

TRANSPORTATION

Reference

The Public Schools Act, Section 43

Manitoba Regulation 221/96 and Amendments

A school division/district is entitled to receive transportation support for students with special needs when the student has impaired mobility and requires and is provided with transportation to and from school in a specially equipped vehicle. The minister may approve, in extraordinary circumstances, transportation on a vehicle that is not specially equipped.

School divisions/districts apply for support by submitting information to Manitoba Education, Training and Youth on students with special needs who are transported on form FB 108 on September 30, January 15 (FB 108b) and June 30 (FB 108c) of the school year.

For additional information regarding the transporting of student with special needs please contact:

Pupil Transportation Unit
Education Administration Services Branch
507 - 1181 Portage Avenue
Winnipeg, MB R3G 1T3
204-945-6900 or 1-800-282-8069, ext. 6900

or

Program Analysis and Development
School Finance Branch
511 - 1181 Portage Avenue
Winnipeg, MB R3G 1T3
204-945-4645 or 1-800-282-8069, ext. 4645

SPECIAL EDUCATION SUPPORT

Provincial support web site

Special Education:

<http://www.gov.edu.mb.ca/ks4/specedu/index.html>

Definition

Support to students with special needs is provided in schools through:

- Specialized services such as Resource/Special Education Teachers, Guidance Counsellors, Speech-language Pathologists, Psychologists, Student Services Administrators and Consultants
- Classroom based support such as teaching assistants or paraeducators
- Individualized planning with a team of professionals
- Supplementary funding to school divisions

Background

Manitoba has a long history of providing support to students with special needs in the most enabling environment. The support services in a school division will include staff that is school based, such as resource, and/or special education teachers, and staff that work across the division, such as the speech-language pathologist and psychologists.

Manitoba Education and Youth provides consultative staff with specific areas of expertise including:

- Multiple Disabilities
- Physical Disabilities
- Sensory Disabilities (Blind and visually impaired; Deaf and hard of hearing)
- Learning Disabilities
- Emotional/Behavioural difficulties
- Autism
- Communication Disorders
- Complex health care needs

School divisions receive financial support from Manitoba Education and Youth to assist in providing programming for students with special needs. Funding supports include:

1. Co-ordinator/Clinician Grant: student services administrator and clinical support staff
2. Pupil Transportation: transportation of students with special needs
3. Special Needs funding

- Level 1- a block grant provided to divisions to meet the needs of students with mild to moderate special needs
- Level 2- a per pupil grant that divisions apply for to assist in meeting the needs of students with severe needs. For student eligibility criteria, and further details, see the website above or Student Services Handbook for further details)
- Level 3- a per pupil grant that divisions apply for to assist in meeting the needs of students with profound needs. For student eligibility criteria, and further details, see the website above or Student Services Handbook for further details)

Strategies

All students with special needs will benefit from an educational experience that is designed to meet their unique needs. There are critical elements that ensure that students can benefit from the education services that are available in the local school and division.

- **Assessment:** Early and comprehensive identification of a child's needs are crucial to planning for their education
- **Planning:** As a child transitions into school and every year after that the school team, including the parents, needs to meet and plan together to ensure the best programming possible can occur
- **Communication:** Children with special needs have complex needs; therefore consistent communication between professionals and parents will ensure that the programming is in place to meet the needs.
- **Knowledge:** Parents need to understand the education system and educators need to understand the child's needs. Often professional learning opportunities can be made available to the classroom teacher and the paraeducator to ensure that they are well equipped to meet the needs of the child. Parents can contact the principal of their child's school or the Student Services Administrator in their division to ask questions about policy and educational programming.

Additional Information

Additional information on the funding of Special Education can be found in:

Special Needs Categorical Funding Booklet, School Support Unit, Manitoba Education and Training, April 2002. www.edu.gov.mb.ca/specedu/funding/process2_3.html

Supporting Inclusive Schools, A Handbook for Student Services, Program and Student Services Branch, Manitoba Education, Training and Youth, December 2001. www.edu.gov.mb.ca/specedu/ss/index.html

REFERRAL PROCESS

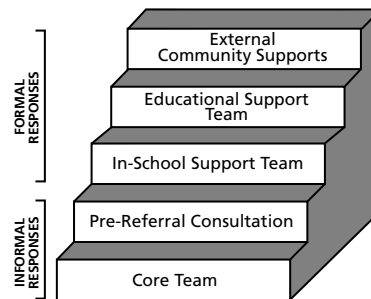
Provincial support document

Towards Inclusion: Tapping Hidden Strengths: Planning for Students Who are Alcohol-Affected (2001)

Definition

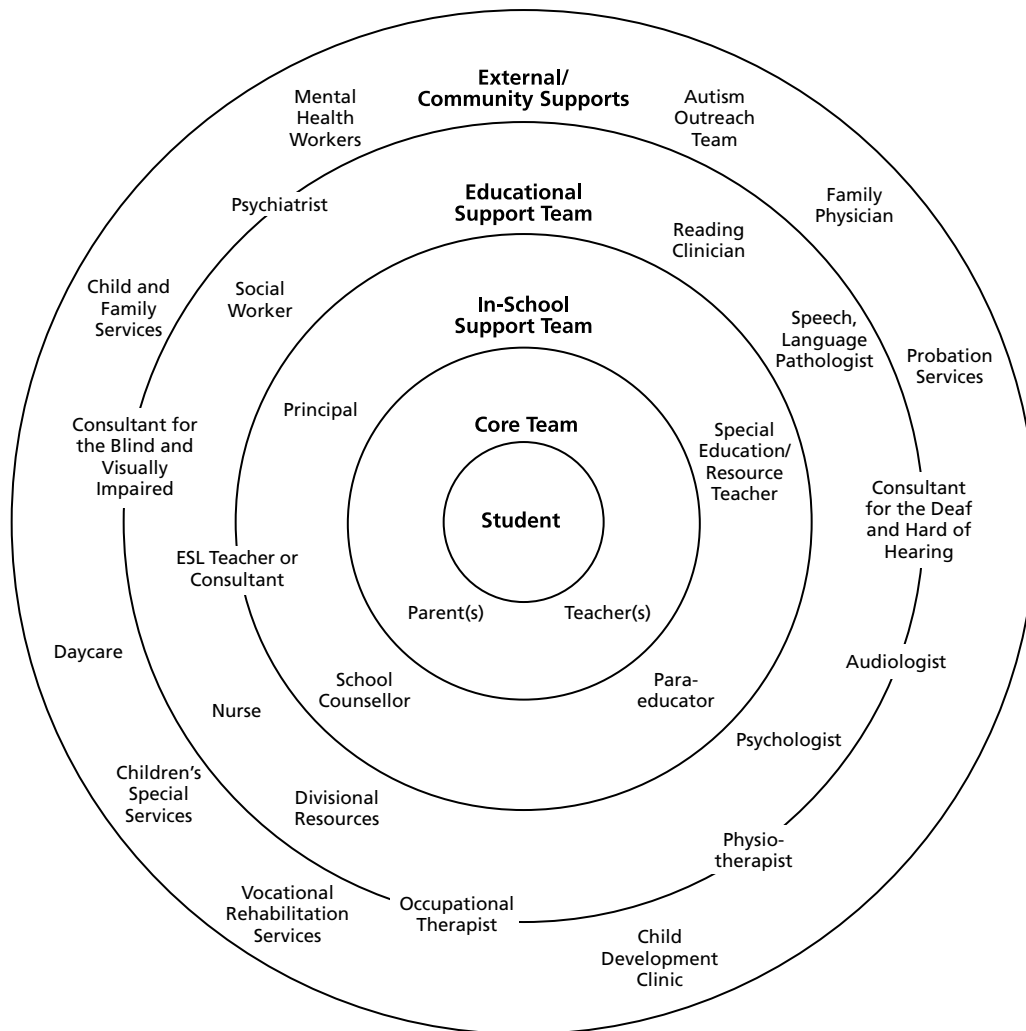
Providing the appropriate level of support through a five step intervention model:

- Core Team
- Pre-referral Consultation
- In-School Support Team
- Educational Support Team
- External/Community Supports



Background

All schools have a variety of supports and services that can be used to meet the individual requirements of all students. Schools need to articulate the types of supports that are available to students and clarify the process for accessing them. The levels of supports and services available will vary, according to factors such as the school size and the availability of support staff. Each school division/district provides unique supports to meet the varying needs of students.



Towards Inclusion: Tapping Hidden Strengths: Planning for Students Who are Alcohol-Affected (2.2)

Today, all schools are faced with the challenge of providing supports and services to students with a broad range of needs. Student needs range from minor problems to major issues. Similarly, responses need to range from minor adaptations to major interventions. The supports available to schools can be divided into two forms: informal and formal.

To increase the success of interventions, student and parent involvement in the referral process must continue at all levels. It is suggested that if adaptations are being made to meet a student’s need (*See Addressing Diversity Through a Continuum of Instructional Supports - A:1*) parents should be informed.

When a formal referral is made parental consent must be obtained. Before an outside agency or clinical staff can become formally involved with a student parental consent is required. Each division should have referral forms to access these services.

A Teacher Checklist

Intervention Steps for Student's Experiencing Difficulties.

- A teacher notices that a student is having academic or behavioural difficulty.
- The teacher consults the student's parents and tries the instructional or behavioural management strategies he or she believes will resolve the problem.
- If the problem is not resolved the teacher asks for the help of the pre-referral team or consults with other teachers or specialists.
- With the help of the pre-referral consultation, the teacher implements and documents the results of the strategies designed to resolve the problem.
- If the problem is not resolved after reasonable implementation of the team's suggestions, the teacher makes a referral to the in-school support team. The team determines the needs of the child and suggests and/or implements an intervention plan. For some students, this will be the stage where a case manager is assigned and an IEP developed.
- If the difficulties are not resolved, member(s) of the Educational Support Team are assigned. e.g. psychologist, reading clinician
- After additional assessments have been completed and new strategies developed, the team determines if the plan has been successful or needs further revision.
- For a small number of students, additional specialized interventions are required. This leads to a team referral to an External/Community Support. e.g. Manitoba Adolescent Treatment Centre, Mental Health, Child and Family Services.

Additional Information

Towards Inclusion: Tapping Hidden Strengths: Planning for Students Who are Alcohol-Affected (2001) is available on line at:

www.edu.gov.mb.ca/ks4/specedu/fas/index.html

It may also be ordered from the Manitoba Textbook Bureau at 1-800-305-5515 using stock number 80405.

INDIVIDUAL EDUCATION PLANNING

Provincial support document

Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years (1998)

Definition and description:

The term Individual Education Plan (IEP) is a global term referring to a written document developed and implemented by a team, outlining a plan to address the individual learning needs of students.

The process of developing an IEP offers the school team, the student, and their family the opportunity to establish priorities, outcomes, and approaches to addressing the student's needs. This process also facilitates clear communication and common understanding among team members.

IEPs contain essential components: student identification and background information; current levels of performance; student specific outcomes; performance objectives; methods, materials, and strategies; the names of team members who develop and implement the IEP; and plans and timelines for review and evaluation of student progress and the IEP itself.

An IEP is not intended to contain everything a student will be expected to learn during the school year. Rather, the IEP contains high priority outcomes that the team agrees will have a significant impact on the student. The length and complexity of the IEP will depend on the nature of the student's needs. Typically, students with more complex needs require more detailed and comprehensive plans.

IEPs should be developed when:

- Mandated by Manitoba Education and Youth
- Required to communicate information to other jurisdictions
- Indicated as the best way for school staff and family to collaborate in meeting a student's individual needs

Please refer to Section B:2 Planning – Individual Planning, pages 1- 8 for a summary of when IEPs are mandated.

Considerations in developing and implementing an IEP:

- Parents, and students when appropriate, are key members of the IEP team
- The IEP team should have a case manager who is responsible for overseeing the IEP process and the implementation of the plan
- The IEP meeting should be efficient
- The length of the IEP should reflect the priorities identified by the team; an IEP that is too large will be difficult to develop and implement

Links to other planning processes:

- School and division planning
- Transition planning

Additional Information

Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years (1998) is available on-line at:
www.edu.gov.mb.ca/ks4/specedu/iep/index.html

It may also be ordered from the Manitoba Textbook Bureau at 1-800-305-5515 using stock number 80339.

GUIDANCE AND COUNSELLING

Provincial support web site

Web Site under construction.

Definition

The guidance and counselling of students is an integral component of the educational mission of the school. Guidance and counselling services and programs promote the personal, social, educational, and career development of all students. Activities include planning and conducting guidance programs for pupils, counselling pupils and parents, and providing information and referral assistance.

Background

- Funding for guidance and counselling is provided under the FRAME category of "Instructional and Pupil Support Services" (Function 640). Information regarding Manitoba Education and Youth's financial support for guidance and counselling can be found at www.edu.gov.mb.ca/ks4/parent/schfund. Student services grants may also be used to support programs and services intended to promote the personal, social, educational and career development of students.
- Guidance and counselling services and programs should be comprehensive and systematically planned. Comprehensive guidance and counselling programs and services typically include:
 - school-wide developmental programs and services
 - individual planning assistance for students
 - individual problem-solving interventions which include counselling, team consultation, and referral to specialized student services and community resources.
- Comprehensive guidance and counselling programs and services respond to issues of diversity and inclusion to address diverse needs of all students, including unique and special needs.
- Annual school division and school plans should include the components of guidance and counselling. The process of planning should involve key stakeholders, including students, school staff, families, and the community in a meaningful way. Planning for comprehensive guidance and counselling should include:
 - Identification of priorities or key target areas
 - Statements of expected outcomes
 - Activities to achieve the outcomes
 - Measurable indicators of success (strategies for evaluating the effectiveness of activities)
- The provision of guidance and counselling programs and services is the shared responsibility of all staff. A team approach should be employed, wherein all staff members have specified roles to play. School counsellors play a key role in planning and implementing programs and services.

Additional Information

- Web site under construction
- *Guidelines for Guidance Services*. Manitoba Education and Training, 1991. Available from the Manitoba Text Book Bureau. Catalogue Number 84190.

SPEECH IMPAIRMENTS

Provincial support document

Manitoba Speech-Language Pathology Outcomes Measure: An Implementation Manual for Speech-Language Pathologists and Administrators (2000)

Definition

Speech impairments may include:

- Articulation
- Voice
- Stuttering

Articulation disorders are characterized by difficulty in producing speech sounds correctly. Sounds may be omitted (am/Sam), substituted (fumb/thumb) or distorted.

Voice disorders are characterized by difficulty related to appropriate loudness (too loud/soft), pitch (too high/low), resonance (too nasal/congested) or quality (e.g. hoarse) of the voice.

Stuttering disorders are characterized by difficulty in the smooth flow of speech. There are various types of stuttering including part word repetitions (wa... wa... wa... watch), whole word repetitions (I...I...I...I went home), and sound prolongations (ssssssoup). Stuttering may also be associated with avoidance of certain words, situations and negative associations with speaking.

Educational Strategies

- Respond to the content of the message
- Model correct sound production
- Model appropriate speeds of talking
- Reinforce correct sound production
- Use active listening

Additional Information

Please consult with your school support team or speech-language pathologist for further information regarding speech impairments.

Additional information is available on the Manitoba Education and Youth website at: <http://www.edu.gov.mb.ca/ks4/specedu/slp/manual.html>

LANGUAGE IMPAIRMENTS

Provincial support documents

Manitoba Speech-Language Pathology Outcomes Measure: An Implementation Manual for Speech-Language Pathologists and Administrators (2000)

Success for All Learners: A Handbook on Differentiating Instruction, A Resource for Kindergarten to Senior 4 Schools (1996)

English Language Arts Curriculum

Definition

Language impairments represent a problem understanding or expressing language. Language comprehension and expression are complex, simultaneous and integrated processes. Receptive language is the ability to understand speech, gestures and written words. Expressive language is the ability to create a spoken or written message so that others are able to understand. The six language arts correspond to these two areas. Listening, reading and viewing correspond to receptive language. Talking, writing and representing corresponds to expressive language. Oral language is the foundation of literacy.

Individuals with language impairments may have the following characteristics:

- Difficulty learning new vocabulary
- Weak grammar
- Weak basic concept development
- Weak peer interaction skills
- Sequencing difficulties
- Difficulty following directions
- Word finding problems
- Difficulty with turn taking and staying on topic

Educational Strategies

Gain attention before giving instructions

Provide directions in small steps

Use direct requests

Pre-teach vocabulary

Allow more wait time for the child to respond

Allow students to demonstrate their knowledge in a variety of ways

Use visual aids and graphic organisers

Teach specific listening strategies, e.g., SLANT-Sit up, Lean, Activate your mind,

Note what the speaker is saying, Track the speaker with your eyes

Allow time for the student to formulate answers and process questions

Model correct grammar

Have students paraphrase information to ensure understanding

Additional Information

Please consult with your school support team or speech-language pathologist for further information regarding speech impairments.

Manitoba Speech-Language Pathology Outcomes Measure: An Implementation Manual for Speech-Language Pathologists and Administrators (2000) is available on the Manitoba Education and Youth website at:

www.edu.gov.mb.ca/ks4/specedu/slp/manual.html

Success for All Learners: A Handbook on Differentiating Instruction, A Resource for Kindergarten to Senior 4 Schools (1996) is available for purchase from the Manitoba Textbook Bureau at 1-800-305-5515. Stock number 80320.

English Language Arts Curriculum may also be ordered from the Manitoba Textbook Bureau.

DEAF AND HARD OF HEARING STUDENTS

Provincial support web site

Web Site: <http://www.edu.gov.mb.ca/ks4/dhh/index.html>

Definition:

Students who have a hearing loss are designated "hard of hearing" or "Deaf" according to their communication skills and cultural affiliation. Generally, students who have learned American Sign Language and have identified culturally with members of the Deaf community are considered "Deaf". (The word is capitalized to indicate the presence of a distinct cultural group similar to the first letters of the words English, Spanish and Hebrew.) Students who have a hearing loss but do not have a cultural affiliation with the Deaf community are generally called "hard of hearing students." Both hard of hearing and Deaf students may use amplification devices. These include personal devices such as hearing aids and FM systems worn by the student. Classroom wide amplification systems, where sound is transmitted through speakers placed in the classroom, may also benefit both Deaf and hard of hearing students. Personal amplification devices must be fitted by a certified audiologist. Audiologists and technicians from Regional Health Authorities acquire personal equipment for schools. Since classroom wide amplification systems benefit most students in the classroom, this equipment is acquired by school personnel.

Continuum of Service for Deaf and Hard of Hearing Students:

In Manitoba there are currently five models that serve children who have a hearing loss.

1. Oral Programs for Students in Regular Schools.

The majority of students who have a hearing loss are served in oral programs for students in regular schools. Generally these students rely on amplification devices to enhance listening skills necessary for learning. Students are placed in classrooms with assistance from Resource Teachers, Speech-Language Pathologists, Paraeducators and Teachers/Consultants for the Deaf and Hard of Hearing. Students are generally expected to attend classes with their peers but may have individualized tutoring for speech, pre-teaching and post-teaching sessions.

2. Auditory Verbal Students in Regular Schools.

A specialized group of students who have a hearing loss attend the Central Speech and Hearing Clinic where parents and child learn auditory verbal therapy techniques. Auditory verbal therapy emphasizes a structured program to develop listening and speaking skills to enhance communication. Amplification devices and cochlear implants are used to develop listening skills. Students are placed with peers in school settings similar to the oral students as described above. More information may be obtained at www.centralspeechandhearingclinic.com

3. Grouping of Students in School Programs.

The school divisions of Winnipeg and St. James-Assiniboia have sufficient numbers of students with a hearing loss to provide instruction in a group setting, usually in a small classroom dedicated for the students with a hearing loss. Teachers of the Deaf and hard of hearing are employed to instruct the seven or more students in groups and to support their educational program when the students attend regular classes with their hearing peers.

Amplification devices and American Sign Language may be used to support learning. The group of students with a hearing loss support each other in their learning. Depending upon individual needs, students may be taught in the classroom with their hearing peers or in the more intensive small group setting.

4. American Sign Language Interpreters in Regular Schools.

Students who need American Sign Language (ASL) to augment their communication often rely upon an interpreter in the classroom. Paraeducators who sign change the spoken English into American Sign Language and signed communication into spoken English. Since ASL is a language distinct from English, it is ideal if ASL interpreters are graduates from an interpreter training program such as the American Sign Language/English Interpreter Program at Red River College. With a qualified interpreter, Deaf students generally have access to all classroom instruction throughout the school. Challenges arise in finding skilled interpreters for classroom settings as well as developing the signing skills of an isolated student. Guidelines for the use of an interpreter were developed by the Manitoba Association of Visual Language Interpreters and is entitled *Professional Standards and Role Guidelines for American Sign Language/English Interpreters in Educational Settings*. This document is available by contacting Coordinator, Deaf and Hard of Hearing Services, Room 206- 1181 Portage Ave., Winnipeg, R3G 0T3, (204) 945-7912. Educational Interpreting Consultants are employed by the Department of Education and Youth and are able to visit schools throughout Manitoba to support both the signing paraeducator and the student. Contact them at http://www.edu.gov.mb.ca/ks4/dhh/interpreters_dhh.html

5. Manitoba School for the Deaf. (MSD)

After moving in 1997 to the new location at 242 Stradford Street in Winnipeg, the Manitoba School for the Deaf is one of the most modern "central schools" in Canada. MSD supports inclusion since it provides a environment where communication challenges are addressed by the use of ASL and technology. Classes are taught using the Bilingual-Bicultural approach where American Sign Language is used as the language of instruction and English is taught as a Second Language. Three levels of programming are provided: (a) academic for students working to complete Senior 4 courses and obtain a minimum of 28 credits, similar to all high schools in the province; (b) vocational programming for those who will enter the workforce after leaving high school; and (c) special education programming for students who are developmentally, emotionally or behaviorally challenged. The school operates as a day school with a small residential component. Daily school bus transportation is provided for elementary children who live inside the perimeter surrounding Winnipeg. For an extensive brochure about the Manitoba School for the Deaf, telephone (204) 945-8934 voice/tty or email: principal@msd.winnipeg.mb.ca.

Additional Information

Further information regarding all of the above programs may also be obtained by contacting Consultants for the Deaf and Hard of Hearing employed by Manitoba Education and Youth at http://www.edu.gov.mb.ca/ks4/dhh/consultants_dhh.html.

CENTRAL AUDITORY PROCESSING (CAP)

Definition and Description

A Central Auditory Processing Disorder (CAP) is characterized by difficulty attending to or processing auditory information. Difficulties in one or more of the following abilities may characterize CAP disorders:

- Auditory Localization: The ability to determine a sound source.
- Auditory Discrimination: The ability to distinguish between the similarities and differences of sounds (pitch, loudness, and duration).
- Auditory Attention: The ability to attend to and be aware of auditory signals.
- Auditory Closure: The ability to fill in distorted or missing sound information, e.g., footba__.
- Auditory Figure Ground: The ability to attend to relevant auditory information in the presence of competing auditory stimuli.
- Auditory Memory: The ability to remember auditory information for a period of time.
- Auditory Sequencing: The ability to remember auditory information in a specific order.

Difficulties in any of these areas may represent difficulty in processing auditory information.

CAP may co-exist with other deficits such as attention deficit disorders or language difficulties; therefore, assessment and management of CAP requires a team approach. Complete academic, audiology, psychology and speech-language pathology assessments are necessary to obtain an accurate diagnosis.

Educational Strategies

- Gain the student's attention before beginning verbal instructions
- Use visuals to supplement auditory instruction
- Ask questions to check on comprehension
- Rephrase and restate information
- Pre-teach information
- Emphasize important information
- Reduce background noise as much as possible
- Use short, focused instructions

Additional Information

Please consult with your school support team or speech-language pathologist for further information regarding central auditory processing.

VISION SCREENING

Provincial support document

Vision Screening in Manitoba Schools (Directions for K, 1, 3, 5, 7, S1, S3), Revised 1999

Definition

Vision Screening is a program carried out by staff and volunteers in Manitoba schools to identify potential visual problems in students (K-S3).

Background

The majority of individuals use their vision for at least 80% of their learning. Vision is correctly described as "the integrator of the senses". It is critical therefore, that visual difficulties are detected, that corrective devices are prescribed and used properly, and that alternate methodologies and materials are available for students who require them.

The Provincial Vision Conservation Committee, composed of representatives from ophthalmology, optometry, CNIB and the Department of Health, is chaired by the Program and Student Services Branch Coordinator for the Visually Impaired. The function of this committee is to develop and coordinate the provincial school vision screening program and to monitor its effectiveness. The committee strongly advocates that all Manitoba students be screened for vision difficulties in Grades K, 1, 3, 5, 7, S1 and S3 and that they must be screened for acuity (distance) and focusing using the Insta-Line, eye muscle balance using the Biotop and depth perception using the Random Dot E test. Optimum effectiveness of these screening methods demands strict adherence to the procedures developed by the committee. The Program and Student Services Branch supports the work of the committee by developing and distributing manuals for screening, providing additional loaner sets of vision screening equipment, repairing or replacing broken parts for all vision screening equipment, conducting training sessions for screeners, and by collecting and compiling data returned from the school divisions to provide ongoing feedback to the Provincial Vision Conservation Committee.

Additional Information

SMS Internet Home Page <http://www.edu.gov.mb.ca/ks4/blind/index.html>

For equipment requests or questions, please call 945-7835. For information regarding Vision Screening Training Workshops, please call 945-7840.

VISUAL IMPAIRMENTS

Provincial support web site

Web Site <http://www.edu.gov.mb.ca/ks4/blind/index.html>

Definition

A visual impairment is a significant loss of visual functioning despite the use of corrective lenses. The loss is usually described as having an acuity of 20/70 or less, and/or having a visual field of 20 degrees or less. Degenerative conditions such as glaucoma are also a factor.

Background

Students with visual impairments have been taught in Manitoba classroom settings for over 20 years. The term visual impairment is used to describe a very broad range of functioning in terms of reading. Most students with visual impairments use some form of print, while approximately 10% use braille as their primary reading mode.

Students with visual impairments are supported by the Program and Student Services Branch. Along with the Student Support Team, the Consultant for the Visually Impaired is available to create adaptations to the curriculum through the IEP process. Material resources such as audiotape, large print, and braille textbooks may be recommended by the Consultant for the Visually Impaired, and attained through the Special Materials Services.

SPECIAL MATERIAL SERVICES (SMS)

Provincial support web site

1) SMS Internet Home Page

<http://www.edu.gov.mb.ca/ks4/blind/index.html>

You can find:

- what we do
- how to apply for services
- order forms for book titles
- lists of new books
- more

2) SMS On-line Catalogue

<http://smscat.merlin.mb.ca>

Background

Special Materials Services is a library service for students who are perceptually disabled/visually impaired. SMS circulates textbooks in Braille, large print and audiotape to funded schools throughout the Province.

In addition, SMS provides limited access to Special Learning Equipment such as Brailers, 4-track tape players, TV readers, and adaptive computer switches/devices.

To make a request for books in alternate formats, please call SMS at 945-7835. You may also search the on-line catalogue (above) to view the collection and place an order.

Post-Secondary staff and students may also contact us for alternate format textbooks at 945-8157.

SMS supports the Provincial Vision Screening Program through the maintenance and supply of vision screening equipment and through training workshops. For equipment issues, please call 945-7835. For Vision Screening information, or to request a training workshop, please call 945-7840.

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

Provincial support documents

Foundations for Augmentative and Alternative Communication: A Decision-Making and Assessment Tool (1995)

Manitoba Speech-Language Pathology Outcomes Measure: An Implementation Manual for Speech-Language Pathologists and Administrators (2000)

Definition and Description

Augmentative communication refers to the use of aids or techniques that supplement an individual's existing vocal or verbal communication skills. Alternative communication refers to the communication method used by an individual without any vocal ability.

The need for AAC may result from a number of conditions that severely affect an individual's ability to communicate such as autism spectrum disorder, cerebral palsy, traumatic brain injury, or Down syndrome.

The goal underlying all AAC is to allow the individual to communicate independently in a variety of settings with a variety of people.

AAC involves multiple methods of communication and may utilize low technology or high technology. Low technology may involve gestures, signing, picture or symbol systems. High technology may involve electronic communication aids that may have print or voice output.

The specific configuration of the AAC system needs to be designed for the individual student. The development of an AAC system is a team process. Information and support from parents, school staff, and other professionals is needed to provide a complete view of the individual's communication needs and abilities.

Educational Strategies

Encourage the use of AAC at home, school and community

Acknowledge all forms of communication

Pace activities so that interaction can take place

Encourage frequent use of the AAC system

Research indicates that the use of AAC facilitates spoken language by increasing social interactions and language skills.

Additional Information

Please consult with your school support team or speech-language pathologist for further information regarding augmentative and alternative communication.

Foundations for Augmentative and Alternative Communication: A Decision-Making and Assessment Tool (1995)

Manitoba Speech-Language Pathology Outcomes Measure: An Implementation Manual for Speech-Language Pathologists and Administrators (2000) is available on-line at www.edu.gov.mb.ca/ks4/specedu/slp/manual.html

LEARNING DISABILITIES

Definition

Little consensus exists in response to the question "What are Learning Disabilities?" Numerous organizations, agencies, advocacy groups, and researchers have developed and/or adopted specific definitions: however, many of these definitions share common aspects.

In general, it is accepted that Learning Disabilities

- refer to a heterogenous group of disorders
- are intrinsic to the individual, presumably due to genetic and/or neurobiological factors
- result from impairments in one or more processes related to perceiving, thinking, remembering, or learning
- may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information
- are not due primarily to sensory (hearing and/or vision) impairments, behavioural and/or emotional disorders, socio-economic factors, cultural or linguistic differences, although they may co-exist with these various conditions/characteristics

Many definitions state that Learning Disabilities affect the learning of individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning and as such are distinct from global intellectual deficiency.

Background

A primary operational definition of Learning Disabilities is underachievement as measured by discrepancy, with discrepancy referring to the difference between expected and actual achievement.

The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* does not include Learning Disabilities as a diagnostic category but does define a number of Learning Disorders (Reading Disorder, Mathematics Disorder, Disorder of Written Expression, and Learning Disorder Not Otherwise Specified).

The *DSM-IV* specifies that Learning Disorders are diagnosed when an individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence (p. 46).

The *DSM-IV* also states that demoralization, low self-esteem, and deficits in social skills may be associated with Learning Disorders, and that between 10%-25% of individuals diagnosed with Conduct Disorder, Oppositional Defiant Disorder, Attention-Deficit/Hyperactivity Disorder, Major Depressive Disorder, or Dysthymic Disorder also have Learning Disorders (p. 47)

Educational Strategies

As noted above, Learning Disabilities are a heterogeneous group of disorders. However, researchers have identified components of instruction which are generally effective in improving the educational outcomes of this diverse group of students.

In particular, explicit strategy instruction has demonstrated significantly improved student outcomes.

Effective strategy instruction directs students to:

- use advanced organizers (a type of mental scaffolding on which to build new understanding)
- stop from time to time to assess their understanding
- think about the material to be learned in a way that connects the material to information or ideas already in their mind
- make sense of what they are learning by summarizing the information
- use general study strategies (underlining, note taking, summarizing, having student generated questions, out-lining, and working in pairs to summarize sections of materials)
- think about and control one's thinking process (metacognition)
- evaluate the effectiveness of a strategy.

Swanson, H. Lee (October 2001). *Searching for the Best Model for Instructing Students with Learning Disabilities, Focus on Exceptional Children*, 3-4.

For further information on the implementation of strategy instruction, please refer to *Success for All Learners: A Handbook on Differentiating Instruction*.

The Learning Disabilities Association of Canada. *The Current Definition of Learning Disabilities*, <http://www.ldac-taac.ca/english/defined/definew.htm>

(1994). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. Washington, DC: American Psychiatric Association.

Swanson, H. Lee (October 2001). *Searching for the Best Model for Instructing Students with Learning Disabilities, Focus on Exceptional Children*, 1-15.

Additional Information

Individual Education Planning: A Handbook for Developing and Implementing IEPs, Early to Senior Years. Winnipeg: Manitoba Education and Training. (Stock number 80339)

Success for All Learners: A Handbook on Differentiating Instruction. Winnipeg: Manitoba Education and Training. (Stock Number 80320)

AUTISM

Autism is a complex neurological disorder that affects the functioning of the brain. This life-long developmental disability prevents individuals from understanding what they see, hear, or otherwise sense. Autism results in severe challenges with social relationships, communication, and behaviour. It is referred to as a *spectrum disorder*, which means that the symptoms can be present in a variety of combinations, and can range from mild to severe.

Professionals diagnose autism through the presence or absence of certain behaviours, characteristic symptoms, and developmental delays. **The Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)** classifies autism as a disorder within a broader group of disorders known as Pervasive Developmental Disorders (PDD). The term *Autism Spectrum Disorders* is sometimes used to refer to autism and other conditions included within the PDD classification.

The conditions classified as PDDs in DSM-IV are:

- Autism
- Childhood Disintegrative Disorder (CDD)
- Rett's Disorder
- Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS)
- Asperger's Syndrome

Note: Asperger's syndrome (AS) has some of the same characteristics as autism, and there is a debate on whether AS is an independent diagnostic category or another dimension at the higher end of the autism continuum. Although AS shares some characteristics with higher-functioning autism, it also has some unique features, and a different developmental progression and prognosis.

Facts:

- The cause(s) of autism is not fully known.
- The generally accepted prevalence rate for autism is between four and five in every 10,000 births, with a higher prevalence among males (about 4:1). Recent estimates suggest a rate as high as 10 in every 10,000 births, or 0.1% of children, when the full spectrum of disorders is included.
- There may be a range of difficulties in expressive and receptive language and communication. It is estimated that up to 50% of individuals with autism do not develop functional speech. For those who do, speech may have unusual qualities and have limited communicative functions.
- While some individuals with autism have normal levels of intelligence, most experience some level of cognitive disability along with autism.

Characteristics Associated with Autism

It is important to remember that while individuals with autism share some common features, no two individuals are the same. While familiarity with the common characteristics of autism helps us to understand a person with autism's general needs, it is equally important to know the specific interests, abilities, and personality of the person with autism.

Most individuals with autism demonstrate some or all of the following:

- Impairment in social interaction, ranging from being withdrawn to being overly active and approaching people in peculiar ways.
- Impairment in communication, ranging from minimally verbal to verbal with unusual speech characteristics
- Difficulty processing sensory stimuli, such as sound, light, and touch
- Odd behaviours such as hand flapping, spinning, or rocking.
- Unusual uses of objects or attachments to them
- Inattention
- Resistance to change.

Suggestions for supporting students with autism

Classroom

- provide a structured, predictable classroom environment
- customize a schedule and locate it at student's desk
- adapt the classroom environment to eliminate, as much as possible, stimuli that elicit challenging behaviour
- devise strategies to minimize the effect of stimuli that cannot be eliminated
- adapt tasks and materials, as required, to avoid student frustration
- provide a relaxation area
- provide opportunities for student to be in contact with peers who model class routines appropriately
- plan carefully for transitions between activities and locations

Social skills

- teach components of key social skills
- provide planned practice and reinforcement for skills
- provide practice of skills using picture cue-cognitive picture rehearsal
- use peer support
- use social skills training groups
- support the development of friendships

Communication skills

- provide structured lessons in listening
- break down listening into behaviour components and reinforce each component
- use visual aids (photographs, pictures, objects, etc.)
- use gestures with oral communication
- pair written language with oral communication
- reinforce attempts to communicate
- provide structured instruction of new vocabulary supported with visual aids
- help student understand that everything in the environment has a name
- use desired objects or activities to encourage expression
- provide classroom situations in which comments are elicited
- model appropriate skills, and have other students model desired skill
- provide opportunities for structured play interactions
- teach students the correspondence between behaviours and thoughts
- encourage and reinforce informal conversation
- use prepared scripts to teach social conversations
- teach rules for social discourse
- use discussion of routines to develop metacognition

Additional Information

Teaching Students With Autism : A Resource Guide for Schools (British Columbia, 2000) is available on-line at:
www.bced.gov.bc.ca/specialed/docs/autism.pdf

SUPPORTING THE BEHAVIOUR OF STUDENTS WITH COGNITIVE OR NEUROLOGICAL DISABILITIES

Definition

A challenging behaviour is one which:

- Poses a risk to the safety of the student or others
- Has a negative impact on learning or social opportunities
- Interferes with the student's potential to develop new skills or enjoy new opportunities
- Disrupts the life of the family and school community

Students with cognitive or neurological disabilities typically require different approaches to behaviour support than non-disabled students with challenging behaviour due to:

- Significant communication disorders
- Limited problem-solving skills
- Cognitive challenges

Supporting Students With Challenging Behaviours:

For students who require support to help them manage their challenging behaviours, a positive programming approach often provides the best long-term outcome. A positive programming approach focuses on:

- teaching the student new skills that contribute to behavioural self-management
- reducing potential triggers to challenging behaviour in order to minimize events that might cause a challenging behaviour
- using positive rather than non-aversive consequences

Supporting the development of more appropriate behaviour in a student is a team effort. This team will typically include education and clinical staff as well as parents who work through a process to understand the challenging behaviour. This process will typically include these steps:

1. identifying the problem behaviour
2. gathering information to determine the function of the behaviour for the student
 - describing the behaviour
 - identifying antecedents (what happened before the behaviour)
 - identifying consequences - what happens in the environment after the behaviour
 - measuring the frequency and intensity of the behaviour
3. identifying an alternative acceptable behaviour that could fulfill the same function
4. developing and implementing a plan to teach the alternative behaviour
5. reinforcing successful use of the alternative behaviour

In this process, the team will attempt to address the following:

- Medical/dental issues
 - General level of health; impact of medication (or not taking medication); quality of sleep; nutrition, seizure activity, and so on.
- Explore student specific factors
 - Communication and social skills; attention span; cognitive skills; and so on.
 - Behaviours which are associated with a specific disorder. For example, behaviours associated with Angelmann's Syndrome include: overactivity, restlessness, and problems with eating and sleeping.
- Explore environmental factors
 - Nature of instruction (appropriate language level; clear expectations; availability of choice; task difficulty matches cognitive skills); structure, routine, and predictability in schedule and activities; impact of others; impact of noise, lighting, or movement.
- Determine the function(s) of the behaviour
 - Motivational factors - escape (task, person, setting); attention-seeking; getting something tangible (favourite object or activity); or sensory (self-stimulatory). If the student is non-speaking or minimally verbal, ask yourself: "If this behaviour could talk, what would it say"?
- Determine the trigger(s) of the behaviour
 - Possible causes - events or situations prior to the behaviour (for example, a particular task, person, or locale; time of day; requests or refusals; and so on)
- Explore consequences that impact on the frequency of the behaviour
 - Events following the behaviour that increase or decrease its frequency - attention; time out; praise; something tangible or edible. Note: depending on circumstances and individual students, identical consequences may have different impacts on the frequency of behaviour. For example, a student who values social contact may find time out punishing (which usually decreases the frequency of the challenging behaviour), whereas a student who values quiet and solitude may find time out rewarding (which usually increases the frequency of the challenging behaviour).

Educational Strategies For Supporting Students With Challenging Behaviour

Environmental adaptations	<ul style="list-style-type: none"> • provide structure, routine, and predictability in the student's day • remove distracting or anxiety-producing stimuli • alter features of the environment that cause sensory overload for the student • arrange classroom to maximize structure and minimize opportunities for undesirable behaviours • provide a place for the student to retreat to for relaxation and calming down
Programming interventions	<ul style="list-style-type: none"> • a sound IEP with outcomes that match the student's current abilities and provide an appropriate level of challenge • use proactive, instructional approaches • directly teach behaviours needed to meet expectations • use reinforcers to increase appropriate behaviours • provide opportunities for retreat and relaxation throughout the day
Reactive or consequence-based interventions	<ul style="list-style-type: none"> • ignore behaviours that do not harm the classroom atmosphere • redirect the student by communicating the desired behaviour • remove whatever is reinforcing the behaviour • remove the student from a reinforcing situation • provide reinforcement through token economy • shape behaviour by reinforcing succeeding approximations • plan for crisis management, if appropriate

Additional Information

From Challenges to Possibilities: Planning for Behaviour (2001)
www.edu.gov.mb.ca/ks4/specedu/behplan.html

It may also be ordered from the Manitoba Textbook Bureau at 1-800-305-5515 using stock number 80404.

Additional information on behaviour planning is also available on the web at:

Behaviour Intervention Planning-

www.edu.gov.mb.ca/ks4/specedu/bip/index.html

FETAL ALCOHOL SYNDROME (FAS)

Provincial support document

Towards Inclusion: Tapping Hidden Strengths: Planning for Children who are Alcohol Affected (2001)

Definition

Fetal Alcohol Syndrome (FAS) is a birth defect caused by prenatal exposure to alcohol. The diagnosis is made by a medical practitioner when there is known, significant prenatal exposure to alcohol and the child exhibits three main characteristics:

- Evidence of growth retardation
- Evidence of central nervous system abnormalities
- Evidence of facial abnormalities

Background

Educators who work with students who are alcohol-affected need to be aware of the complex nature of the disorder. First, the disability is due to brain damage, which results in neurological problems that affect many areas of functioning. Second the disability is life long. Once the brain has been damaged, it is permanent and irreversible. Third, appropriate interventions at home and at the school can have a significant impact.

It is important to realize that some individuals who are alcohol-affected can enjoy independent lifestyles, while for others a realistic plan includes life-long community supports (such as supported employment and supervised living). For some, it may be important to teach coping strategies. Although this disability is life-long, appropriate interventions at home and at school can have a significant impact.

Educational Strategies

Schools are meeting success when they implement multi-faceted approaches that include professional development for staff, team planning, community involvement, a positive school environment, parental involvement and an understanding of individual learning needs.

Actions that can promote acceptance include:

- Choosing learning materials to represent all groups of students
- Ensuring that all students can participate in extra activities
- Valuing, respecting, and talking about differences
- Celebrating cultural and ethnic differences
- Ensuring that learning activities are designed for a variety of abilities
- Modelling acceptance

Actions that promote effective instruction include:

- Environmental adaptations such as creating low stimulation areas for independent work
- Behavioural planning that respects neurological limitations
- Classrooms that are structured, predictable, and consistent

More specific strategies can be found in *Towards Inclusion: Tapping Hidden Strengths: Planning for Children who are Alcohol Affected* including:

- Processes and systems that can be used by a school to address challenging behaviours
- Academic and behavioural strategies/interventions for individual students (Sections 4,5,6)
- Working with Parents and community (Section 7)
- Sample forms and tools
- Additional sources of information including resources and Internet sites

Additional Information

Towards Inclusion: Tapping Hidden Strengths: Planning for Children who are Alcohol Affected (2001) is available on-line at

www.edu.gov.mb.ca/ks4/specedu/fas/index.html

Text book ordering information: Manitoba Text Book Bureau #80405 toll-free 1-800-305-5515.

Additional information on Transition Planning is available in:

Manitoba Transition Planning Process Support Guidelines for Students with Special Needs Reaching Age 16 (from School to Services for Adults) (1999)

Student Services Document List**Support Documents**

Individual Education Planning, A Handbook for Developing and Implementing IEP's Early to Senior Years. Winnipeg, MB: Manitoba Education and Training, 1998.

Manitoba Speech-Language Pathology Outcomes Measure, An Implementation Manual for Speech-Language Pathologists and Administrators. Winnipeg, MB: Manitoba Education and Training, 2000.

Pathways to Success: A Framework for the Development of Educational Assistants. Winnipeg, MB: Manitoba Education, Citizenship and Youth, (To be released in 2005).

Planning for Success: Developing an English as a Second Language Protocol, a Resource for Kindergarten to Senior 4 Schools. Winnipeg, MB: Manitoba Education and Training, 1998.

Renewing Education: New Directions, Foundations for Augmentative and Alternative Communications, A Decision-Making and Assessment Tool. Winnipeg, MB: Manitoba Education and Training, 1995.

Reporting on Student Progress and Achievement. Winnipeg, MB: Manitoba Education and Training, 1997.

Success for All Learners: A Handbook for Differentiating Instruction, A Resource for Kindergarten to Senior 4 Schools. Winnipeg, MB: Manitoba Education and Training, 1996.

Supporting Inclusive Schools: A Handbook for Developing and Implementing Programming for Students with Autism Spectrum Disorder. Winnipeg, MB: Manitoba Education, Citizenship and Youth, (To be released in 2005).

Towards Inclusion: From Challenges to Possibilities: Planning for Challenging Behaviours. Winnipeg, MB: Manitoba Education, Training and Youth, 2001.

Towards Inclusion: Tapping Hidden Strengths, Planning for Students Who are Alcohol-Affected. Winnipeg, MB: Manitoba Education, Training and Youth, 2001.

Supporting Inclusive Schools: School-based Planning and Reporting, A Framework for Developing and Implementing Annual School Plans and Supports. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004.

Working Together: A Guide to Positive Problem Solving for Schools, Families and Communities. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004.

Working Together: A Handbook for Parents of Children with Special Needs in Schools. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004.

Policy Documents

Child Protection and Child Abuse Manual, Protocols for School Division Staff. Winnipeg, MB: Manitoba Family Services and Housing, 2003.

Guidelines for Early Transition to School for Children with Special Needs. Winnipeg, MB: Healthy Child Manitoba, 2002.

Guidelines for School Registration of Students in Care of Child Welfare Agencies. Winnipeg, MB: Healthy Child Manitoba, 2002.

Interdepartmental Protocol Agreement for children and adolescents with severe to profound emotional/ behavioural disorders. Winnipeg, MB: Manitoba Education and Training, Manitoba Family Services, Manitoba Health, 1995.

Manitoba Pupil File Guidelines. Winnipeg, MB: Manitoba Education and Youth, Revised 2002.

Manitoba Transition Planning: Process Support Guidelines for Students with Special Needs Reaching Age 16. Winnipeg, MB: Manitoba Education and Training, Manitoba Health, and Manitoba Children and Youth Secretariat, 1999.

Policy Guidelines for Transportation of Students with Special Needs. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004.

Policies and Procedures for Standards Tests (Updated Annually)
Winnipeg, MB: Manitoba Education and Youth, Assessment and Evaluation Branch, 2003.

Supporting Inclusive Schools, A Handbook for Student Services. Winnipeg, MB: Manitoba Education, Training and Youth, 2001.

Towards Inclusion: A Handbook for English as a Second Language Course Designation, Senior 1-4. Winnipeg, MB: Manitoba Education and Training, 1995.

Towards Inclusion: A Handbook for Individualized Programming Designation, Senior Years. Winnipeg, MB: Manitoba Education and Training, 1995.

Towards Inclusion: A Handbook for Modified Course Designation. Senior 1-4. Winnipeg, MB: Manitoba Education and Training, 1995.

Unified Referral and Intake System (URIS), Policy and Procedural Manual. : Manitoba Family Services, Manitoba Education and Training, Manitoba Health, 1999.

Funding

Funding of Schools. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004/2005.
(Updated annually)

Special Needs Categorical Funding Booklet. Winnipeg, MB: Manitoba Education, Training and Youth, 2002.

Reports

The Manitoba Special Education Review (Final Report). Winnipeg, MB: Proactive Information Services, Inc. and Manitoba, Education and Training, 1999.

Follow-up to the Special Education Review Initiative: Proposals for a Policy, Accountability and Funding Framework. Winnipeg, MB: Manitoba Education, Training and Youth, 2001.