

Factors Affecting Curriculum for Children with Special Needs

Part II

Introduction

Part II of this Parent Teacher Conference Handout picks up where Part I left off. This issue will cover the other factors that affect curriculum performance and may account for a child not performing up to ability.

Language Factors

With so many children coming from other countries and not being able to speak the language, this factor may play a dominant role in a child's ability to perform in school. Further, other children may already have language processing problems even if they are not from another country. Regardless, you will need to be aware of how this factor affects the performance of children in the classroom. Language provides the foundation upon which communication, problem solving, integrating, analyzing, and synthesizing knowledge takes place. Therefore, deficits in language can have a profound impact on the ability of an individual to learn and function competently and confidently as he interacts in the world.

Difficulties may arise in a child's language development resulting in classroom symptoms. These language issues may arise from difficulties in the following areas:

- **Aphasia (Dysphasia):** Dysphasia is a language problem caused by brain damage, usually in the left side of the brain. Dysphasia is characterized by a complete or partial loss of ability to understand, speak, read and write.
- **Articulation disorder:** Characterized by the inability to produce individual speech sounds clearly and difficulty combining sounds correctly for words.
- **Bilingualism:** varying definitions going from perfect command of two languages to the ability to use another language for practical purposes, however trivial the use.
- **Expressive language disorder:** some children have problems expressing themselves in speech. A child who often calls objects by the wrong names, has an expressive language disorder.
- **Problems in phonological awareness:** Phonological awareness is a person's explicit knowledge of the sound segments (phonemes) which comprise words. Phonological processing skills include the ability to recognize and produce rhyming words or patterns of alliteration, segmenting or breaking apart words into syllables/sounds, identify where a specific sound occurs in a word, and blend sounds into words.
- **Pragmatic language** (e.g., using language for a specific purpose such as asking for help)
- **Receptive language disorder:** trouble understanding certain aspects of speech, even though hearing is fine.
- **Semantic-pragmatic disorder:** Semantics - what words mean and how words relate to each other. Pragmatics - the understanding of unspoken conversational rules and hidden meaning in language. Children with semantic-pragmatic difficulties are often able to make sentences, but find it difficult to use them appropriately.

Medical Factors

Medical factors which may contribute to a child's academic dysfunction can be numerous. While teachers are not asked to be doctors, certain medical conditions may manifest certain symptoms in the classroom. For the most part, one would assume that any serious medical condition may have already been identified by the child's pediatrician or parent. However, this may not always be the case, especially in the cases of very young children. However, certain more common medical problems that may impair a child's ability to function adequately in the classroom may include but are not limited to:

- Attention deficit disorder
- Coordination problems
- Hearing problems
- Muscular problems
- Neurological problems
- Vision problems

Perceptual Factors

There are times when perceptual issues can impair a child's ability to function in the classroom. While perceptual deficits are often misunderstood or undiagnosed, they do account for a large number of high risk children. Being able to identify the symptoms that may be caused by serious perceptual deficits can only reduce a child's frustration, both in and out of the classroom. Perception is a process that involves many different areas. While most of us take it for granted, for some children it represents a very difficult, frustrating and deflating experience.

The learning process is like an assembly line through which information received travels. Information is received in some manner, and is filtered through a series of psychological processes. As information progresses along this "assembly line", it is given meaning and organized in some fashion, and then expressed through a variety of responses. When we evaluate a child's perceptual abilities, we are looking to see if there is a deficit in some area of the learning process that may be slowing down the processing of information, thereby interfering in the child's ability to receive, organize, memorize or express information. Severe deficits in the learning process can have adverse affects upon a child's academic performance.

It is therefore imperative that teachers and other professionals identify those areas which may have a direct impact on a child's ability to adequately process information and possibly interfere in his academic achievement as soon as possible.

Psychological Factors

Tension is a factor that is present in many children and the greater the tension, the greater the impact on a child's ability to learn. As tension rises it affects a child's ability to concentrate, focus, remember and store information, participate, keep things in perspective and remain patient. As tension goes up so may distractibility, impulsivity, and avoidance since all of these factors require energy which is now being drained by tension. Psychological factors which may be contributing to a child's dysfunction in school may include but are not limited to:

- **Anxiety:** Apprehension, tension, or uneasiness from anticipation of danger, the source of which is largely unknown or unrecognized.
- **Brief situational disturbances or adjustment reactions:** An imprecise term referring to emotional or behavioral symptoms that develop in response to an identifiable stressor.
- **Conduct disorders:** A disruptive behavior disorder of childhood characterized by repetitive and persistent violation of the rights of others or of age-appropriate social norms or rules.
- **Depression:** Depression may be a symptom seen in a variety of mental or physical disorders, a syndrome of associated symptoms secondary to an underlying disorder, or a specific mental disorder.
- **Eating disorders:** Marked disturbance in eating behavior.

- **Obsessive compulsive disorders:** An anxiety disorder in which the mind is flooded with persistent and uncontrollable thoughts (obsessions) or the individual is compelled to repeat certain acts again and again in a ritualistic fashion (compulsions), causing significant distress and interference with everyday functioning.
- **Oppositional defiant disorders:** Syndrome of chronic misbehavior in childhood, marked by belligerence, irritability, and defiance, although not to the extent found in a diagnosis of conduct disorder.
- **Personality disorders:** Chronic pattern of maladaptive cognition, emotion, and behavior that begins in adolescence or early adulthood and continues into later life.
- **Schizophrenia:** A functional psychosis characterized by apathy, withdrawal from reality, excessive fantasy, and also in some cases delusions and hallucinations. There are several different diagnostic types.
- **Separation anxiety:** The normal fear and apprehension noted in infants when they are removed from the mother (or surrogate mother) or when approached by strangers. Most marked from age 6 to 10 months. In later life, similar reactions may be caused by separation from significant persons or familiar surroundings.
- **Substance abuse:** Diagnosis given when a person's recurrent substance use leads to significant harmful consequences, as manifested by a failure to fulfill obligations at work, school, or home, the use of substances in physically hazardous situations, legal problems, and continued use despite social and legal problems.

Social Factors

Social factors may contribute to a child's stress and consequently interfere with learning. While social status is a crucial factor at many ages, it becomes more of a factor as one approaches the period of adolescence. Social pressures and peer influence sometimes create an imbalance in a child's functioning. This imbalance may often result in lower available energy for school related issues because of the intense need for energy to cope with his social world or social conflicts. Social factors which may lower available energy and result in academic dysfunction include:

- Low social status
- Peer competition
- Peer rejection
- Preoccupation with boyfriend or girlfriend
- Scapegoat
- Social control issues-the need to be in control
- Social intimidation
- Social isolation
- Social overindulgence
- Social victimization
- Victim of bully behavior

It would be helpful at the beginning of the semester to try to determine which of these areas affect each of your students. Once you have determined this you may need assistance from other staff members to help the student.

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