely
Puts off work until later, making excuses	repeatedly	occasionally	rarely
Avoids remediation or follow ups	repeatedly	occasionally	rarely

COMMENTS

COMMUNICATION (reading, writing, oral language)	FREQUENCY		
Difficulty explaining an abstract concept in words	repeatedly	occasionally	rarely
Difficulty constructing complete sentences that reflect thoughts	repeatedly	occasionally	rarely
Limited or inaccurate vocabulary	repeatedly	occasionally	rarely
Difficulty choosing and saying the right words	repeatedly	occasionally	rarely
Difficulty formulating ideas and chaining them together	repeatedly	occasionally	rarely
Difficulty decoding (confuses, adds, inverts, omits and substitutes letters, syllables or words)	repeatedly	occasionally	rarely
Difficulty acquiring grammatical and spelling rules	repeatedly	occasionally	rarely
Poor use of punctuation (rare or inadequate)	repeatedly	occasionally	rarely
Slow paced writing	repeatedly	occasionally	rarely
Uses nonsense words	repeatedly	occasionally	rarely
Difficulty following directions given orally or in writing	repeatedly	occasionally	rarely
Lack of fluency	repeatedly	occasionally	rarely
Difficulty understanding written information	repeatedly	occasionally	rarely
Difficulty structuring sentences orally or in writing	repeatedly	occasionally	rarely
Difficulty organizing oral or written speeches to make connections between ideas	repeatedly	occasionally	rarely
Difficulty acquiring new vocabulary words in connection with the material	repeatedly	occasionally	rarely
Difficulty distinguishing between a serious message and a joke	repeatedly	occasionally	rarely
Difficulty decoding nonverbal language (gestures, facial expressions, etc.)	repeatedly	occasionally	rarely
Difficulty following and participating appropriately in a conversation (staying on topic)	repeatedly	occasionally	rarely
Problem with articulation, pronunciation or stuttering	repeatedly	occasionally	rarely

COMMENTS

COORDINATION, MOTOR SKILLS AND PERCEPTION	FREQUENCY		
Difficulty navigating, orientating and situating self in space (right, left, in front behind)	repeatedly	occasionally	rarely
Difficulty reproducing geometric shapes, aligning columns of numbers and taking measurements	repeatedly	occasionally	rarely
Difficulty reproducing a picture, an outline, or a schema	repeatedly	occasionally	rarely
Difficulty reading a map or a plan	repeatedly	occasionally	rarely
Difficulty performing precision movements required for manual tasks	repeatedly	occasionally	rarely
Clumsy in movements, gestures (everything he touches breaks, spills, or tears)	repeatedly	occasionally	rarely
Difficulty memorizing the steps of a task for reproduction	repeatedly	occasionally	rarely
Difficulty repeating precise instructions found in texts, diagrams and pictures	repeatedly	occasionally	rarely
Lacks balance and coordination	repeatedly	occasionally	rarely
Difficulty estimating quantities needed to perform a task	repeatedly	occasionally	rarely
Slowness in execution of any task requiring precision	repeatedly	occasionally	rarely
Work is in draft state and often illegible	repeatedly	occasionally	rarely
Writing is disorganized and chaotic	repeatedly	occasionally	rarely
Difficulty manipulating work tools (knife, compass, scissors, etc.)	repeatedly	occasionally	rarely
Tiredness in relation to motor skills	repeatedly	occasionally	rarely
Difficulty articulating and controlling the rate and intensity of speech	repeatedly	occasionally	rarely
Difficulty with visual perception (plans, photographs, 3D images, font below the 12-point, etc.)	repeatedly	occasionally	rarely
Difficulty with auditory perception (following a conversation, following the oral explanations, etc.)	repeatedly	occasionally	rarely
Difficulty with tactile perception (textures, poor assessment of the force applied to an object)	repeatedly	occasionally	rarely

COMMENTS

MANAGING EMOTIONS (ANXIETY)	FREQUENCY		
Makes excuses to avoid unusual tasks	repeatedly	occasionally	rarely
Perfectionism is exaggerated, causing slow execution of the task	repeatedly	occasionally	rarely
Slow start to the task or procrastination	repeatedly	occasionally	rarely
Somatic complaints (excuses related to health)	repeatedly	occasionally	rarely
Reluctant to leave the established routines, needs rigidity, detests change	repeatedly	occasionally	rarely
Easily destabilized (if change to routine or schedule)	repeatedly	occasionally	rarely
Difficulty establishing harmonious interpersonal relationships (isolation, withdrawal)	repeatedly	occasionally	rarely
Manifestation of rituals (which may seem repetitive, strange, or illogical)	repeatedly	occasionally	rarely
Impaired judgment (wrong interpretation of events)	repeatedly	occasionally	rarely
Regular return to the same traumatic events	repeatedly	occasionally	rarely
Physical discomfort (sweating, tremors, palpitations)	repeatedly	occasionally	rarely
Needs to be secure and reassured	repeatedly	occasionally	rarely
Asks and re-asks the same questions	repeatedly	occasionally	rarely
Does not listen to the answers to questions posed	repeatedly	occasionally	rarely
Opposition, refusal to cooperate	repeatedly	occasionally	rarely

COMMENTS

MATHEMATICAL LANGUAGE	FREQUENCY		
Has not mastered the four basic operations	repeatedly	occasionally	rarely
Has not mastered the vocabulary connected to the 4 basic operations	repeatedly	occasionally	rarely
Does not have the concept of position of a digit in a number	repeatedly	occasionally	rarely
Does not recognize the place value of digits in a number	repeatedly	occasionally	rarely
Has not mastered the concepts related to fractions	repeatedly	occasionally	rarely

Can not make the link between text and the mathematical language associated with it	repeatedly	occasionally	rarely
Does not retain common mathematical formulas	repeatedly	occasionally	rarely
Does not know when or how to apply common mathematical formulas	repeatedly	occasionally	rarely
Difficulty solving mathematical problems related to activities in daily life	repeatedly	occasionally	rarely
Has not mastered or does not know how to do mental arithmetic	repeatedly	occasionally	rarely
Generalizes by applying the same strategy in all situations	repeatedly	occasionally	rarely

COMMENTS

Student Self-Portrait

Check the appropriate box	I have difficulty...	I have no difficulty...	I need support and help
Knowing where to start on school work and assignments			
Memorizing routines			
Reading quickly			
Decoding words			
Organizing my ideas in writing			
Learning new words related to subject matter			
Orienting myself in space (right / left)			
Reproducing geometric shapes and aligning columns of numbers			
Performing precision movements required for manual tasks			
Quickly performing a task that requires precision			
Using different tools (scissors, knives, compass)			
Speaking clearly and controlling the speed at which I talk			
Remaining in my seat for longer periods of time (more than 30 min)			
Performing new tasks			
Making things perfect			
Not letting stress make me ill (stomach aches, headache, tremors, cold sweats)			

Check the appropriate box	I have difficulty...	I have no difficulty...	I need support and help
Concentrating and remembering instructions or concepts			
Listening and finding the answers to questions I have asked			
Asking pointed and meaningful questions			
Planning the steps of a task and following through with it			
Using a variety of words			
Following instructions given orally or in writing			
Organizing my thoughts			
Keeping my materials organized so that I can find my stuff			
Putting all my materials back where they belong			
Organizing my class notes			
Planning the steps of a task and finding the necessary materials			
Meeting the time given for a task and meeting deadlines			
Using an agenda			
Following instructions			
Finishing work in the same amount of time as most other students			
Not letting background noise and other things distract me			
Settling into work right away			
Finishing what I start			

Check the appropriate box	I have difficulty...	I have no difficulty...	I need support and help
Staying focused on the initial task			
Performing two task simultaneously			
Imagining things in my head to solve the problem			
Learning the vocabulary related to a new concept			
Memorizing the procedure or work steps			
Remembering what I just read, heard, said or instructions given			
Retaining more than one instruction at a time			
Sitting still or silent			
Waiting my turn to speak			
Planning what I am going to say			
Following instructions or group policies			
Managing my frustrations			
Working with peers and teachers			
Staying with projects until they are complete			
Putting more than the minimum effort into work, exercises and homework			
Seeking extra help when I need it			
Explaining an abstract concept in my own words			
Constructing sentences that reflect my thinking			
Choosing and pronouncing the right words			
Formulating my ideas and chaining them together			
Spelling correctly			