

communique

A different way of learning can lead to success.

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THE PUBLICATION OF THE LEARNING DISABILITIES ASSOCIATION OF ONTARIO

LEARNING DISABILITIES ASSOCIATION OF ONTARIO 1963-2003



LDAO Chair, Isabel Shessel, presenting the President's Award to Past President, Douglas Waxman.



Founding members, Doreen and Joe Kronick at our 40th Anniversary Dinner.



Executive Director, Carol Yaworski, presenting the Meritorious Service Award for volunteers to Trudy Catt, LDA Lambton County.



Dr. Bette Stephenson, Chair, LOTF and past Ontario Minister of Education, brings greetings from the Learning Opportunities Task Force.

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This issue is about Interventions: ➤ **how to assess them**
➤ **what may work**

Message from the Executive Director

The beginning of a new school year inevitably leads to calls at LDAO from parents and teachers enquiring about new programs and products. It has long been our position not to endorse specific services but rather to provide information on what is available and, more importantly perhaps, how to wade through the options and the sales pitches.

In this edition of *Communique*, we are offering a series of articles on different services that support children, youth and adults with learning disabilities. Through such articles and our Provincial Directory, we have long provided information on who and what are out there. If you haven't looked at the Directory recently, I would urge you to do so by visiting www.ldao.on.ca.

Whether you're a parent, a teacher or an adult with learning disabilities, the most important thing that you can do is to become an informed consumer. Every year brings new books, new methods and new promises of the magic reading program or an intervention that will "correct" learning disabilities. Some work for some people and not for others and it is essential before signing up for anything to ask several key questions.

The most important question to ask about an intervention is whether it has been independently evaluated. What data are available to demonstrate that a program is



Executive Director, Carol Yaworski.

effective? When we make a large and important purchase such as a car or even a television we review what is available and look at whatever information is available independent of the vendor to support that this is a worthwhile investment. This same rule should apply to tutoring programs, employment preparation and learning softwares. Be an informed consumer. Ask questions and remember that there is no magic program that works for everyone.

As we are all now aware, Ontarians have elected a new government. As we have always done, LDAO will continue to be a strong and constructive voice in advocating for the needs of individuals with learning disabilities. As the policies of the new government become clear we will provide our perspective and continue to work with the civil service to ensure that the needs of our constituency are addressed. ☺

communique

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The Ontarians with Disabilities Act: where is this legislation going?

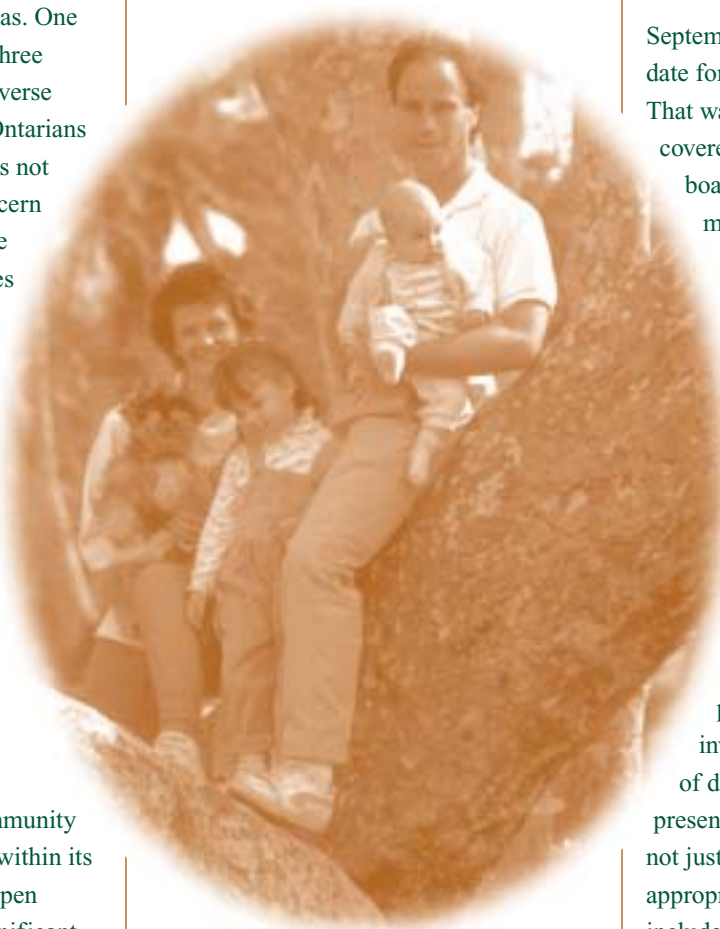
There is a new government in waiting in Ontario. In fact, by the time you are reading this, the new government will have been sworn in and we can anticipate some major changes in a number of areas. One of the many issues on which the three political parties of Ontario had diverse opinions and directions was the Ontarians with Disabilities Act. While this is not the legislation of the greatest concern and interest to those of us who are working in the learning disabilities field, nevertheless, it is important to see how the new government approaches its commitments in this regard.

The Ontarians with Disabilities Act (ODA) arose from a private member's bill introduced in 1994 by Gary Malkowski, Ontario's first deaf MPP. The bill died on the order paper when the election was called back in 1995. The newly elected Progressive Conservative Party made a commitment to the disability community that it will enact such legislation within its first term. While this did not happen initially, eventually and under significant pressure from the Ontarians with Disabilities Act Committee, the ODA received royal assent in December, 2001.

If you have been a long-standing reader of *Communique*, you will recall that LDAO had some significant concerns about the ODA right from the start. You may also recall our rationale for this stance.

If you are new to the LDAO, you may wonder how the organization that represents and advocates on behalf of about 50% of the population of Ontario who have disabilities can possibly be opposed to such legislation. Let me reassure you. We are not opposed to the *concept* of strong and meaningful legislation which supports and meets the needs of all persons with disabilities in Ontario. After all, we are strong and vocal

supporters of the Canadian Charter of Rights and Freedoms and of the Ontario Human Rights Code.



Our concerns were and continue to be the many weaknesses within the current ODA, which not only reduce its efficacy for all persons with disabilities, but which in many ways totally ignore the needs of persons with learning disabilities. For example, the Act stresses the importance of accessibility, but defines accessibility in almost exclusively physical terms. Similarly, it urges and formally mandates the elimination of barriers, which again are primarily defined as physical barriers.

We know, of course, that for many people with a variety of disabilities physical access and the elimination of physical barriers is tremendously important. In a civilized society such things should be taken for granted. But, where 50% of the

persons who have disabilities have learning disabilities, it is most discouraging that the only reference to this type of disability occurs in the appendices of the legislation.

September 30, 2003 was a very important date for the implementation of the ODA. That was the date by which all institutions covered by the ODA, such as school boards, universities, colleges, hospitals, municipalities, etc., had to have their first annual accessibility plan in place. When the accessibility plan guidelines were first released, LDAO urged the Accessibility Directorate to strengthen these guidelines, to make them meaningful for all individuals with disabilities, including those who have learning disabilities. The kind of changes that we were looking for included the requirement that the accessibility plans be developed with the direct involvement of persons with all kinds of disabilities, that the plans be presented to the community for approval not just information, that there be appropriate implementation plans included, that the plans be submitted to the Accessibility Directorate for review and approval and be followed by an implementation and evaluation report a year later, etc.

Unfortunately, these changes were not added to the guidelines. Institutions were certainly told that there would be a penalty if they did not develop a plan, but their plans could be quite generic, could be done in co-operation with other institutions and do not need to specify how they meet the needs of individuals with learning disabilities in a meaningful way. For example, neither post-secondary educational institutions nor school boards have had to specify in detail what they are doing for their students who have learning

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**The Ontarians with Disabilities Act
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disabilities or how they accommodate their staff who may have this disability.

While it is anticipated that many Special Education Advisory Committees were involved in the development and/or review of each school board's accessibility plan, the guide distributed to school boards related to these plans contained almost no specific guidelines about accommodations, differentiated teaching methodologies, universal instructional design, technology, appropriate assessments and other specific requirements that students with LD need in order to be successful in school.

The Learning Opportunities Task Force in its final report, submitted to government in November, 2002, recommended the following regarding the ODA:

“The Ministry of Citizenship amend the recently released guidelines for Accessibility Plans for colleges and universities under the ODA to include the following reporting and accountability requirements:

- *applying a more inclusive definition of access beyond physical access,*
- *measurable goals,*
- *detailed implementation plans,*
- *realistic time lines,*
- *inclusion of appropriate learning disabilities provisions (beyond the current appended reference to the largest group of students with disabilities in the post-secondary education sector),*
- *the delivery of faculty and staff training and professional development,*
- *full compliance with the “undue hardship standard” for the accommodation of students with*

disabilities as expected under the Ontario Human Rights Code.”

While this recommendation focuses on post-secondary education only, since that was the LOTF's primary mandate, the recommended changes would also apply to the other institutions and groups subject to the ODA.



The response to this was that we shall need to see what were included in the accessibility plans developed by the post-secondary educational sector and whether in fact the plans are adequate to meet all the needs that we were concerned about. Not exactly a satisfactory response!

During the recent election campaign, the Ontarians with Disabilities Act Committee used the following to encourage prompt and meaningful changes to the ODA:

- *“Should people with disabilities be able to shop in stores and eat in restaurants along with their friends and families?”*
- *Should children with disabilities have access to a good education and be able*

to play in parks with their friends?”

- *Should people with disabilities have the same access to health care and post-secondary education as everyone else?*
- *Should qualified people with disabilities have the same chance to work as all other Ontarians?*

Like other Ontarians, 1.9 million Ontarians with disabilities want to go out with friends, go to school, get jobs, and participate in every aspect of life. But many can't. Unnecessary barriers prevent them from fully participating. Ontario needs a strong new law to tear down barriers that keep people with disabilities from participating in every aspect of life. A strong Ontarians with Disabilities Act would do that.”

We agree. A strong and meaningful Ontarians with Disabilities Act which includes persons with learning disabilities in all of its mandated components will ensure that our population can and will achieve its potential. Anything else is simply not acceptable! Apparently, the Liberal party made a commitment, as part of its election platform, to introducing legislation within one year of taking office to make the requisite changes to the ODA. We shall eagerly await these

changes and look forward to participating in the discussions and consultations leading up to it. ☺

*Eva Nichols
Legislation and Educational Policy
Consultant to LDAO*

Learning Disability Interventions: Making Sense of the Evidence

Introduction

Effective individualized treatment is the prescription for any child diagnosed with a learning disability (LD). However, choosing the right treatment can be a daunting and confusing process. Controversies with respect to the efficacy of many LD interventions abound. How does an “intervention consumer” make sense of the vast array of treatments that are available? As with any potential purchase it is always wise to investigate before buying. To be an informed LD treatment consumer means evaluating the scientific validity of a treatment before accepting claims of efficacy.

The importance of being an informed LD intervention consumer

Frustrated parents of children with untreated LD are especially vulnerable to empty promises of miracle cures and treatment breakthroughs. Desperate for solutions, some may impulsively choose controversial untested treatments. Uninformed choices not only waste time,

energy and possibly finances but can potentially subject already overburdened children to unnecessary frustration and failure. Although there will always be uncertainties associated with any treatment, carefully weighed choices will reduce the risk of wasted resources, disappointment and learning setbacks.

The efficacy of available LD treatments

Swanson points out that we are biased by the publication of only positive outcomes in intervention research (Swanson, 2000). This practice leads to the impression that all treatments work and are equally effective. Unfortunately the fact that an LD intervention is available to the public does not mean that it has been proven or even tested. As well, popularity and even widespread use are not valid indicators of efficacy. In the absence of any formal regulations monitoring the value of available LD treatments, even unsubstantiated treatments can be openly promoted and sold to the public.

Understanding claims of proof

Consumers should not be expected to intuitively grasp the notion of scientific proof. The requirements for the designation “evidence-based” are far more involved and stringent than is generally assumed. Further, the procedures and criteria of the scientific method, which forms the basis of proof, are simply not common knowledge. To recognize this is the first step toward learning to distinguish valid from unfounded LD treatments.

It is not surprising that false or misleading claims about LD treatments are regularly and successfully marketed to the general public. Those who make invalid allegations depend on consumers’ lack of research expertise for their success. The less consumers understand about scientific validity, the easier it is to sell unsubstantiated treatments as proven interventions. Unless consumers make deliberate efforts to become informed they will be ill equipped to judge the validity of LD interventions and have no basis with which to make sound treatment choices.

To legitimately promote a treatment as effective requires proof. If there is no mention of testing, research, or evidence, it is highly unlikely that the intervention in question has been subjected to any kind of scientific inquiry. Without research support, allegations of treatment validity remain unsubstantiated and should be viewed with caution and even scepticism. This is not to say that interventions without an evidence-base are necessarily ineffective. It simply means that claims of treatment efficacy should be reserved for interventions that have been subjected to proper scientific investigation. Unfortunately, this is often not the case with treatment promotions regularly being made in the absence of proof.

Beware of subjective reports

Testimonials, anecdotes and personal accounts, although sometimes compelling, do not constitute scientific evidence. Even

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Learning Disability Interventions *cont. from page 5*

if accurate, subjective reports are based on individual cases that do not generalize to other situations. Stories of treatment success are of value if they provide hope and direct consumers to investigate new interventions, but they do not qualify as proof and should never be thought of as such.

How to determine if an intervention has research support

The terms “research”, “evidence”, “support” tend to be used loosely and sometimes haphazardly. In reality there is good research and bad research. More often than not research does not meet the standards of proper scientific investigation. Alleged evidence might be scientific or anecdotal, systematically determined or casually gathered. Even among valid research studies, only a small percentage provide decisive information about treatment efficacy.

The first step in evaluating any claim of research support is to locate the source of the alleged evidence. By whom, when, and how was the information obtained? If there truly is evidence supporting the effectiveness of an intervention, it should be made available to the consumer. More often than not, simply locating the source of the research (or finding that it does not exist) will be enough to determine whether or not claims of support are justified. If there is systematic research underlying a claim of proof, reference will be made to a particular study or studies. Research published in academic journals will be identified by a reference which lists the author(s), date, article title, journal title, volume, and page number of the research study.

The publication of research in a peer-reviewed journal is one indication of its quality and means that the research has been reviewed and scrutinized by a panel of experts in the field. While publication in a peer-reviewed journal does not guarantee

scientific rigor, an absence of peer-reviewed research is a very good indication that any allegations of proof are false.

Not all research findings qualify as proof

Unfortunately, the majority of published intervention studies lack scientific rigor. In a comprehensive synthesis of 30 years of learning disabilities intervention research, Swanson and colleagues examined evidence from 900 different LD intervention studies. Of these 900 studies, only 25% met the author’s criteria for inclusion in the analysis. Further, of the 25% included in the synthesis, only 5% met the high standards of proper research methodology (Swanson, et al., 1999). The results of this review highlight the complexities of scientific research and the difficulties associated with establishing proof.

Clearly, treatments should not be regarded as valid simply because published studies have been cited. Second-hand accounts of research findings are only interpretations of actual results and are frequently biased, misleading or altogether incorrect. In the process of interpretation, results can be inadvertently or intentionally misrepresented. In order to determine the actual outcomes of an intervention study it is advisable to consult the original source of the cited research whenever possible.

The original research source, although more accurate and reliable than secondary interpretations, is often more difficult to understand. All experimental studies use some form of statistical analysis which can be incomprehensible to non-experts.

Indeed researchers themselves spend years studying and learning about the statistical analysis of data. It is not recommended or at all necessary to become an expert in statistical analysis to understand claims of intervention efficacy. A review of the introduction and discussion sections of the research report will be sufficient to get a general sense of any significant findings and their interpretation by the authors.

Because the research has been subjected to

peer review, definitive claims of treatment efficacy will only be made if they are justified by the results.

The scientific method

Investigators use several kinds of research to further our understanding of LD interventions. Three common designs include descriptive analyses, large-scale field studies, and experimental designs. All of these approaches contribute to our understanding of LD interventions but not all can provide us with proof of treatment efficacy. Evidence for treatment validity can only be obtained through the use of experimental designs which follow the scientific method.

When intervention research adheres to the standards of the scientific method, valid claims of efficacy can be made with a minimum of bias. Using the scientific method, researchers first form a hypothesis or idea which is then formulated as a prediction (e.g. “treatment X will help children with LD learn to read”). An experiment is then designed to test this prediction. The nature of the treatment, how it will be implemented, and the means for evaluating treatment efficacy are all objectively defined and described in detail prior to conducting the intervention. Pre and post intervention measures are obtained with the use of objective measures.

The most credible intervention studies always control for alternative explanations of the research findings. A control group is composed of individuals who are similar to participants in the treatment group on most important measures such as age, type of disability, etc. However, the control group does not receive the treatment. Without a comparison control group there would be no way of knowing whether the treatment or some other factor caused observed changes in behaviour or performance.

Once an experiment has been conducted, statistical tests are carried out to determine if any treatment effects are scientifically

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Learning Disability Interventions cont. from page 6

meaningful or simply due to chance. If statistically significant results are found, the research must then be subjected to scrutiny by experts in the field before being accepted for publication in peer-reviewed academic journals. Finally, for a finding to be considered well established, the research must be confirmed through replication by independent researchers in the field.

Successful research does not equal successful implementation

Once a particular intervention is shown to be effective through properly controlled experimentation, the process of implementation can begin. Implementation involves transferring what has been established in a controlled research setting to the everyday environment. The conditions of carefully controlled experimentation can be quite different from real life circumstances. The very things that are controlled for during intervention studies form a critical part of

real life and cannot be ignored during treatment implementation. Challenges associated with transferring research findings to the real world make the process of implementation perhaps as daunting as the process of proving treatment validity.

Conclusions

Obtaining scientific proof of LD treatment efficacy, replicating valid findings, and finally implementing proven interventions is an extremely lengthy, arduous and costly process. This fact coupled with the intense demand for effective LD treatments has led to the proliferation of a myriad of unsubstantiated LD interventions.

To be an informed LD intervention consumer means learning to distinguish evidence-based treatments from unsubstantiated claims of treatment efficacy. Fortunately, there are clearly defined steps that can be taken to verify any allegations of proof. The general recommendation for the LD intervention consumer is to proceed with caution, become informed, and scrutinize any claims of efficacy. An awareness of the

complexities of intervention research will perhaps encourage LD consumers to have patience when making important decisions regarding LD treatments.

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Learning Disability Assessment Tools

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waix-iii

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wat-ii

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Learning Styles: what they are and how they can help

When trying to instil values in children, “Kids are like modelling clay.” However, when attempting to analyse the way they learn, there is an urgency to allow kids to “unmould”. We, as caregivers, parents, teachers, and tutors, need to create an environment where the child is given the freedom to go past the set parameters that are oftentimes imposed on him. Opening the door to experimentation and creativity is one of the ways we can guide children to discover their strengths and abilities, and to recognize their weaknesses. I believe most curriculum, with planning, organising, and effort, can be adapted, modified, and implemented to suit the student’s preferred way of learning. However, may I add that making use of the MST method (Multi-Sensory Teaching) is one of the better ways for a child/student to understand and retain the given information. MST incorporates three main learning styles: the auditory, which comprises the listening and the verbal learner; the visual, which includes the print as well as the picture learner; and the kinaesthetic, which incorporates the tactile way of learning. Using MST, parents and teachers can make learning fun and exciting by inviting, challenging, and allowing the child/student to choose his own way of working.

The Auditory Learner

The auditory learner learns best when listening or speaking. He is the most talkative of all the learning types. He loves to discuss, but can become easily distracted in the conversation. Because he has an ear for music, the auditory learner often enjoys listening to music while doing his work. If your child/student is an auditory learner, he should be encouraged to listen to the information and repeat it

back to you. He most likely will not enjoy extensive writing activities and long periods of silent reading. When studying, he should read out loud the instructions of what is to be done and the contents of what is to be retained. His notes should be recorded on tape in order for him to listen to them later. The auditory learner would also benefit from listening to books on tape. Real-life situations should be used to teach new concepts.



Reading should be done out loud to make it more interesting. Presenting a book report orally or on tape (audio or video) would also be more inviting. In spelling, the auditory learner should be encouraged to spell words out loud. Oral spelling tests could help the auditory learner achieve higher grades. Mathematics may become more enjoyable if your child/student is encouraged to make up his own word problems using the concepts he needs to learn. Mathematical problem-solving steps should always be verbalized. The auditory learner could learn multiplication and division facts by listening to them on a tape or in a tune.

There are two types of auditory learners” the listening learner and the verbal learner. The verbal learner is much more aggressive in his approach to the given information. He speaks words that represent exactly how he understands. For this reason, he needs opportunities to express verbally what he’s learning. He solves problems by talking about them. It is recommended that he be given the opportunity to work with someone else.

The Visual Learner

A person who thinks in pictures or in words is called a visual learner. It’s as if he has a movie camera in his mind - what he hears or reads is usually seen in images or in words. This style of learning includes the picture learner and the print learner.

The picture learner may often experience some difficulty with reading and spelling because to him, the letters represent sounds and not pictures. The picture learner should be encouraged to pay close attention to illustrations, graphs, maps, etc., when studying. This picture note taking will help him to organise and store the given information. On the other hand, the print learner will think in words. Diagrams and illustrations may confuse him. He is more likely to ignore the pictures and concentrate on the written information. For this reason, it might be best if he reads and writes the information to be retained, and because he loves colours, he may need to underline or highlight the given information. The print learner should be given the opportunity to do his note taking with different coloured pens, pencils, and paper. He will retain the information in words, not in pictures.

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The Kinaesthetic Learner

Many individuals need to use a whole-body approach to learn. This more comfortable way of learning is called the kinaesthetic style, which incorporates the tactile method. The kinaesthetic learner will learn best by using a combination of learning styles. He may need to listen (auditory) and look at (visual) the given information. He may then need to repeat it (verbal) in his own words. He may also have to write, type, or even draw (tactile) the information to be retained. Because he needs to move a lot, the kinaesthetic learner is likely to walk around while working. He performs better when working in short spurts

rather than concentrated blocks of time. Because of his pent-up energy, he often gets restless and fidgety. Sitting for long periods of time is extremely demanding on this type of learner. A sense of time is difficult for him. Instead of seeing out into the future, he only sees the present moment (which explains why he struggles understanding the consequences of his actions). Sadly enough, he is labelled hyperactive. He often appears to be disorganized, but to the kinaesthetic learner, everything is more like “organized confusion”.

The kinaesthetic learner should be encouraged to productively use his need for movement. His research for information could be directed to video, film, audio or videotape, television, or radio documentaries. By representing what he has learned through an experiment (science) with a model or graph (Math) or in a mime or skit (drama), the kinaesthetic learner could demonstrate what he has understood and retained. Acting out vocabulary words or role-playing characters in a story may improve his reading comprehension. He could practice spelling by writing words in the air, on the table, or on someone’s back. Another way for him to remember spelling is to clap each letter of a word or use one stair at a

Contrary to the auditory learner, whose results are better when he works with someone else, the visual learner prefers to be left alone to read and to study quietly. He most likely will not choose role-playing or listening activities. He is usually organized in his work. His writing is neat. His binders, his desk, and his personal space are usually well kept. He also likes to be neat in his appearance.

Reading comprehension for the visual learner may improve for the picture learner if he is allowed to draw or make diagrams of the characters and events in a story. The print learner, on the other hand, will prefer to write down the names of the characters in a story and make notes of the events. In Spelling, the picture learner could decorate the new words or make them look like a picture. A word configuration could also be helpful. For the print learner, the new spelling words could be written with different coloured pens, highlighters, coloured pencils and paper. Mathematics may become more interesting if number facts are written on coloured flash cards. Bright number lines may also be good tools to learn math facts. The picture learner could be encouraged to draw each step in solving math problems while the print learner could highlight the operational signs.

time while naming the letters. Writing words on sand paper, in wet sand, salt, pudding, coloured whipping cream, or even washed-out Jell-O are other fun ways for him to learn. Remember, movement and “being involved” are important for the kinaesthetic learner. He should also be encouraged to act out mathematical problems. Interactive computer programs that drill math facts may also be motivating for him.

The tactile way of learning is part of the kinaesthetic learning style. Should your child/student be a tactile learner, you will notice that he best understands and retains information if he can touch it, play with it, and manipulate it. Hands-on activities are the best tools for him. The tactile learner enjoys computers and calculators. An old typewriter can also be very good for this type of learner because he has to press harder on the letters and number keys. Drawing and writing with chalk, or using a whiteboard with coloured felt pens, is also

Opening the door to experimentation and creativity is one of the ways we can guide children to discover their strengths and abilities, and to recognize their weaknesses.

enjoyable for him. He learns best through experimenting, trial and error, and going on trips and visits. Similar to the kinaesthetic learning style, movement is important to the tactile learner. He does not enjoy long reading projects or listening activities, and he most likely will not like workbooks or worksheets because that entails work.

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Learning Styles
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Identifying, addressing, and respecting a person's preferred way of learning is almost always gratifying. Most importantly, teachers and parents may see great improvement in a child's/student's academic performance and self-esteem once the above has been accomplished. As the child/student matures, he will discern how he learns and will build a solid foundation on his strengths and develop strategies to understand his weaknesses.

Having said all that, allow me to offer this suggestion and four tips to all who love and work with children and young people: assess your own learning style. It could serve as a tool you may or may not want to use when working with youngsters. Observe your child/student more attentively; get more feedback from him; capitalize on his preferred way of learning.

Based on my many years of working with children of different ages and background, I can attest to the fact that once a child's/student's preferred way of learning is identified, his potential is unlimited. As caregivers, let's break the mould and "Celebrate what the child is all about!"

Diane Lamarche-Bisson is the author of a collection of Home Education manuals and a series of children's books. She is a certified screener of the Irlen Syndrome and a screener for dyslexia. Diane offers a workshop on Learning Styles. For more information, visit www.dilam.com or email her at dilam@mergetel.com.

The Learning-to Learn-Differently Program: An Update

In the Summer 2002 issue of *Communique*, we described an exciting new program called Learning-to-Learn-Differently, then being piloted by our Toronto Region Chapter.

LDAO, with staff assistance, then developed a template for proposals to the Ontario government's Early Years' Challenge Fund, which enabled an additional four LDA chapters to apply for and receive this funding on a multiyear basis. These additional chapters are Lambton County, Peterborough, Simcoe County and York Region.

The Learning-to-Learn-Differently Program (LLDP) targets academically at-risk children in senior kindergarten and grade one, and matches them with trained volunteer tutors who work once or twice a week with both parents and children. Work is focused on key goal areas identified by the child's teacher as critical to their academic progress. LLDP also focuses on helping parents to recognize and appreciate their child's unique learning strengths and how to build on these strengths. This recognition will help the parents encourage their children's emerging literacy and numeracy skills.

An early evaluation of the York Region program indicates an increased eagerness to learn, an increase in reading ability, and increasing self confidence and independence. An analysis of actual gains in literacy and numeracy in the Toronto program is currently being evaluated and will be highlighted in a future *Communique*.

Genetics and Reading Disabilities Research Study

The Hospital for Sick Children is seeking families with a child between 6 and 16 who has a problem with reading. Since reading disabilities often run in families, there is a chance that other family members will have reading disabilities as well. Researchers in the study think that reading disabilities are caused by changes in genes. They hope that if they are able to isolate the genes that make people develop reading disabilities, they may be able to eventually better treat reading disabilities.

Time commitment will be a one-day meeting with researchers during which you will be interviewed and your child will be tested and a blood sample taken. A written report will be sent to your child's school.

For more information: Dr. Barbara Anderson: (416) 813-8207
e-mail: Barbara.Anderson@sickkids.ca.

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Reading Disabilities: Why do some children have difficulty learning to read? What can be done about it?

The National Institute of Child Health and Human Development (NICHD) considers that teaching and learning in today's schools reflect not only significant educational concerns, but public health concerns as well. Our research has consistently shown that if children do not learn to understand and use language, to read and to write, to calculate and reason mathematically, to solve problems and to communicate their ideas and perspectives, their opportunities for a fulfilling and rewarding life are seriously compromised. Specifically, in our NICHD-sponsored longitudinal studies, we have learned that school failure has devastating consequences with respect to self-esteem, social development and opportunities for advanced education and meaningful employment. Nowhere are these consequences more apparent than when children fail to learn to read. Why? Simply stated, the development of reading skills serves as THE major foundational academic ability for all school-based learning. Without the ability to read, the opportunities for academic and occupational success are limited. Moreover, because of its importance, difficulty in learning to read crushes the excitement and love for learning that most children have when they enter school.

As we follow the thousands of children with reading difficulties throughout school and into adulthood, these young people tell us how embarrassing and devastating it was to read with difficulty in front of peers and teachers, and to demonstrate this weakness on a daily basis. It is clear from

our NICHD research that this type of failure affects children negatively earlier than we thought. By the end of the first grade, children having difficulty learning to read begin to feel less positive about their abilities than when they started school. As we follow these children through elementary and middle school, self-esteem and the motivation to learn to read decline even further. In the majority of cases, the students are deprived of the ability to learn about literature, science, mathematics, history and social studies because they cannot read grade-level



textbooks. Consider that by middle school, children who read well read at least 100,000 words during the school year. Children with reading difficulties read less than 100,000 words during the same period. Poor readers lag far behind in vocabulary development and in the acquisition of strategies for understanding what they read, and they frequently avoid reading and other assignments that require reading. By high school, the potential of these students to enter college has decreased substantially. Students who have

stayed in school long enough to reach high school tell us they hate to read because it is so difficult and it makes them feel "dumb." As a high school junior in one of our studies remarked, "I would rather have a root canal than read."

It is important to note that this state of educational affairs describes an extraordinary and unacceptable number of children. According to the National Centre for Educational Statistics (1998), 38% of fourth graders nationally cannot read at a basic level - that is, they cannot read and understand a short paragraph similar to that in a children's book. Unfortunately,

reading failure is disproportionately prevalent among children living in poverty. In many low-income urban school districts the percentage of students in the fourth grade who cannot read at basic level approaches 70%.

The educational and public health consequences of this level of reading failure are dire. Of the 10 to 15% of children who will eventually drop out of school more than 75% will report difficulties learning to read. Likewise, only two percent of students receiving special or compensatory education for difficulties learning to read will complete a four-year college program. Approximately half of children and adolescents with a history of substance abuse have reading problem. Failure to learn to read places children's futures and lives at risk for highly deleterious outcomes. For this reason the NICHD considers reading failure to reflect a national public health problem.

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How Reading Develops, and Why So Many of Our Children Have Difficulty Learning to Read

Converging scientific evidence from studies supported by NICHD indicates that learning to read begins before children enter formal schooling. Children who receive stimulating oral language and literacy experiences from birth onward appear to have an edge when it comes to vocabulary development, developing a general awareness of print and literacy concepts, understanding and the goals of reading. If young children are read to, they become exposed, in interesting and entertaining ways, to the sounds of our language. Oral language and literacy interactions open the doors to the concepts of rhyming and alliteration, and to word and language play that builds the foundation for phonemic awareness—the critical understanding that the syllables and words that are spoken are made up of small segments of sound (phonemes). Vocabulary and oral comprehension abilities are facilitated substantially by such rich oral language interactions with adults that might occur spontaneously in conversations and in shared picture book reading.

However, the experiences that help develop vocabulary and general language and conceptual skills in preschoolers are different from the experiences that develop specific types of knowledge necessary to read, including knowledge about print, phoneme awareness and spelling. These skills need to be systematically and, depending upon the level of the child's background, explicitly taught. Preschool children who can recognize and discriminate letters of the alphabet are typically from homes in which materials such as magnetized letters and alphabet name books are present and are the source of teaching interactions with parents. Clearly, these children will have less to learn when they enter kindergarten. The learning of letter names is also important



because the names of many letters contain the sounds they most often represent. With this knowledge, the child is oriented to what is termed “the alphabetic principle” - a principle that explains how sounds of speech (phonemes) become associated with letters (phonics). This principle stands at the core of learning and applying phonic skills to print.

Ultimately, children's ability to comprehend what they listen to and what they read is inextricably linked to the depth of their background knowledge. Very young children who are provided opportunities to learn, think and talk about new areas of knowledge will gain much more from the reading process. With understanding comes the desire to read more. Thus, this ensures that reading practice and the development of new vocabulary takes place. Through these early interactions and the systematic exposure to language and literacy concepts provided by parents, caregivers and teachers, skilled readers learn to apply phonemic and phonic skills rapidly and accurately. Children who practice reading develop fluency, automaticity and the ability to read with expression, and to

apply comprehension strategies to what they are reading to facilitate understanding. It all starts very early, with those initial language and literacy interactions that expose the child to the structure of our language and how print works.

Unfortunately, few children who later have difficulties learning to read, and particularly children from poverty, come to kindergarten with these advantages. We know that the average middle class child is exposed to approximately 500,000 words by kindergarten; and an economically disadvantaged child is exposed to half as many, at best.

In essence, children who are likely to have difficulties learning to read can be readily observed in the initial stages of their literacy development. They approach the reading of words and text in a laborious manner, demonstrating difficulties linking sounds (phonemes) to



**By the end of the first grade,
children having difficulty learning
to read begin to feel less positive
about their abilities than
when they started school.**



letters and letter patterns. Their reading is hesitant and characterized by frequent starts, stops and mispronunciations. Comprehension of the material being read is usually extremely poor. However, it is often **not** because he or she is not smart enough. In fact, many children who have difficulty learning to read are bright and motivated to learn to read - at least initially. Their difficulties understanding what they have read occur because it takes far too long to read words, leaving little energy for remembering and

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comprehending what was read. Unfortunately, the slow and inaccurate reading of words cannot be improved in any appreciable way by using the context of what is read to help pronounce the words correctly. Consequently, while the fundamental purpose of reading is to derive meaning from print, the key to comprehension starts with the rapid and accurate reading of words. In fact, difficulties in decoding unfamiliar words and learning to recognize words rapidly are at the core of most reading difficulties. These difficulties can be traced systematically to initial difficulties in understanding that the language that is heard by the ear is actually composed of smaller segments of sound (e.g., phonemic awareness). And here we come full circle - many of these early difficulties in developing phonemic awareness are due to a lack of literacy and oral language interactions with adults during infancy and early childhood. Thus, because the environments most bereft of these interactions are those characterized by poverty, the cycle continues.

Can Children with Reading Problems Overcome Their Difficulties?

Yes, the majority of children who enter kindergarten and elementary school at-risk for reading failure can learn to read at average or above levels, but only if they are identified early and provided with systematic, explicit and intensive instruction in phonemic awareness, phonics, reading fluency, vocabulary, and reading comprehension strategies. Substantial research supported by NICHD shows clearly that without systematic, focused and intensive interventions, the majority of children rarely “catch up.” Failure to develop basic reading skills by age nine predicts a lifetime of illiteracy. Unless these children receive the appropriate instruction, more than 74% of the children entering first grade who are



at-risk for reading failure will continue to have reading problems into adulthood. On the other hand, the early identification of children at-risk for reading failure coupled with the provision of comprehensive early reading interventions can reduce the percentage of children reading below the basic level in the fourth grade (i.e 38%) to six percent or less.

Are Certain Reading Instructional Approaches More Effective Than Others?

Yes. On the basis of a thorough evidence-based review of the reading research that met rigorous scientific standards, the National Reading Panel (NRP), convened by the NICHD and the Department of

Education, found that instructional programs that provided systematic instruction in phonemic awareness, phonics, guided repeated reading to improve reading fluency and direct instruction in vocabulary and reading comprehension strategies were significantly more effective than approaches that were less explicit and less focused on the reading skills to be taught (e.g., approaches that emphasize incidental learning of basic reading skills). The NRP found that children as young as four years of age benefited from instruction in phonemic awareness and the alphabetic principle when the instruction was

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presented in an interesting and entertaining, albeit systematic, manner. Likewise, the National Centre for Educational Statistics recently reported data from its Early Childhood Longitudinal Study involving 22,000 children showing that, after controlling for family income, youngsters who attended more academically oriented preschool programs had significantly higher scores in reading, math and general knowledge when tested in the fall of their kindergarten year than children attending less academically oriented preschools. Five NICHD longitudinal early intervention studies have examined the effectiveness of early intervention provided in kindergarten and first and second grades for those children most at-risk for reading difficulties. These studies strongly suggest that such programs if implemented appropriately, could reduce the number of children who fail to learn to read well below the 38% rate currently observed nationally. It is also important to note that the majority of children composing this unacceptably large group of poor readers ARE NOT provided special education services, as will be discussed next.

Will Effective Reading Instruction Reduce the Need for Special Education?

That is possible in the long run. What is now clear is that effective instruction will help differentiate between children whose reading problems related to inadequate instruction (curriculum casualties) versus children who continue to struggle despite early and intensive instruction. The number of children with reading difficulties served in special education reflects only a fraction of the number of school-age children who fail to learn to read. Recall from the previous discussion that approximately 38% of fourth grade children read below the basic level. Keeping in mind that the majority of these children will continue to have reading

difficulties throughout their school career if they do not receive systematic and focused early intervention, we can estimate that at least 20 million school-age children suffer from reading failure. Among these 20 million children, only approximately 2.3 million school-age children are served in special education under the category of Specific Learning Disabilities (SLD). The remaining 17.7 million poor readers not meeting the eligibility requirements for the SLD category are either provided some form of compensatory education or overlooked all together.

We have taken care in our NICHD early intervention and prevention studies to identify ALL children who are at-risk for reading failure within a given sample and to identify the instructional approaches that are the most effective for the majority of these students, **irrespective of whether they are eligible for special education.** As noted earlier, these studies have indicated that, with the proper early instruction, the national prevalence of reading failure can be reduced significantly. Thus, by putting in place well designed evidence-based early identification, prevention, and early intervention programs in our public schools, our data strongly show that the

20 million children today suffering from reading failure could be reduced by approximately two-thirds. While still a totally unacceptable rate of reading failure, such a reduction would allow us to provide services to the children who are in genuine need of special education services with substantially greater focus and intensity.

Our greatest challenge now is to close the gap between what we know works from the research and the ineffective practices that many prospective teachers are taught during their preparation and the ineffective instruction still being provided in most of our nation's classrooms. The question is, do we have the courage to do so? ☺

G. Reid Lyon, Ph. D., is Chief of the Child Development and Behavior Branch of the National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD. This article appeared in Perspectives, Spring, 2003. Reprinted with permission.

CONFERENCE CALENDAR

November 12-15, 2003

Our Mission is Literacy

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Information: info@interdys.org
www.interdys.org

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LD in Post Secondary Education
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LDAO conference with
Dr. Sam Goldstein & Dr. Richard Brooks
Liberty Grand Complex, CNE, Toronto,
Ontario
Information: www.ldao.on.ca



Reading Comprehension: Research Informs Us

The goals of reading are to understand the written text, integrate new ideas and generalize from what is read. As a parent, what should you know about reading comprehension to help your child improve his skills and achieve these goals?

Develop Decoding Skills

Your child can't understand what he's read unless he has a way to figure out the words. Research has shown that poor readers "guess", an inefficient way to approach new text. Good readers, however, use decoding skills.

Phonemic awareness precedes learning to read print. Your child needs to be able to hear speech sounds of the language and tell them apart, isolate sounds and break words up into separate sounds.

In order to build decoding skills, your child needs to be able to match those sounds to letters of the alphabet and blend the sounds to make words. This is phonics instruction.

Increase Fluency

If your child struggles as he sounds out each word, he'll have trouble remembering what he has read by the time he comes to the end of the sentence or paragraph. So once he has learned how to decode words, he needs to read quickly and fluently to remember and understand what he has read.

In order to achieve this goal, he requires many opportunities to read out loud. Research has shown that practice in oral reading, not silent reading, makes the process of reading effortless. So take time to listen to him read aloud and help him through the difficult words.

Expand Oral Language

For most kids, listening comprehension develops at a faster speed and remains at a higher level than reading comprehension. Your child can't understand what he has

read unless he understands the material when it is read aloud to him. In order to decide whether reading makes sense, your child needs well-developed oral language skills, including:

- Learning the meaning of new words. The larger his vocabulary becomes, the easier it will be for him to relate words to the context of the sentence, paragraph or story. His vocabulary continually increases in complexity as he converses and reads. You can help by introducing new words and explaining the words he doesn't know.



- Studying word parts and changes in the inflection of words. If your child knows the meaning of a root word ("kind"), then he will know what the new word means when the prefix ("un"/not) or suffix ("ness"/state of being) is added. He also needs to see that meaning changes when word pronunciation changes, e.g., "I took a birthday present to the party, and I will present it before the cake is served."

- Understanding meanings and relationships between words. Synonyms are words with the same or similar meanings (bucket/pail"), and antonyms are opposites ("good/bad"). Your child may need help learning figures of speech, such as, "It's raining cats and dogs," in order to understand what he is reading.
- Knowing the rules for putting words into meaningful sentences. Different languages follow different rules. For example, in English, the adjective precedes the noun (blue water), whereas in Spanish, the adjective follows the noun (water blue). In a sentence, subject and verb need to agree. Making a statement into a question requires changing the order of the subject and verb, such as, "That was a good story." "Was that a good story?"
- Having background knowledge. Your child needs some idea of the subject he is reading about, or he won't be able to gain meaning from it. For example, if you are talking about the beach, has he been there? Seen pictures of one? Watched a program on TV about it?

Promoting Strategies for Comprehension

Your child requires lots of options to talk and write about what he reads to make sure he understands it. As you and he discuss books, newspaper articles or school reading assignments, try using some of these prompts to broaden reading comprehension skills. Choose the strategies best suited to his level of development.

- What was the main idea?
- Tell me 3 to 5 important details from the story.
- Did you like the story? Why or why not?

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Reading Comprehension
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- Who was your favourite character and why?
- Retell the story in your own words.
- Draw a picture illustrating the story.
- What do you think might happen in the next section or chapter?
- Make up 5 “wh” questions about the story-“Who? What? When? Where? Why?
- Make a graphic organizer to tell about the story.
- Write a short paragraph to summarize the story.
- Was any part of the story confusing to you?
- Did this remind you of any other story you’ve read? Which one and why?

- What did you learn from the story that you didn’t know before?

If your child doesn’t respond to your request, explain what you are asking and give an example. Help him decide when and why each strategy might be helpful, depending on whether he is reading specific subject matter for a class, information about a favourite topic or person, fiction, poetry or step-by-step procedures for fixing his bike. He will need to stay motivated to apply these strategies as he reads new material.

Balance Skill Building

Reading comprehension depends on several interrelated skills: understanding oral language, decoding the printed word, reading fluently and using strategies to

increase comprehension. No matter what your child’s age, it’s important his skills develop in all areas because significant difficulty in any one of them can cause a breakdown in the whole process of reading. ☺

By Jan Baumel, M.S., Licensed Educational Psychologist.

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New In The LDAO Library

Overcoming Dyslexia: A New and Complete Science-Based Program for Reading Problems at Any Level, by Sally Shaywitz, MD, 2003, Alfred A. Knopf, New York, NY, (\$28.95).

Dr. Sally Shaywitz has been one of the primary researchers in a substantial body of research on reading and learning disabilities funded by the National Institutes of Health in the U.S. Dr. Shaywitz explains the neurological basis of reading disabilities, i.e. “how the brain reads” and the growing evidence on why some individuals struggle in learning to read. She uses very straightforward language in her explanations, and gives detailed recommendations on how to teach reading to beginning readers, dyslexic students, and adults who continue to struggle with reading. There is also a comprehensive chapter on accommodations. This book will be a classic in the field of learning disabilities.

Marshmallow Math: Early Math for Toddlers, Preschoolers and Primary School Children, by Trevor Schindeler, 2002, Trafford Publishing, Victoria, BC, www.trafford.com, (\$19.95).

In this innovative book, Trevor Schindeler outlines a progression of concrete activities to help young children learn math concepts and have fun at the same time. He starts with counting and one-to-one correspondence, then deals with patterns, understanding money, and spatial awareness. He also covers more complicated ways of dealing with number concepts – multiplication, division and fractions. Parents and teachers of young children will find this book very helpful.

Learning to Learn: Student activities for developing work, study and exam-writing skills, by Mike Coles, Chas White & Pip Brown, 2003, Pembroke Publishers, Markham, ON (\$18.95).

This book is a practical ‘how-to’ manual of learning strategies and study skills suitable for middle school through postsecondary studies. The authors cover topics such as time management, note taking, researching, strategies for reading and essay-writing, memory and concentration, and coping with exams. There are lesson plans for use by teachers or tutors, but the outlines of techniques can be used directly by students as well.

The Postsecondary Guide to Nonverbal Learning Disabilities, by Carol Herriot, 2003, University of Guelph, Guelph, ON, (\$20), Available by contacting bcardow@uoguelph.ca.

Carol Herriot has used information from research and recent publications on nonverbal LD, together with her extensive experience as an LD specialist, to write this practical guide for anyone working with postsecondary students. She gives descriptions and vignettes of difficulties faced by students with NLD, in both academic and social areas, then provides guidelines for interventions and accommodations. This book is a welcome addition to the growing body of work on nonverbal LD, and the first to deal specifically with young adults.



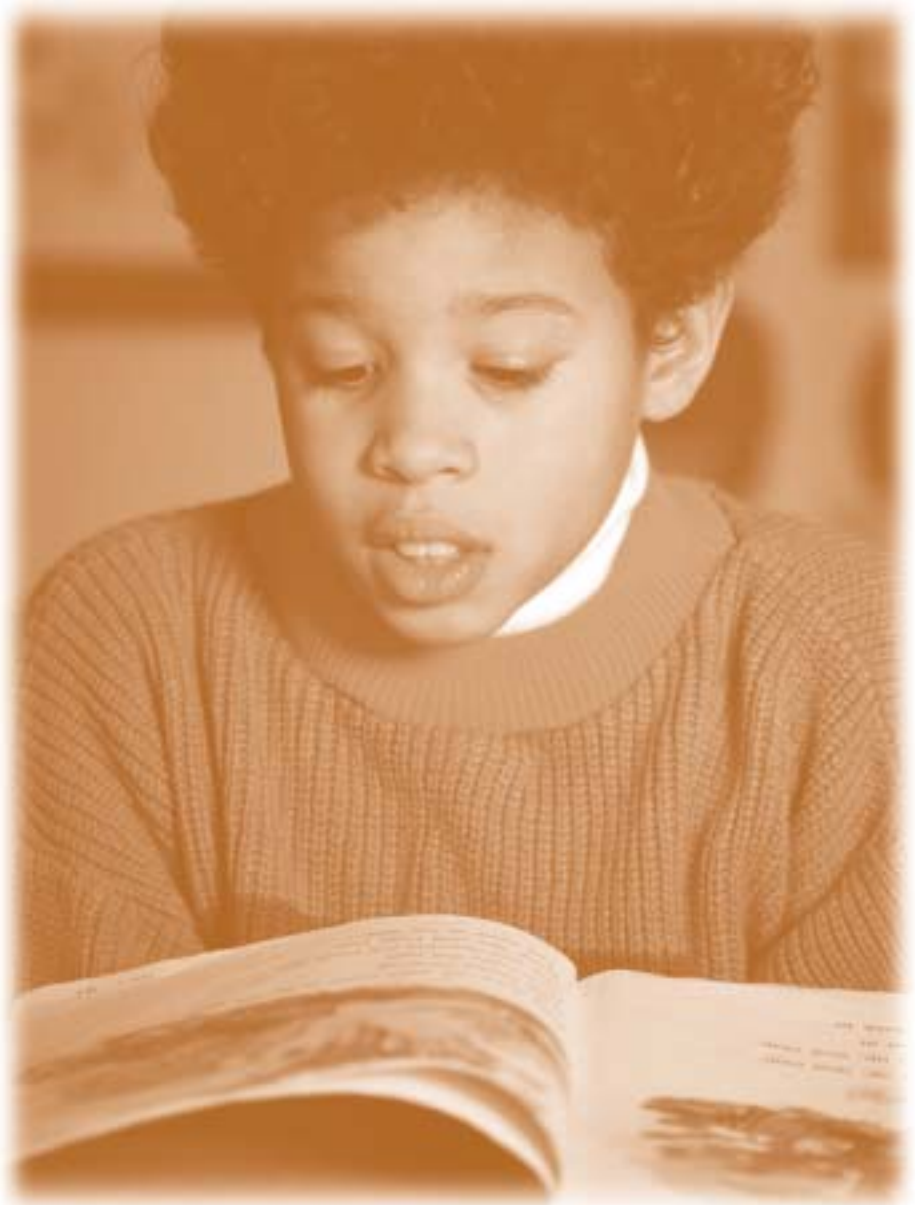
Tips for Parents: Encouraging Language Development

One of the most common learning disabilities is language processing problems.

Children with language processing problems may have difficulties understanding individual words, questions, directions and/or complex phrases. These children may find it hard to make and to keep friends as they may not be able to understand jokes, inferences and subtleties in social communication. Difficulties understanding what the teacher is saying can lead to frustration and acting out behaviour in the classroom. Recent research has indicated that one of the most common causes of reading disabilities is a deficit in phonological coding (the ability to segment words into individual sounds).

There are many things that parents can do at home to improve their child's language skills. Two books that may be helpful for parents are **Playing with Words** (Margie Gollick, 1987) and **Wacky Word Games** (Margie Gollick, 1990). These books suggest games that enhance vocabulary, comprehension and phonological awareness. Rhyming games and alphabet games draw children's attention to the individual sounds within words. An example of a rhyming game from **Playing with Words** is 'Stinky Pinky' (e.g. What do you call the Chief of Police? A top cop). Another game entitled 'Words within Words' helps children recognize spelling patterns in words (e.g. find four words in 'potato'). In addition, there are several riddles and variations of 'Twenty Questions' that can enhance children's expressive vocabulary and word knowledge.

When children in elementary school avoid reading, their learning difficulties can become compounded by an information deficit. Simply stated, these children do not acquire as much information about the world as their peers do through reading. Parents can help to improve both their



child's language development and general knowledge by reading to them frequently from both fiction and non-fiction books. When you read, ensure that your child can see the text. It may even be helpful to use a ruler to identify the line you are reading. When you are finished a chapter or section of the book, talk with your child about what you just read. This will help to consolidate your child's understanding of the material and enhance his/her overall listening comprehension.

It is important to stress that these games and activities should be introduced in a playful, stress-free environment. If your child is resistant or finds the games too

difficult, select another game that s/he enjoys. You may need to begin with what you think is an 'easy' game. Offer your child an activity that s/he can do well before proceeding to more difficult material. This will help to build a sense of competence in your child.

(Margie Gollick's books are available from Parentbooks-1-800-209-9182 or contact your local bookstore.) ↵

By Lorraine Campbell, Ph. D., D. Psych. Used with permission from Integra Foundation.

Our Readers Write

Dear LDAO editorial staff,



Finally had a chance to sit down and read the Fall 2002 issue of *Communique*. The article on “Learning to Walk Again: The Transition to Junior High” by Andrea Roy caught my eye immediately, as I have a son who is transitioning from a small rural elementary school to a large urban high school. I found much of what Ms. Roy says on the mark in terms of transition years to junior high (or high school). Keeping lines of communication open and fostering understanding of the child’s needs, as well as preparing people in advance are always good advice at any stage of the L.D. child’s development.

The article has some shortcomings however, in that it suggests parents who don’t “think of (themselves) as the expert on (their) child” turn over this role to the child’s paediatrician, psychologist or psychiatrist. Relying on an expert to be available is not the answer, particularly in so-called “under serviced areas” (anywhere outside of a major urban centre). Medical and psychiatric personnel are simply too scarce, and too difficult to access even for basic care.

If parents don’t feel they are the expert on their child, the better advice would be to tell parents to do their homework! Get informed. Compile a notebook/binder that contains all your child’s information, school meeting minutes (even if you have to write them yourself), background information on your child’s condition, results from psycho-educational testing, etc. — Consult it prior to meetings. Draft specific questions before meetings. Stay professional (don’t be too emotional) and stick to the point — keep clear goals in mind for what you want to achieve for your child through the meetings with the school. Make up glossaries of words you don’t understand — gleaned by asking questions and hunting things up. (The internet is a great resource). Have the paediatrician, etc.

explain things to you while you’re at appointments. Exercise your right to be fully informed. Make people explain things in a way that you understand. (you don’t need to be a genius. Most aspects of L.D. can be explained adequately in simple terms.) Make your goal always to understand what’s NEEDED, and frequently ask, “What’s the ultimate goal — and what’s the next step to get there?” It’s your job as a concerned parent, and perhaps one of the most important jobs you’ll ever do — to be a well-informed advocate for that child.

In our particular community there isn’t a child psychiatrist available within a three-hour drive — and we’re not an area you would think of as “remote” by any

—————  —————
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—————  —————

standards. There are similarly huge problems with finding GP care let alone paediatric services. Resources, however, are out there. And there are many well-informed and caring people who can help. We have been very fortunate in our case to have a very caring paediatrician, who has worked with us to secure scarce resources in the school system and in the community. Also helpful has been the head of the school board’s special education division.

Other advice — don’t just explore choices of teachers, but of schools as well! Particularly in rural areas, services for children with disabilities will not be consistent across the school board. Talk

to (first) the head of the guidance department, and then, if you are not hearing that the services your child needs are available locally, to the head of special education for your board. Find out all you can about prerequisites for graduation and admission to the college, apprenticeship or university your child aspires to. Find out what courses can be waived, modified, etc. in order to help your child succeed. High school also may not need to be completed in four years, and it’s important to check out what special courses can be used as substitutes for mandatory credits, if there is peer tutoring or other special help available, etc. Putting all the onus for looking out for your child’s needs on one “special mothering type” teacher, may not be adequate — or fair — to the teacher you choose.

The question you put to educational professionals should always be, “How can we best ensure that this child can become successful at school and beyond?” Because there are so many needs and so few resources, it is advisable always that parents keep advocating, keep informed and do their best to understand what’s available and be persistent. It also helps to be creative. But most important, again, is the need to be informed and realistic about the resources available in your area.

Above all, don’t expect everything will be taken care of by professionals. Quite often it is parental involvement that makes all the difference between successfully designing a program for your child that works and seeing them (and yourself) frustrated by a lack of responsiveness of the school system to your child’s needs.

A parent of a severely L.D. child

Conflict Resolution Education: A resource for students with learning disabilities

Teachers observe conflicts between students in every grade from kindergarten through high school, but the type and complexity of the problems vary as the students become older and more experienced. Although many students resolve interpersonal problems for themselves, for students with learning disabilities obstacles are present which may aggravate such conflicts. Among them are impulsiveness, misperceptions, social problems, poor problem-solving skills and language deficits, all of which complicate personal relationships and increase the likelihood of misunderstandings. These same characteristics make resolution of conflicts more time consuming and difficult to achieve.

Schools throughout the country are concerned with conflicts that take place within the school setting and are using such strategies as negotiation, mediation, peaceable classroom intervention and the process curriculum approach in an effort to prevent problems before they become major difficulties. All are valuable.

In the educational environment, the process curriculum approach is commonly referred to as *conflict resolution* and may be taught by special education teachers, school counselors, social workers, school psychologists, psychiatrists, or others in counseling positions. For students with learning disabilities, the course is generally taught by the special education teacher who is often present when incidents occur and best understands the learning styles and deficit areas of the individuals involved.

Although all strategies are worthwhile, conflict resolution appears to offer the best approach for students with leaning disabilities. It is a structured, sequential approach that lends itself to being taught and applied in the school setting. However, its ultimate value lies in its translation into a life skill that provides the learner with a

means of resolving conflicts whenever and wherever they occur. As individuals with learning disabilities gain the ability to resolve conflicts, their relationships, independence and self-esteem improve.

Since children's conflicts are not confined to school, but also occur in the home, the neighborhood and activities such as sports and Scouts, it is important that parents too be taught the principles and application of conflict resolution. Thus, their children are provided the opportunity to practice the process repeatedly and recognize that its procedures are transferable to a variety of situations and settings.

There are basic principles of conflict resolution that must be understood by students. After agreeing to negotiate, students must learn to separate people's feelings and positions from the problem. By separating these issues, individuals realize that they can work together: attacking the problem and not each other.

Students must also focus on the motivations of the parties involved, not the positions they stake out. This is a crucial element of the process. If the underlying motivations are not clarified, temporary agreements may be reached, but seldom last because the real interests of the parties have not been addressed.

Next, a wide range of options for solving conflicts is developed through brainstorming sessions. All ideas are acceptable and simply listed, not discussed. No evaluation or judgment of them takes place during this stage. Creative ideas should be valued and encouraged as they often provide the basis for settlement of the difficulties.

Only after all options have been developed does discussion and evaluation take place. Students must be objective in their evaluation of the alternatives, which means that neither party gives in to the other; rather, they defer to a fair decision. If they

have focused on the problem rather than on their feelings or positions, this should not present undue difficulty.

Finally, all parties agree to the decision. To be effective, conflict resolution must be a win-win situation. The resolution must be agreeable to all. A well-trained teacher is necessary to teach conflict resolution, one who allows students the time needed to internalize the instructions and its application, provides a great deal of over-learning, instructs at an appropriate level and takes into consideration the learning styles and disabilities of the students involved. What may be appropriate for one student may not be for another.

An example of conflict resolution follows.

The Story of Little Red Riding Hood and the Wolf, Retold through Negotiation:

Step 1: Agree to negotiate

Red: I'm Red Riding Hood. I agree to take turns talking and listening and to cooperate to solve the problem.

Wolf: I'm the wolf. I agree to take turns talking and listening, and I agree to cooperate with you, Red Riding Hood, to solve the problem.

Step 2: Gather points of view

Red: I was taking a loaf of fresh bread and some cakes to my granny's cottage on the other side of the woods. Granny wasn't well, so I thought I would pick some flowers for her along the way. I was picking the flowers when you, wolf, jumped out from behind a tree and started asking me a bunch of questions. You wanted to know what I was doing and where I was going, and you kept grinning that wicked grin and smacking your lips together. You were so gross and rude. Then you ran away. I was frightened.

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Conflict Resolution Education
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Wolf: You were taking some food to your grandmother on the other side of the woods, and I frightened you.

Red: Yes. That is what happened.

Wolf: Well look, Red, the forest is my home: I care about it and try to keep it clean. That day, I was cleaning up some garbage people had left behind when I heard footsteps. I leaped behind a tree and saw you coming down the trail carrying a basket of goodies. I was suspicious because you were dressed in that strange red cape with your head covered up as if you didn't want anyone to know who you were. You started picking my flowers and stepping on my new pine trees.

Naturally, I stopped to ask you what you were doing. You gave me this song and dance about going to your granny's house with a basket of goodies. I wasn't very happy about the way you treated my home and me.

Red: You were concerned when you saw me in my red cape picking your flowers. You stopped me and asked what I was doing.

Wolf: That's right.

Red: Well the problem didn't stop there. When I got to my granny's house, you were disguised in my granny's nightgown. You tried to eat me with those big ugly teeth. I'd be dead today if it hadn't been for the woodsman who came in and saved me. You scared my granny. I found her hiding under the bed.

Wolf: You say I put on your granny's nightgown so you would think I was your granny, and that I tried to hurt you?

Red: I said you tried to eat me. I really thought you were going to eat me up. I was hysterical.

Wolf: Now wait a minute, Red. I know your granny. I thought we should teach you a lesson for prancing on my pine trees in that get-up and for picking my flowers. I let you go on your way in the woods, but I ran ahead to your granny's cottage.

When I saw Granny, I explained what had happened and she agreed that you needed to learn a lesson. Granny hid under the bed, and I dressed up in her nightgown. When you came into the bedroom you saw



me on the bed and said something nasty about my big ears. I've been told my ears are big before, so I tried to make the best of it by saying big ears help me hear you better.

Then you made an insulting crack about my bulging eyes. This one was really hard to ignore, because you sounded so nasty. Still I make it a policy to turn the other cheek, so I told you my big eyes help me see you better. Your next insult about my big teeth really got to me. You see I'm quite sensitive about my teeth. I know that when you made fun of my teeth I should have had better control, but I leapt from the bed and growled that my teeth would help me to eat you.

But come on Red! Let's face it. Everyone knows no wolf could ever eat a girl, but you started screaming and running around the house. I tried to catch you to calm you down.

All of a sudden the door came crashing open and a big woodman stood there with his axe and I knew I was in trouble. There was an open window behind me so out I went.

I've been hiding ever since. There were terrible rumors going around the forest about me. Red you called me the Big Bad Wolf. I'd like to say I've gotten over

feeling bad, but the truth is I haven't lived happily ever after. I don't understand why Granny never told you and the others my side of the story.

I'm upset about the rumors and have been afraid to show my face in the forest. Why have you and Granny let the situation go this long? It just isn't fair. I'm miserable and lonely.

Red: You think that I have started unfair rumors about you, and that you

are miserable and lonely and don't understand why Granny didn't tell your side of the story. Well, Granny has been sick and she has been very tired lately. When I asked her how she came to be under the bed, she said she couldn't remember a thing that had happened. Come to think of it, she didn't seem too upset-just confused.

Wolf: So you think it is possible that Granny just doesn't remember because she has been sick?

Step 3: Focus on interests

Red: I want to be able to take flowers to Granny when I visit her because she is

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Conflict Resolution Education
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lonely and flowers help cheer her up. I want to be able to go through the forest to Granny's house because it is too far to take the road around the forest. I want you to stop trying to scare me or threaten me in the forest because I want to feel safe. Besides, I think the forest is a fun place.

Wolf: You want to go through the forest to visit Granny who is lonely, and you want to feel safe because you think the forest is a neat place.

Red: Yes, and I want to take flowers to Granny.

Wolf: I want you to watch where you are walking and to stop picking my flowers

because I want to keep my forest home looking nice. I want the rumors to stop because I want people to like me and I want to be able to enjoy the forest without being afraid that someone is hunting for me.

Red: You want the forest to be pretty. You want people who visit the forest to like you and not be afraid of you, and you want to be safe in the forest.

Wolf: Right. The forest is my home. I should be free to enjoy my own home.

Step 4: Create win-win options

Red: In order to solve this problem, I could try to stay on the path when I walk through the forest.

Wolf: I could try to remember to call out when I hear you coming instead of quietly stepping out from behind a tree. I could plant some flowers over by Granny's house for you to pick.

Red: I could pick up garbage I see in the forest and take it to Granny's garbage can.

Wolf: I could check up on Granny to make sure she is OK on those days when you can't make it. She is my friend, you see.

Red: Granny and I can talk to the woodsman and tell him we made a mistake about you. I could tell my friends that I'm not afraid of you anymore, and that you can be nice.

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Books for Parents

How to Negotiate with Kids by Scott Brown, 2003, Viking Penguin, New York (\$37.50)

How to Talk So Kids Will Listen and Listen So Kids Will Talk by Adele Faber and Elaine Mazlish, 1980, HarperCollins, New York (\$19.95)

Kids, Parents and Power Struggles by Mary Sheedy Kuschinka, 2000, HarperCollins (\$19.95)

Settle It! By Karin Vagiste, 2000, Sterling House, New York (\$14.95)

Siblings without Rivalry by Adele Faber and Elaine Mazlish, W.W. Norton & Co. Inc., New York (\$19.95)

Tongue Fu! By Sam Horn, 1996, St. Martin's Griffin, New York (\$19.95)

Books for Teachers

Before Push Comes to Shove: Building Conflict Resolution Skills with Children, by Nancy Carlsson Paige and Diane Levin, 1998, Redleaf Press, St. Paul's, MN (\$21.95)

Creating the Peaceable School by R.J. Bodine, D.K. Crawford and F. Schrupf, 2002, Research Press, Champaign, IL (\$72.95)

Creative Conflict Resolution: More than 200 Activities for Keeping Peace in the Classroom, K-6 by William Kreidler, 1983, Addison-Wesley Educational Publishers, Reading, MA (\$18.75)

The Conflict Resolution Program Activity Handbook, by Carolyn LoGuidice and Nancy McConnell, 2002, LinguiSystems, East Moline, IL (\$70.95)

Dealing with Dilemmas: Coaching Students in Decision Making, Grades 4-8 by Mark Meyers and J. Doyle Casteel, 1998, Addison-Wesley Educational Publishers, Reading MA (\$19.95)

Helping Kids Deal with Conflict: An Everyday Resource for All Teachers and Parents by Gerry Sheanh, 1996, Portage and Main Press, Grand Forks, ND (\$14.00)

Keeping the Peace: Practicing Cooperation and Conflict Resolution with Preschoolers by Susanne Wichert, 1992, New Society Publishers, Gabriola Island, BC ((\$17.95)

Learning the Skills of Peacemaking: A K-6 Activity Guide on Resolving Conflict, Communicating and Cooperating, by Naomi Drew, Revised Edition, 1995, Jalmar Press, Torrance CA (\$19.95)

Ready-to-Use Conflict Resolution Activities for Elementary Students by Beth Teolis, 1996, Council for Applied Research in Education, Paramus, NJ (\$44.50)

Talk It Out: Conflict Resolution in the Elementary Classroom by Barbara Porro, 1996, Association for Supervision and Curriculum Development, Alexandria, VA (\$34.95)

Teaching the Skills of Conflict Resolution: Activities and Strategies for Counselors and Teachers by David Cowen et al, 1992, Innerchoice Publishers, Carson, CA (\$35.95)

*Books may be ordered from your local bookstore or from
ParentBooks, 416-537-8334 / 1-800-209-9182;
www.parentbooks.ca.*

Conflict Resolution Education
cont. from page 22

Wolf: I could meet your friends on the edge of the forest and show them through it.

Step 5: Evaluate options

Wolf: Do you think that if you tell the woodsman and your friends that you made a mistake about me and that I'm really nice, then I won't have to worry about the woodsman and his hunters catching me?

Red: I think that will work.

Wolf: Maybe I could go with you to talk to the woodsman.

Red: Yes. That would help. You could also go with me to tell my friends I'm not afraid of you anymore. I'd like to help you plant some flowers at Granny's, and I could also help you plant some in the forest. It would be nice to visit Granny together. She's pretty lonely.

Wolf: That sounds good.

Red: I agree.

Wolf: I don't think it will work for you to stay on the path all the time. I can show you where to walk so you won't harm anything.

Red: I think that's fair.

Wolf: I agree.

Red: Will it work for you to check on Granny when I can't visit her?

Wolf: Yes, if you call me early in the morning.

Red: I think it would be a good idea if I ask my friends for a donation when you give them a tour of the forest, and we can use the money to buy more trees to plant and also start a recycling program for the garbage we pick up.

Wolf: I think we've taken care of both our interests.

Red: This solution will help both of us.

Step 6: Create an agreement

Red: I'll arrange for Granny and myself to talk to the woodsman. I'll try to get an appointment for this afternoon, and I'll let you know when.

Wolf: I'll get some flowers to plant at Granny's. I'll have them ready to plant Saturday. I'll draw up a possible forest tour map and give it to you.

Red: As soon as I get your tour map, I'll bring over some friends to try it out. That's when I'll introduce you and tell them you're nice.

Wolf: I'll put a donation box at the edge of the forest for our tree planting and recycling programs.

Red: And I'll call you by 7 o'clock if I can't go visit Granny.

Wolf: OK. I've agreed to get flowers to plant by Saturday, to draw a tour map of the forest, to go along with you to talk with

the woodsman, to meet your friends, and lead a tour through the forest, to take care of the donation box and to visit Granny when you can't do it.

Red: I've agreed to arrange for an appointment with Granny and the woodsman, to plant flowers with you, to bring my friends to tour the forest and introduce you as a nice wolf and to call you by 7 o'clock if I can't visit Granny.

The two shake hands. ☺

(Taken from **Creating the Peaceable School: A comprehensive program for teaching conflict resolution**, by R. Bodine, D. Crawford and F. Schruppf, 1994, Research Press Inc., Champaign, Ill.)

Article reprinted from LDA Newsbriefs, March/April 2000. Reprinted with permission.

REACH Therapy Services

will be offering a course on non-verbal learning disabilities

(NLD) on April 29-30, 2004 in Oakville, Ontario. The presenter

will be Rondalyn Varney Whitney, an occupational therapist, co-

founder and founding President of the NLDA, parent of a child

with NLD and author of the book **Bridging the Gap:**

Raising a Child with NLD. This course will be of interest to

parents and professionals. For further information or to receive

a brochure, please contact **REACH Therapy Services** at

905-814-6329 or reachtherapy@hotmail.com.

Chapter Histories Continued

Learning Disabilities Association of Ottawa-Carleton

At an organizational meeting held on December 1966, Dr. Morris Resnick and a group of six others initiated the Ottawa Chapter of the Learning Disabilities Association. Mr. McNarry of the provincial Association chaired the meeting. The first Executive of eight with President Dr. Morris Resnick was chosen at a committee meeting held on January 1967. Their first task was to seek advice from the Ontario Association for a clarification of the term “learning disabilities.” The association’s objectives were to obtain diagnostic and treatment facilities, to encourage perceptual training in schools, to further public understanding, to encourage research and communication amongst existing services. Fourteen presidents have followed Dr. Resnick in our thirty-six years as a chapter. There have been many accomplishments over those years that have helped to make LDA Ottawa-Carleton a significant contributor to the betterment of persons with learning disabilities and their parents.

Dr. Resnick (1967-69) stressed the need to combine the efforts of parents and professionals to effectively serve our population by targeting the Ministry of Education to recognise our cause. Merve Brown (1969-73) helped the chapter become a strong and respected voice in our community. Under his leadership we wrote our first Constitution and By-Laws which clearly defined our goals and mission. Also during his term we published our first newsletter for members in March 1970.

Barbara Scott (1973-74) stressed the need to increase our visibility by mailing our monthly “Bulletins” to schools and community organizations. Our membership increased to 300 members. Ruth Rowlett’s (1974-76) major goal was to establish a Resource Centre to house all

our library materials and create greater visibility in the community. We opened our first Resource Centre in October 1975 at the Pierre Laporte School, thanks to the Ottawa Separate School Board who donated office space. Bruce Crosby (1976-78) successfully promoted the running of a bingo as a reliable fund-raising endeavour. He recruited 60 volunteers to help him run the weekly bingo. This new money enabled us in March 1977 to hire our first full time staff. Arlene de Varennes, a long-time volunteer with two LD children, became our Resource Counsellor and remained with us until September 1989. Anne Donaldson (1978-81) was the first member from our chapter to serve on the Ontario and Canadian Board of Directors. She brought her wealth of knowledge to the chapter and helped us gear up for Bill’82.

Jo Weston (1981-83) with her wise counsel helped us to establish our chapter’s role in response to the changes to the Education Act brought by Bill’82. Dr. Cliff Amundson (1983-85) was a president, who tirelessly shared his time, always listened attentively and shared his good humour and positive approach to life. The focus during his term of office was a shift from only academics to the inclusion of social skills development. Jean Bushfield (1985-88) used her political insight into how school boards worked to enable us to successfully advocate and to work more closely with our local boards. Jean was synonymous with the bingo and the many hours she spent making sure it was successful. Roy Cooper (1988-93) brought us a great deal of knowledge of the workings of school boards and the absolute necessity of SEAC involvement and support. This focus was particularly relevant in those days of program cuts and the need to promote a wide diversity of options and individual programming for our population.

Marilyn Freitag (1993-96) was very organized and brought that skill to our organization both through her own efforts

and the people she attracted to our board. Patty Anne Hill (1996-98) was the first member of our association to become a school board trustee with the Ottawa public board and to try to make them better understand the needs of its students with learning disabilities. Charles Wendt (1998-2002) was a soft-spoken man with a burning need to make the lives of adults with learning disabilities much easier by seeking services available to other disability groups for our adult population. Susan Yansouni (2002- to present) stepped into the vice-president’s role when no one could be found and gracefully offered to become president. With her soft-spoken demeanour she tries to involve everybody to help us change our role by becoming more involved in direct services for our members. She also continues like most presidents to find a way to improve the fiscal health of LDAO-C.

During our 36 years as a chapter we have hosted the Ontario LDA Ontario Annual General Meeting three times: in 1975, 1983 and 1995. The 1983 AGM probably had the longest business meeting in the history of the LDAO. It had to be continued from the Saturday afternoon to the following Sunday morning at breakfast in order to complete the business agenda. We won the provincial membership award in 1992 and the newsletter award in 1997.

LDAO-C is committed to initiating and sustaining programs, services and support networks in our community to meet the diverse requirements of persons with learning disabilities. Our chapter has a concern for the community and the wider society, with a focus on promoting awareness, education and self-sufficiency through knowledge. We have worked hard over the years to sustain an excellent reputation in the community and a consistent message, building on the good work done by others for over 36 years. ☺

Thank You to Our Donors & Funders

for gifts received from April, 2003 to September, 2003.

Your support helps LDAO provide a level playing field of opportunities and services for children, youth and adults with learning disabilities!

Project Funders

Government Grants

Human Resources Development Canada
Ontario Ministry of Education
Ontario Ministry of Training, Colleges and Universities
The Ontario Trillium Foundation

The President's Council

The President's Council was initiated to recognize an outstanding level of commitment through annual contribution to LDAO and the learning disabilities network.

Allen & Deborah Edward
Carol & Randy Jones
Glenn Jones
Peter & Mary Elizabeth Kinch
Dr. & Mrs. William Mahoney
Robert M. McDerment
Annette Quinn
Mr. and Mrs. Robert Quinn
Robert & Penny Richards
Isabel & Stephen Shessel
Carol Yaworski

The welcome and invitation is still open! You will help us and our chapters maintain our position as the only organization in Ontario providing services to the learning disabled population. Please contact Denise Harding, Fund Development Consultant @ (416) 929-4311 ext. 40 or e-mail deniseharding@rogers.com for further information.

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Randolph Sealy, LDAO Board and Douglas Waxman, LDAO Past President present this year's Gloria Landis Bursary to Andrew Dempsey, Hotel and Restaurant Management Program, Canadore College.

Thank You to Our Donors & Funders
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Commemorative Gifts

LDAO appreciates gifts made in honour of anyone of your choosing. Please consider a commemorative gift to support the work of LDAO and mark birthdays, anniversaries, memorials, graduations or any other milestone. Please contact Denise Harding, Fund Development Consultant @ (416) 929-4311 ext. 40 or e-mail deniseharding@rogers.com for further information about **Commemorative Gifts** or the **Lifetime of Learning Monthly Donor Program**. Gifts of \$50+ will be listed in the subsequent newsletter.



RBC SOARS Ahead

LDAO is grateful to Royal Bank of Canada Foundation (RBC) for \$10,000 in funding to help launch the SOAR (Some Assembly Required) program this year.

Some Assembly Required: An Instruction Manual for Learners is recommended as a supplementary resource to support learners in understanding learning disabilities and how best to meet their individual needs. Geared for learners in grades 6 through 9, SOAR focuses on concepts such as: learning disabilities, transitions, study skills, learning styles and strategies.

Some Assembly Required: An Instruction Manual for Learners – Teacher's Guide and Student Workbooks provide information about learning disabilities: what they are, the

challenges they pose and some strategies people with a learning disability can use to cope. The resource is accurate and consistent with contemporary literature on the topic. Learning disability specific language is accompanied by life examples and analogies that enable the learner to understand the concepts as they are introduced.

LDAO is now in the process of developing materials suitable for more senior grades, as well as marketing and distributing the Grades 6-9 materials. SOAR is recommended through Curriculum Services Canada (<http://www.curriculum.org/csc/resources/assembly.shtml>) as a supplementary resource to support learners in understanding learning disabilities and how best to meet their individual needs. An online facilitator

training program will be developed to accompany the Teacher's Guide to provide additional, ongoing support to users.

"RBC Financial Group recognizes that people with disabilities are entitled to full inclusion in Canadian society, including access to goods, services, premises, and employment opportunities," says Renae Addis, Manager, Community Investment at RBC Royal Bank, "and that means we must be committed to removing barriers, providing opportunities, and becoming an employer-of-choice. RBC takes its role as a corporate leader in this area seriously. We are pleased to be partnering with the Learning Disabilities Association of Ontario on this innovative program." ☺

Information on ADHD from Janssen-Ortho

Attention Deficit Hyperactivity Disorder (ADHD) is a neurobiological condition of the brain that can cause hyperactivity, impulsivity and difficulties with paying attention. It is estimated that 4% to 12% of school-age children have ADHD and approximately 50% of these children will continue to have ADHD symptoms as an adult. There is no single test for ADHD but a comprehensive evaluation is necessary to establish a diagnosis, rule out other possible causes and determine if there are any other co-existing conditions (such as anxiety, mood disorder, conduct disorder, oppositional defiant disorder or learning



It is estimated that 4% to 12% of school-age children have ADHD and approximately 50% of these children will continue to have ADHD symptoms as an adult.



disabilities). Without identification and proper treatment, ADHD may have serious consequences including school failure, job failure, depression, lack of self-esteem, problems with relationships, substance abuse and conduct disorder. Early identification and treatment are extremely important.

There are two main approaches for the treatment and management of the symptoms of ADHD: behaviour modification and medication. The combination of these two types of treatment is called a **total treatment program**. Research from the National Institute for Mental Health found that

children who received medication, alone or in combination with behavioural treatment, showed significant improvement in their behaviour and schoolwork plus better relationships with their classmates and families.

Stimulant medications are most frequently used to manage ADHD symptoms since they are effective in decreasing impulsivity and hyperactivity, as well as increasing attention. Seventy to eighty percent of people with ADHD respond well to stimulant medications. Stimulant medications are believed to stimulate parts of the brain that help

increase focus and one's ability to control their own behaviour. Parents may feel worried or guilty about medicating a child but it is important to know that some of these medications have been used successfully and safely for 30 years in treating ADHD patients. There are newer, longer acting medications that are also available that can help control the symptoms of ADHD.

Deciding to use medication to help with the symptoms of ADHD is a decision that should be made in partnership between the parents, the child and the child's doctor. Your physician is best qualified to help you decide what's right for your child and you. ☺

Learning Technology at LDAO Conference

LDAO was pleased to welcome Microcomputer Science Centre Inc. as a sponsor of our conference, *A Different Way of Learning Can Lead to Success*, held on September 25 and 26, 2003.

For more than two decades Microcomputer Science Centre Inc. have been helping Canadians with special needs gain "Independence Through Technology". Today, Microscience is recognized as the leading provider of reading technology for people with learning disabilities and those who are blind or visually impaired. Collectively, they have more than 50 years of experience in servicing the learning disabled and visually impaired communities.

Microcomputer Science Centre Inc. offers products that bring the power and pleasure of reading and learning to the lives of users, combined with their "Complete Care" of Training, Support and Service.

Microcomputer Science Centre Inc. currently offers software products such as Kurzweil 1000 and Kurzweil 3000. Both products incorporate the most clear, human-like synthesized voices available coupled with a robust set of easy-to-use features for enhancing reading, writing and learning skills. WYNN Wizard is innovative software designed to help individuals read and write more effectively. textHELP Gold is a toolbar to provide literacy support. Dragon Naturally Speaking is voice recognition software that converts speech to text and helps minimize keyboarding. The company also offers portable devices such as reading pens, Franklin Language Masters, and the AlphaSmart portable notetaker.

To learn more about the company, visit their Web site at: <http://www.microscience.on.ca>, or call at 800-290-6563. ☺

Your Community Contacts

Chatham-Kent

Contact: Dawn Babbirk
Tel: (519) 352-2024
ldack@netrover.com

Durham Region

Contact: Mrs. Marlene Avery
Tel: (905) 426-1442

Halton County (Oakville-Burlington)

Contact: Heather Holden
Tel: (905) 333-1977

Hamilton-Wentworth

Contact: Tom Parker
Tel: (905) 523-1332

Kingston

Contact: Lana Greenwood
Tel/Fax: (613) 545-0373
ldak@kingston.jkl.net

Kitchener-Waterloo

Contact: Charlotte Buchan
Tel: (519) 743-9091
ldakw@golden.net
www.ldakw.on.ca

Lambton County

Contact: Joanne Cully
Tel: (519) 344-7745
ldalc@xcelco.on.ca

London Region

Contact: Linda Young
Tel: (519) 438-6213
lda@linkd.net
www.ldalr.on.ca

Mississauga

Contact: Terri Hamilton
Tel: (905) 272-4100
ldamiss@idirect.com

Niagara Region

Contact: Kay MacDonald
Tel: (905) 641-1021
ldaniag@becon.org

North Bay & District Satellite

Contact: Kathy Honeysett
Tel: (705) 476-8177
kathyhoneysett7@hotmail.com

North Peel (Brampton)

Contact: Susan Silver
Tel: (905) 791-4100
lda@bellnet.ca
www.ldanp-peel.org

Ottawa-Carlton

Contact: Judy Mathew
Tel: (613) 567-5864
ldaoc@magma.ca
www.ncf.ca/ldao-c

Parry Sound Satellite

Contact: Becky Smalldon
Tel: (705) 389-3320
bsmalldon@hotmail.com

Peterborough

Contact: Shari Davis
Tel: (705) 748-9455
Tollfree: (866) 503-3303
administration@ldaptbo.com
Cobourg : (905) 373-7033
ldanorthclar@rol.ca

Sault Ste. Marie

Tel: (705) 942-4310
learningdisabilities@shaw.ca
www.members.shaw.ca/ldassm

Simcoe County

Alliston: (705) 435-0376
ldoffice@ldass.org
www.ldass.org
Barrie: (705) 726-5553
Local Tollfree: (888) 684-5855

Sudbury

Contact: Carole Paquette
sudbury@ldao.on.ca

Thunder Bay

Contact: Janis Thompson
Tel: (807) 622-9741
www.ldatbay.ca

Toronto District

Contact: Dena Tenenhouse
Tel: (416) 229-1680
www.ldany.on.ca
admin@ldany.on.ca

Wellington County (Guelph)

Contact: Jennifer Cameron
Tel: (519) 837-2050
jenldaomail@rogers.com

Windsor-Essex County

Contact: Beverly Clarke
Tel: (519) 252-7889
learningdisabilities@on.aibn.com

York Region (Richmond Hill)

Contact: Lynn Ziraldo
Tel: (905) 884-7933/471-1620
ldayr@idirect.com
http://webhome.idirect.com/~ldayr/



A different way of learning can lead to success.

communiqué

365 Bloor Street East,
Suite 1004, Box 39,
Toronto, Ontario
M4W 3L4

Tel: (416) 929-4311
Fax: (416) 929-3905

E-mail:

membership@ldao.on.ca

Website:

www.ldao.on.ca

