

Title of Session: Special Education Forum

Moderator: Paul Bohac

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BjB: we usually start all Tapped In discussions with introductions...

BjB: so let's do that so Paul is familiar with his audience

BjB: where are you located and what do you teach

PaulDB: I am a retired Correctional Education administrator with a background in special education.

BjB: I'm in Pennsylvania and am a retired communications teacher (currently located in Delaware)

LadonnaB: I'm in Cary, N.C. in a middle school teaching special programs classes in curriculum assistance and LA

KathleenAD: I'm a resource teacher in Virginia

LadonnaB: So we are all easterners?

PaulDB: Welcome!!

PaulDB: Does anyone have a particular issue or concern they want to talk about?

PaulDB: Looks like we are all easterners.

KathleenAD: I have a student that was just diagnosed with dyslexia.

PaulDB: If not, I'd like to talk about "inclusion" classrooms.

LadonnaB: I read the email post by Bj about vaccinations as a cause for autism

PaulDB: Lets talk about that then.

PaulDB: I take it you have also read about chetlan(sp?) treatments?

LadonnaB: Tell me more...

BjB: I read something, but forget...it's a diet, yes?

PaulDB: The newest approach to dealing with autism involves filtering the blood, much like a kidney dialysis.

PaulDB: Purpose is to remove "heavy" metal from the bloodstream.

LadonnaB: And what does the research say ?

PaulDB: Elements such as lead, mercury and compounds such as cadmium.

LadonnaB: I have foot pads that are supposed to do that for me....

PaulDB: Research has not been conducted on a large scale, most of the support is coming from anecdotal observations.

PaulDB: The other research-based findings seem to suggest that it is a gene-based problem.

BjB: <http://en.wikipedia.org/wiki/Chelants>

LadonnaB: Which is about all the anti-vaccine people are going on as well

PaulDB: Not that the gene is missing but rather that it is not fully developed or has not been activated.

PaulDB: Example given is that the gene is in an "off" as opposed to an "on" position.

LadonnaB: I guess I'm more inclined to believe the genetic connection....it could exist to a less drastic degree in non diagnosed family members

PaulDB: The gene-based research seems to offer support for intensive early-on based treatment.

LadonnaB: like what?

PaulDB: What the researchers are saying is that getting a child into an intensive program while very young can re-program the brain and through that process activate the "off" gene.

LadonnaB: interesting

BjB: any research on the huge increase in diagnosis of autism?

KathleenAD: What happens during the intensive program?

PaulDB: They point to some of the findings that suggest that autistic kids who have had

such early and intensive treatment begin to exhibit more "normal" behavior after such treatment.

PaulDB: For example, if the child seems to perseverate, the clinician will constantly re-focus and re-direct the child.

KathleenAD: I see, thanks

LadonnaB: I wonder if its just modeling.....many of them are great at mimicking behavior so that you don't know right away that they have autism

PaulDB: No, there are no explanations for the increase but it has been suggested that once people start looking for something they tend to find it more often than previously.

BjB nods

LadonnaB: My son has autism and is 20.....He doesn't really "look" autistic unless he becomes anxious

PaulDB: Ladonna, you have just identified one of the reasons that the incidence of autism may be greater than previously considered.

LadonnaB: You are right.....we really haven't known about the whole "spectrum" thing until relatively recently

PaulDB: The variety of expressions of autism is so great that trying to define a particular aspect and then research accordingly has not been possible.

PaulDB: But that is true of most of the social sciences including education.

LadonnaB: They really are a diverse group....just like the rest of us...with commonalities and distinctions

KathleenAD: I read with fragile X syndrome, one child in a family will have autism and others may suffer from ADD etc.

LadonnaB: are you talking about sibs of a fragile x person

KathleenAD: yes

LadonnaB: I didn't know that

KathleenAD: My sister's son is autistic and 2 of their other children have ADD. However, she has never mentioned the Fragile X connection.

PaulDB: I was under the impression that fragile X syndrome had an impact that was very

broad.

LadonnaB: How are your districts dealing with the reauthorization of IDEA? do you have more/less than/ or the same amount of paperwork?

PaulDB: Including ADD, ADHD, autism, as well as learning disabilities.

PaulDB: I am not in a district so I can not offer a response to your question Ladonna.

PaulDB: However, from some of the comments by teacher friends of mine, it appears that there will be more paperwork this coming year than was true this past year.

LadonnaB: okay...then I won't feel so sorry for myself

LadonnaB: The promise was that the process would be more efficient

PaulDB: What is unclear to me from their comments is whether the change in paperwork is a local issue (Bay district schools) or as a result of a change in the state's requirements.

LadonnaB: Probably both...Our district is driven by the state mandates and is usually even a little more 'thorough'

PaulDB: I know that speech and language pathologists are having to contend with Medicare requirements that are different and the number of OT's and PT's is being decreased in the local schools.

LadonnaB: Yep, sounds like us...

LadonnaB: Kathleen, tell us more about your student with dyslexia

PaulDB: Some of that is budget related while other explanations include changed requirements (local or state?) regarding documentation of both need for services as well as documentation of services rendered.

LadonnaB: hmmm...

PaulDB: Yes, Kathleen, you are working with a dyslexic child?

KathleenAD: She will be in 5th grade this year. Her parents sent her to be privately evaluated over the summer so I haven't seen any of the reports yet. However, she told me that she would be using a phonetic program - not Wilson's to help her over the summer.

KathleenAD: We are a small private school and do not have as many resources as the public school. I would really like to help her this year, but am unsure how to do that.

LadonnaB: That's an interesting approach.....Do you know anything about her specific

reading skills?

LadonnaB: Does she have a decent sight vocabulary?

LadonnaB: Does she currently use decoding strategies?

PaulDB: Can you describe the nature of her dyslexia?

KathleenAD: When I assessed her, she read at a fourth grade level. Her comprehension was a bit low on fourth grade tests. Her sight vocabulary was decent.

PaulDB: What aspect of comprehension did she exhibit the greatest difficulty?

PaulDB: Have you done any testing of her math skills?

KathleenAD: I believe that she has difficulty decoding words that she can't recognize by sight which then makes it difficult for her to comprehend.

SusanR joined the room.

BjB waves hi to Sue

PaulDB: Welcome Susan

LadonnaB: You may need to get the report to make good programming decisions. Grade level info won't help you too much with that. She sounds like she is compensating fairly well

LadonnaB: Gotta log off for few minutes. Hope to be back soon.

BjB is curious to learn the results of math testing as well

PaulDB: I am wondering how dyslexia is being defined.

KathleenAD: She is compensating which is why she was just diagnosed so late.

BjB: Sue, we're talking about a student of Kathleen's who has been diagnosed as dyslexic

SusanR listens

SusanR: how old is the student?

BjB: going into 5th grade

BjB . o O (11?)

PaulDB: My understanding is that it involves several different aspects of both letter and

number recognition as well as the interaction necessary to use both letters and numbers appropriately.

KathleenAD: She still reverses letters and she cannot spell phonetically.

PaulDB: Thank you!

PaulDB: Does she reverse letters across the board meaning every time a specific letter appears or just in certain situations?

SusanR: Is she being given any assistance?

KathleenAD: She reverses b and d often.

SusanR: o O (I am surprised she was not diagnosed in the early grades)

KathleenAD: I was working with her on phonics - vowel pairs and digraphs that she seemed to have difficulty with this year. A different doctor reported that she did not have Dyslexia earlier this year, but mom went elsewhere because we still thought there was a problem.

PaulDB: Is she able to align columns of numbers correctly, when subtracting for example?

KathleenAD: I didn't work with her on math since she was doing well enough.

KathleenAD: That is something to examine though.

PaulDB: Sometimes difficulty in aligning columns of numbers reveal a visual acuity problem not always recognized in a typical eye exam.

KathleenAD: Many of our students have been going for more in depth examinations for just that reason.

PaulDB: The doctor who suggested the child was not dyslexic, what did s/he indicate?

KathleenAD: A perfectly normal child with an average IQ.

KathleenAD: Her tests were all in the average range.

PaulDB: But the child can recognize the letters in her sight vocabulary?

KathleenAD: yes

PaulDB: If the letters are present in new vocabulary words she has difficulty?

PaulDB: Beyond the b and d letter reversals, what other letters cause her problems?

KathleenAD: I did not notice any others. However, when I read her writing, I often do not know what she is trying to spell.

PaulDB: Which helps define your reference to poor phonemic spelling skills mentioned previously.

KathleenAD: I didn't mean to monopolize the conversation - sorry.

PaulDB: No, not a problem such a discussion has benefits for all of us!!

BjB: does us all good to refresh our experiences, Kathleen!

PaulDB: Each of us learns from the other and this is an example of such learning.

BjB: I hope that Paul's gentle probing has been of benefit to you

BjB agrees with Paul...that is the whole concept behind Tapped In

PaulDB: Is it possible that the child is experiencing difficulties making the transition from sight recognition to phonemic interpretation?

KathleenAD: yes, this student is perplexing, but I will look at some of these things. Thanks

BjB: Our time is almost up...perhaps you can join us on August 11 for the next SPED discussion, Kathleen, and get us up to date on what's happening.

KathleenAD: I'll try - This was great!

PaulDB: Kathleen, I am a big believer in task analysis as a tool to better understand a student's learning difficulties. Perhaps it would be a good approach in this instance?

BjB smiles happily. Thanks, Paul

PaulDB: Thank you BJ.

BjB: Thanks, Sue. Always good to have your input