


1982

A Handbook for Parents of Children with Specific Learning Disabilities in the Moses Lake Schools

Merla Mae Ferguson
Central Washington University

Follow this and additional works at: http://digitalcommons.cwu.edu/graduate_projects

 Part of the [Disability and Equity in Education Commons](#), and the [Educational Methods Commons](#)

Recommended Citation

Ferguson, Merla Mae, "A Handbook for Parents of Children with Specific Learning Disabilities in the Moses Lake Schools" (1982). *All Graduate Projects*. 31.
http://digitalcommons.cwu.edu/graduate_projects/31

This Graduate Project is brought to you for free and open access by the Graduate Student Projects at ScholarWorks@CWU. It has been accepted for inclusion in All Graduate Projects by an authorized administrator of ScholarWorks@CWU. For more information, please contact pingfu@cwu.edu.

EDUCATIONAL TECHNOLOGY CENTER
CENTRAL WASHINGTON UNIVERSITY

A HANDBOOK FOR PARENTS OF CHILDREN WITH
SPECIFIC LEARNING DISABILITIES IN
THE MOSES LAKE SCHOOLS

A Project Report
Presented to
The Graduate Faculty
Central Washington University

In Partial Fulfillment
of the Requirements for the Degree
Master of Education

by
Merla Mae Ferguson

May, 1982

A HANDBOOK FOR PARENTS OF CHILDREN WITH
SPECIFIC LEARNING DISABILITIES IN
THE MOSES LAKE SCHOOLS

by

Merla Mae Ferguson

May, 1982

A handbook was designed to be used by parents of Specific Learning Disability (SLD) children in the Moses Lake School District. Using material from the literature and questions from parents of SLD children as a guide, advice and recommended activities were developed for the handbook. Parents were enthusiastic about the activities and indicated a desire for more information. It was concluded that parents using the handbook could be more effective in helping their SLD child.

Table of Contents

Chapter	Page
1. Introduction	1
Statement of the Problem	1
Purpose	2
Educational Significance	2
Scope and Limitations	2
Definitions	2
Overview	3
2. Review of the Literature	5
Symptoms of Specific Learning Disability	6
Causes of Specific Learning Disability	9
Feelings and Self-Concept	13
Helping the SLD Child	16
3. Procedure	27
4. Handbook	29
5. Summary, Conclusions, and Recommendations	52
6. Bibliography	55

CHAPTER ONE

Introduction

Most parents have aspirations for the success of their children. These aspirations usually manifest themselves when a child does not experience success in school. The parents want to help their child, but often do not know how to proceed. They want to know how they can help their child to develop his abilities to the utmost. Home help improperly given can cause irreparable harm.

The self-image of a child greatly influences his success or failure in school. How the child sees himself may affect how he copes with his learning problem, how he handles stress, how he relates to his peers, and how he adapts to his school situation. Parents have a major role in the personal, social, and emotional aspects of a child's life and often need help in handling their role successfully.

Statement of the Problem

Parents of a child with a specific learning disability need access to a handbook containing advice as to how to help their child academically and how to help their child develop a positive self-image.

Purpose

The purpose of the project was to develop a handbook for parents of a child with a specific learning disability. The handbook contains advice as to how to help their child cope with his problems.

Educational Significance

A child's success in learning has a direct influence on his future. A good beginning in reading is essential to a child's successful future. The ability to achieve such success is directly related to feelings about oneself and one's ability. For a learning disabled child, a positive self-image is a basic requirement for the persistence necessary to overcome and compensate for his learning problems.

Scope and Limitations

This parent handbook was designed for the Moses Lake School District.

The review of the literature was selective and was confined to areas of child development theories and references relating to children with Specific Learning Disabilities.

Definitions

Specific Learning Disability. Specific Learning Disability is a discrepancy between a child's overall intelligence and his ability to learn in the areas of reading and mathematics.

Sensory defects. Sensory defects are deficiencies in the central nervous system's connection with the eyes or ears.

Hyperactivity. Hyperactivity is the inability of a child to sit still long enough to attend to a given task.

Immaturity. Immaturity indicates a rate of development and level of maturity below that which is usually found at a given chronological age.

Affective domain. The affective domain deals with feelings and values and the cognitive domain deals with intellectual development.

Multi-sensory approach. The multi-sensory approach to reading instruction combines simultaneously visual, auditory, and kinesthetic methods.

Kinesthetic disability. A kinesthetic disability is the inability to control and direct muscle movement.

Self-image. Self-image is the way one views oneself to be in personality, character, status, and bodily appearance.

Emotional disability. An emotional disability is a disorder in which emotional reactions are disproportionate to reality situations.

Minimal brain dysfunction. A minimal brain dysfunction is damage to the central nervous system manifesting itself in impaired perception, language ability, memory problems, and hyperactivity. It is sometimes referred to as dyslexia.

Overview

Chapter two includes a review of the literature relative to child development theories and material regarding

the teaching and treatment of children with perceptual handicaps. Chapter three outlines procedures followed in developing this project. Chapter four includes the handbook. Chapter five includes a summary of the project and recommendations concerning use of the handbook.

CHAPTER TWO

Review of the Literature

Parents anticipate the entry of their children into school with pride. They just know that their child is going to do well. Generally, that is the case. However, in some cases, a parent may get a telephone call from the teacher or a letter from the school. Something is wrong. The child is not progressing as he should. He cannot do the work. The school may even discuss the possibility that the child may have a Specific Learning Disability (SLD). Most parents do not understand the problem and become very defensive and anxious about their child's future.

In 1968 the National Advisory Committee to the Bureau of Education for the Handicapped identified children with SLD as being

. . . children who exhibit a disorder in one or more of the basic psychological processes involved in understanding or using speech or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance or environmental deprivation (Banas, 1972:1).

Symptoms of Specific Learning Disability

Symptoms evident in children with SLD are quite varied. It is difficult to identify such children by outward conduct. An attempt is made to identify symptoms in three general areas: language and concept development, perceptual skills, and behavior.

Children with language development problems often exhibit immature language. They may have difficulty processing verbal material. They do not seem to understand what is said to them and may have difficulty finding the proper words to express themselves. They have difficulty understanding abstract concepts such as over, under, behind, and in front of (Osman, 1979).

Children who are experiencing difficulties with perceptual skills do not seem to be able to process correctly information coming in through their senses. Visual perception difficulties may be evidenced by problems with visual memory, problems judging space and direction, reversals, and frowning, squinting, rubbing, and blinking eyes after close work. Faulty visual perception may also be evidenced by a lack of coordination. This is a result of the brain being unable to process and transmit to the body correctly the information that the eyes give the brain (Getz, 1980).

Auditory perception problems may preclude a child from identifying common sounds. The child may be able to process and react to only short units of speech. He may be unable to screen out background noises. He may be unable to hear

speech sounds correctly resulting in mispronunciations (such as pasghetti for spaghetti).

Children who seem to have difficulty following oral directions may "be unable to visualize (get a meaningful mental image) from auditory stimuli" (Banas, 1972:4). Parents often feel that the child is ignoring them. Auditory processing difficulties may cause a child to ask to have things repeated. Such children may have a low vocabulary, talk too loudly, be unable to tell the differences in similar words (pin, pen), or may substitute one word for another. They often do better when "shown how," but they seldom can verbalize what they are doing (Osman, 1979). They have trouble remembering information given to them verbally.

The symptom parents are most aware of is the general behavior of the child. "In just about all . . . patients with learning disabilities and/or behavior problems, there are almost immediate emotional upsets . . . They are effects--not causes" (Rosenthal, 1973:47). The emotional symptoms are not the cause of the learning disability problem; they are the result of the learning disability problem. Behavioral symptoms vary widely but they are noticeable to parents and those who must work with these children. Such a child may be unusually

. . . moody, active, restless, always running, exhausting but never exhausted, stubborn, fearful and lacking in caution and good sense . . . He may tend to tease . . . and to be naive or gullible. He seems generally immature (Osman, 1979:15).

An SLD child generally fears changes and is reluctant to try anything new (Gillet, 1979).

Other behavioral characteristics may include crying easily, being fearful, being a worrier, and being generally unhappy. Some children may daydream to excess, be very shy, be very sensitive to criticism, or have easily hurt feelings. A child may be quarrelsome, easily frustrated, have temper outbursts, and be involved frequently in fighting. As a result of these emotional disabilities, a child may have eating and sleeping problems, various aches and pains, bowel problems, or headaches. An SLD child has no sense of fair play and may also have trouble making and keeping friends (Hilsheimer, 1974:19-22). While these problems are not unique to SLD children, the problems are exhibited to an unusual degree in an SLD child and are often found in conjunction with perceptual and motor control problems.

Rosenthal found in his study of SLD children that

The characteristic sign most often observed is hyperactivity. . . . Other symptoms may include perceptual motor impairments, impulsive behavior, general coordination defects, inability to concentrate, short attention span, and disorders of speech. Many children . . . seem normal or near normal until they enter a classroom. Then, despite average or above average intelligence, they will have difficulty in one or more areas of learning--the most common being difficulty in reading (Cott, 1979:6).

Samuel Orton . . . described emotional and personality disturbances secondary to the social trauma of reading incompetence. These secondary effects included feelings of frustration, inferiority, instability, neuroticism, and rebellious acting out (Rosenthal, 1973:115).

Emotional problems are usually the effect of learning failures. Rawson noted that emotional problems as a result

of learning failures often appeared (the most common being low self-esteem and personal tension) (Rosenthal, 1973). Rosenthal also found that if the parents possessed an awareness of the problem of the SLD child, there would be an improvement in all aspects of self-concept (Thomson and Hartley, 1980).

Specific physical characteristics are not usually identified with SLD children. Some authorities feel that fair complexioned, blue eyed children are more apt to have SLD (Hilsheimer, 1974:18). Allergies have also been linked with some SLD children.

The child with SLD seems unable to organize his body, to understand its size, shape, and use, and to make it respond correctly to messages from the brain (Banas, 1972:5). This handicap may occur in the visual, auditory, or motor control area. Such inability leads to behavioral symptoms designed to compensate for his failures.

Causes of Specific Learning Disability

What causes a learning disability to appear in some children? Ellingson (1967:16) stated that Specific Learning Disabilities are a

. . . genetic neurological dysfunction, uncomplicated by other factors . . . Dyslexia means that a child inherits from his parents, grandparents or a preceding generation certain factors which play a key role in his problem, and these factors lead to a basic malfunction or immaturity of the neural system . . . a rather slow or imperfect neural development. This makes it almost impossible for the child to acquire the skills he needs in certain areas at a level appropriate for his age.

A child with SLD is unable to organize the sensory data being presented to the brain. He is unable to organize sensory data properly because of a minimal brain dysfunction affecting the central nervous system, perhaps in the relay centers at the top of the brain (Buckley, 1981).

There are various opinions as to what causes this brain dysfunction. Clements defined children with minimal brain dysfunction as

. . . children with average or above average intelligence with certain learning or behavioral disabilities . . . These aberrations may arise from genetic variations, bio-chemical irregularities, prenatal brain insults or other illnesses or injuries sustained during the years which are critical for the development and maturation of the Central Nervous System, or from other organic causes yet unknown (Ellingson, 1967:39).

The tendency to SLD characteristics seems to be inherited. Neurologically vulnerable families may, or may not, produce an SLD child. However, if the child is subject to trauma during pregnancy or at birth there is a higher incidence of an SLD child appearing in these families. Common traumas may be premature birth, fetal injury, RH factors, or illnesses with high fevers (Cott, 1979:11).

The brain is divided into two hemispheres which control human thought, action, and reaction. Normally either the left or the right hemisphere will be dominant, or in control. A child is born without a dominant side but usually by the age of two a dominant side develops. When it does not, problems with laterality, directionality, and horizontal spatial relationships occur. An SLD child sometimes seems

to be trying to use both sides of his brain simultaneously (Ellingson, 1967).

It is theorized that the minimal brain dysfunction causes the brain to give inconsistent data. The same word may be interpreted differently each time it is perceived (boy, ydo, yod, ody). Complete reversals may occur. This inconsistency seems to occur when there is no clear cut right or left brain dominance (Griffiths, 1978).

When no hemisphere is dominant the child may also have trouble with language. When a child "draws a blank" when trying to remember something, it may be that neither one of the hemispheres is "minding the store" (Griffiths, 1978:43).

The right hemisphere of the brain is usually associated with spatial relationships, and the left hemisphere of the brain is specialized in linguistic, analytic, abstract, and sequential processing. An SLD child may seem to have "an 'executive control' center in the . . . right hemisphere which dominates the whole brain" (Blau, 1981:70). Therefore, he may experience a deficiency in the linguistic, sequential, and analytical mode of information processing.

Although the cause of SLD seems to be the malfunctioning of one area or another of the brain caused by physical damage, "the presence of such damage is difficult or impossible to prove" (Cott, 1979:11). The health of the mother during pregnancy is very important as traumas occurring during this period, or at birth, can affect the child's learning ability and his behavior.

There has been a growing interest in the role of allergies as a cause of SLD. Hilsheimer (1974:7) stated that the "major factor in the disturbance of learning skills in children is an allergic reaction to ordinary substances and especially to food." Quiros theorized that inner ear disturbances could cause SLD symptoms. He pointed out the close connection between vestibular pathways and the oculomotor nerves which control movement of the eyes. These pathways provide feedback needed for such tasks as writing and reading (Quiros, 1978). If inner ear disturbances are involved in the SLD symptoms, an allergic child would be very susceptible to such problems. "Allergies can . . . affect the nervous system, producing a range of symptoms from convulsions to fatigue and irritability" (Hilsheimer, 1974:7).

At a study at the University of Arkansas in 1975, investigators separated the SLD children into two categories-- the distractible and hyperactive, and the dyslexic. While the symptoms often overlap and the same child may suffer from both, there are different causes for the two categories. The dyslexic child suffers from an injury to the cerebellum areas to which auditory and visual stimuli are projected. The child who is hyperactive may suffer from an injury to the limbic system causing the "fight or flight" response. Thus a child may be hyperactive but not dyslexic, or dyslexic but not hyperactive. The diagnoses would depend on

the area of the brain which had suffered injury (Buckley, 1981).

While no one can pinpoint the exact causes of SLD, there have been many theories proposed. Quiros (1978:102) classified possible causes as

1. congenital disability or a developmental lag in brain maturation mainly in the left hemisphere (the area of linguistic, analytical, abstract and sequential processing)
2. an inherited disability
3. a deficit or disability assuming the existence of some cerebral dysfunction
4. a biochemical disability which produces a minimal brain dysfunction
5. a past pathology disability or neurologically abnormal situation occurring in a previous time but not evidenced until later.

Feelings and Self-Concept

"How does a child with learning disabilities feel about his own problem . . . A youngster knows when he can't read or spell; therefore, he 'knows he's dumb.'" (Osman, 1979:35). One child stated that

The teacher thought I was dumb and not trying: [sic] I began to think I was dumb and sometimes wished I were dead. I couldn't do what everyone else did so easily (Ferguson, 1978:1).

"The more intelligent the child, the more intensely he is liable to feel the frustration of a learning difference" (Osman, 1979:36). An SLD child may feel that he is not important or likable. He may feel that he can not do anything right. He may be afraid to try anything new. Even when he tries very hard, he often does not succeed. He soon gives up (Battle, 1981).

Youngsters who have difficulty learning probably feel much the same was as travelers to a foreign country. You can't read the street signs, you may find the customs strange, and you can't find anything familiar (Osman, 1979:36).

It is important that the parent put himself in the place of the child. The parent should try to feel what the child is feeling and experience the tension that he is subject to in dealing with his problem. "Openness in dealing with what is a family problem is the key" (Osman, 1979:36).

Because of the severity of his problem, it is no wonder that the child sometimes says, "I can't." He has failed so often that he really feels that he can't. "I can't" is really a cry for help. The child wants to try but is afraid of failure. The child needs to know that it is all right for him to make mistakes. The important thing is that he keeps trying. He can be helped if he does not give up. To encourage the child to keep trying, positive feedback will be needed. If he makes a mistake, he should not be told that he is wrong as this is downgrading and may discourage him from trying again. Ask the child if he can think of another way to solve the problem. Help him to achieve success and then liberally praise him for the achievement (Doescher, 1980).

A child who experiences difficulties in processing information is going to have to spend a lot more time on the learning process. He will need to have a positive attitude toward learning. Crow (1972:52) stated that

. . . a strong feeling tone attached to an experience usually influences one's future reactions toward it. One seeks to repeat a pleasant experience and to shun or avoid an unpleasant or annoying situation or condition.

The learning process must be made pleasant if the SLD child is to progress.

Most people exhibit positive attitudes toward things at which they are successful. If a child believes that he can do something, he will be more likely to try and to keep trying. A "self belief" must be instilled in an SLD child. "Children with low (poor) self concepts do not learn to read or do not read as well as children with high (good) self concepts. . . . Self concept is related to achievement in school" (Canfield, 1976:4). A child must have a belief in himself and his own ability to be successful in school.

A child is not born with a self-concept. Self-concept is learned. "Self concept is how you see yourself, and it is formed primarily by interaction with other people" (Griffiths, 1978:34). A child will gradually formulate impressions and attitudes about himself. In order to believe in himself, he must receive positive feedback from those around him.

We are especially vulnerable to the responses we get from our parents (particularly mother) because of the amount of time spent with them and our total dependence on them (Canfield, 1976:2).

The most important factor in the formation of self-concept is the parents, closely followed by the influences of teachers and playmates (Maier, 1978).

The positive development of the ego is a crucial factor in learning. "The ego identity gains real strength only from wholehearted and consistent recognition of real accomplishment" (Havighurst, 1948:235). The danger to the child lies in a "sense of inadequacy and inferiority" (Havighurst, 1948:260).

A child's success in school is directly related to a positive self-concept. Self-concept is, in large part, directly affected by parental reactions to the child. Therefore, the importance of educating the parents about methods of enhancing self-concept cannot be overemphasized.

There is a need to intervene in the SLD child's life before he experiences failure and rejection. "Low self esteem is more prevalent among those given help after experiencing failure than those helped before experiencing any failures" (Rosenthal, 1973:115).

Helping the SLD Child

An SLD child experiences learning problems in intake, storage, organization, and retrieval of information. He may also exhibit behavioral problems such as control of attention and activity level. He may experience anxiety and frustration as a result of his inability to handle school in spite of his intelligence (Banas, 1972:1).

The best method must be found to help each child develop to his full potential. Educational training should not only include development of the cognitive domain, but also a positive development of the affective domain.

To be successful in school the SLD child will need a proper cognitive interpretation of perceptions. He has problems organizing his experiences in life. Faulty perception may have an adverse effect on his development. Both cognitive development and personality development are linked with one's interpretation of experience. Piaget stated that

experience, rather than maturation, defines the essence of cognitive development . . . All attributes of personality depend primarily upon the evolving intellectual capacity of the individual to organize his experience (Maier, 1978:21).

Faulty interpretation of experience may affect both cognitive and personality development. Piaget believed that

Perceptual inputs furnish impressions to the intellect. Impressions must be understood for their impact and adapted in terms of the individual's ongoing organization of comprehension to become operational at all (Maier, 1978:25, 26).

The SLD child must not only interpret his perceptions correctly but be able to organize his perceptions correctly, or he will experience failure.

Erickson believed that the child must be able to master each step of his development before continuing. Each progression of development depends on the success of the previous learning (Maier, 1978). The child must be helped to master each step in order to ensure the successful completion of the next step.

The child must have a positive learning experience. Negative results may make the child wary of continued participation. Erickson stated that "adverse experiences

may retard children's ego development, but if trust has dominated their early experience, they will readily face new situations and overcome any initial mistrust" (Maier, 1978:93). Again, the influence of the parent is paramount in a child's development as initial experiences are through interaction with the parents. By helping the child successfully handle new situations, the parent can help the child confront further new situations with confidence.

"The learning experience itself as well as learning results has emotional accompaniments" (Crow, 1972:173). Parents need to be knowledgeable about the learning experience and possible emotional results in order to positively help their SLD child. They need knowledge in both what to do and how to do it. "The attitudes and feelings of those around him are a prime factor in the success or failure of a specific learning disability child . . . The SLD child's parents . . . hold the key to his success" (Hannah, 1980: 274). Erickson believed that

The degree and type of behavior permitted the child and the way in which control of his behavior is handled will have direct bearing upon the individual's attitudes toward social organization and ideals later in life (Maier, 1978:99).

A child with SLD will need a great deal of attention from all members of his family. He will need structure in his life, and as he may be unable to maintain it, outside structure will be needed. Parents will need to "develop techniques for maintaining structure" (Hannah, 1980:276). Since the SLD child is unable to organize himself and is

often a disruptive influence, parents will need to take the time to give the child the attention that he must have to proceed successfully. This may cause problems in the family as brothers and sisters may resent the increased attention such a child receives. The parents should explain the SLD child's problems to others in the family so they may be able to help in working with him. Rosenthal stated that "Siblings, when of appropriate ages should know of learning disabilities so that they can understand and show compassion for the troubled brothers and sisters" (Rosenthal, 1973:88).

Having a sibling who has more than his share of problems can be an extra burden for a child. Parents' awareness of the feelings of the other children in the family can help to defuse some of the conflict (Osman, 1979:34).

Parents need to understand the problem, acknowledge the problem, and confront their feelings about the problem. If they refuse to accept it, how can they expect the child to accept his problem and learn to cope with it. Denial of the problem will not make it go away. The child needs acceptance and support at home (Hayes, 1975).

The most important aspect of working with an SLD child is to tell him what is right about him. He knows enough "wrong" things.

Parents must . . . tell a child what is right with him. There is always something to praise . . . A child must know that somebody cares about all of him, not just his learning skills, in order for him to develop trust in others and faith in himself (Osman, 1979:40).

An SLD child needs good examples. He may learn more from a good example than from criticism and punishment.

"Punishment can actually serve to reinforce undesirable behavior" (Osman, 1979:43). Acceptable behavior and effort should be rewarded with recognition and praise (Bradford, 1971).

Because an SLD child often experiences behavior problems, parents must learn to recognize signs of an impending blowup, such as fidgeting, teasing, impatience, and crying (Miller, 1973:53). Parents should then step in and change the situation. Some experience in frustration is unavoidable, but it should not be allowed to get to the "blowup" stage. Erickson stated that the "child must incorporate the experience of frustration as a reality of his life and view it as a natural part of life events, rather than a total threat to his life" (Maier, 1978:97). Parents must develop the ability to discern when frustration is becoming a threat and intervene.

When giving instructions to the child, parents must be precise and clear. A parent should check on the child's progress each step of the way. Correct errors as they occur. If correction is left until the work is done, the child may become confused and unable to retrace his steps to the original error (Townes, 1979).

An SLD child needs consistent discipline. Anticipation and prevention of problems can prevent excessive punishment. Bradford (1971) stated that parents should never reward negative behavior. Negative behavior should be ignored. If correction is necessary, parents should be specific as

to exactly what was done incorrectly (Townes, 1979). The exact problem should be explained to the child so that he knows what he is being criticized for. Constant verbal nagging should be avoided. The child should be told exactly what behavior is expected of him (Osman, 1979). It may help to work on only a few rules at a time, beginning with the rules that are of most importance. Good behavior should be rewarded. The child may be doing his best and parents should show that they have confidence in him. If his parents believe in him, he will soon begin to believe in himself (Kronick, 1969).

An SLD child needs an area in which to excel in order to feel good about himself (Rosenthal, 1973). Help him to become competent in some area. This helps others to see him as someone who is successful. It gives him status in a positive way (Miller, 1973). The child should be put in the position that he has something that others want and then others will be attracted to him. The child should be given a chance to experiment in many areas of expression to find the area in which he may be successful. Success at something is important (Rosenthal, 1973).

To reduce his anxiety over an unknown situation, parents need to go over the situation in advance so he is thoroughly familiar with the situation. Verbal explanation is not enough. It should be acted out (Banas, 1972).

As a child grows and develops physically he acquires certain skills that will help him to learn new skills. He

learns balance and this helps him run, skip, jump, ride a bike, and walk a plank. Erickson called these skills tasks. He defined a developmental task as

. . . a task which arises at or about a certain period in the life of an individual, successful achievement of which leads to his happiness and success with later tasks, while failure leads to unhappiness in the individual, disapproval by society, and difficulty with later tasks (Havighurst, 1948:2).

Certain tasks must be successfully accomplished in life to make possible the successful completion of later tasks.

To help an SLD child be successful in his physical development, parents must be knowledgeably involved. If the child does not successfully master each task, his future development may be in jeopardy and his self-confidence shaken. An SLD child may have to accomplish this task in a different manner, but he must be made aware that his way is all right just as long as it is successful (Gillet, 1979). Parents may need to guide their child in ways to adjust to his handicap.

In order to learn, a child must be able to manipulate and use concrete aids (Piaget, 1970). He must have concrete objects to classify, order, and group, so that he is aware of the relationships of each to the other. Classification proceeds on the basis of similarities and differences. Work should be presented that will help him to generalize and deduce from experimentation. Piaget (1970:32) stated that

We are watching the formation of mental operations: linking and disassociation of classes, the sources of classification, the linking of relations . . .

They are applied solely to objects, not to hypothesis set out verbally.

Beginning tasks should include working with concrete objects.

The processes of intelligence are above all matters of action and that a development of sensorimotor functions . . . constitute a sort of propaedeutic that is indispensable to intellectual training itself (Piaget, 1970:98).

A child must "comprehend phenomena . . . on the level of practical intelligence . . . by assimilating them to its motor activity" (Piaget, 1970:158). Work designed for a child with SLD should be concrete work, using motor activity, and giving experiences in classification, ordering, and grouping.

If possible assignments must not be construed as work.

Piaget (1970:155) stated that

Play is such a powerful lever in the learning process of . . . young children, . . . that whenever anyone can succeed in transforming their first steps in reading, or arithmetic, or spelling into a game, you will see children become passionately absorbed in those occupations which are ordinarily presented as dreary chores.

Efforts should be made to help the child be successful.

Erickson stated that children

. . . sense that if they prove their skills within the areas of their greatest competence, their successful future will be assured. Thus, failures have to be warded off at almost any price (Maier, 1978:107).

To foster success, work should be at an appropriate level of difficulty and proceed one step at a time. If the child is having difficulty he should be allowed to go back to a lower level of difficulty. If he fails, he may simply quit trying to avoid "failure at any cost."

Parents should not compare their child with other children. The parent's job "is not so much to compare your child with the average as to compare him with himself" (Illg, 1955:9). He must have the knowledge and assurance that he is progressing one step at a time.

A favorable environment should be provided for the child. "A favorable environment . . . can, it appears, permit each individual to develop his most positive assets for living. An unfavorable environment may inhibit and depress his natural potential" (Illg, 1955:64). If an SLD child is to develop to his full potential, a proper environment should be provided. The dictionary defined environment as the surroundings or external conditions and influences affecting life and development (Webster, 1971). A child spends most of his developing years with his parents. "Every moment of a child's life that he spends in contact with his parents has some effect on both his present behavior and his potentialities for future action" (Maier, 1978:141). The importance of the quality of parent contact cannot be overemphasized.

An SLD child also seems to experience social problems. He seems to have difficulty acquiring the skill of living with others (Kronick, 1969). He often seems to remain immature longer and to have difficulty deciding what is important to heed. He may be impulsive and lack judgement. He may not like competition because he seldom wins (Osman, 1979). Because he has trouble learning and remembering game rules,

parents should play games with him. The child can then master the rules and directions, learn to share, learn to take turns, and learn to lose without throwing a tantrum (Osman, 1979).

The SLD child should not be pushed into social situations for which he is not ready. Help can be given in anticipation of problems by role playing. Parents should try to prepare him for unexpected situations in a social setting. He needs help in learning to read people's reactions by their facial expression or body language (Minskoff, 1982).

When the child comes to his parents with a problem, parents should take time to listen. The child should be given a fair hearing. It should not be assumed by the parents that the child is imagining the problem or that it is all his fault. Parents should acknowledge the child's pain and help him to deal with what really happened in the situation (Osman, 1979).

Parents should let their child know that no matter what, they will understand and accept him. "Home must be a bulwark of strength when a child is feeling weak" (Osman, 1979:73).

Banas (1972:82) stated that

If the home tolerates his problem well and works with his strengths, he will achieve. If the home finds his problems irritating and constantly tries to change him, his self image and self confidence will suffer and he will be less willing to try as he might fail and invite criticism.

To summarize the literature, symptoms of SLD are varied but usually appear as deficits in the areas of

language and concept development, perceptual skills, and behavioral manifestations. The cause seems to be a neurological dysfunction which is the result of an injury or trauma during pregnancy or in the first few years of life. How an SLD child feels about himself and his abilities has a direct influence on his success in learning. Parents have the greatest influence on the child's self-image. Parents should help their child in a positive manner using activities involving concrete manipulation and motor activity.

CHAPTER THREE

Procedure

A selective review of the literature pertaining to child development theories and learning disabilities was conducted. This study was limited to the literature pertaining to children with a specific language disability.

Material that pertained to how parents could assist their SLD child was selected and adapted for the handbook. The handbook was designed with activities for parents to use with their children in the home. The handbook was specifically designed for use by parents of SLD children in the Moses Lake School District.

The first half of the handbook contains material in question and answer form. These questions were based on the literature and on parental questions presented to the writer as a teacher of SLD children. The questions cover topics concerning the Moses Lake School District program for the SLD child, symptoms of the SLD child, causes of SLD, behavior of the SLD child, discipline of the SLD child, social problems of the SLD child, emotional problems of the SLD child, and how to help the SLD child in the home.

Specific activities were written to develop skills in the areas of visual SLD, auditory SLD, kinesthetic SLD, and in the area of improving self-concept in the SLD child.

In the visual section activities were selected for classifying and ordering objects visually. Some activities were selected to help develop visual memory.

In the auditory section activities were developed to provide practice in the areas of auditory reception (gaining meaning from auditory symbols), auditory association (the ability to evaluate and transfer concepts presented orally), and auditory memory.

Activities in the kinesthetic area were developed to enhance ability in small and large muscle movement and activities to develop coordination.

In the self-concept area activities were designed to help the child accept himself as he is with positive feelings about himself. The activities were designed to promote self-knowledge and awareness of his own abilities, interests, limitations, and emotions.

Activity lists in each area were made available to the parents of SLD children. Subsequent conferences were held to obtain parental input as to the clearness of the directions and the usability of the activities in the home. Parental reaction was also solicited as to how to improve on the instructions and materials to be used in the activities.

HANDBOOK FOR PARENTS OF
SLD CHILDREN



by Merla Ferguson

A project developed for partial fulfillment of a Master of Education degree at Central Washington University.

CHAPTER FOUR

Handbook

Sick

"I cannot go to school today,"
Said little Peggy Ann McKay.
"I have the measles and the mumps,
A gash, a rash, and purple bumps,
My mouth is wet, my throat is dry,
I'm going blind in my right eye.
My tonsils are as big as rocks.
I've counted sixteen chicken pox,
And there's one more--that's seventeen,
And don't you think my face looks green?
My leg is cut, my eyes are blue--
It might be instamatic flu.
I cough and sneeze and gasp and choke,
I'm sure that my left leg is broke.
My hip hurts when I move my chin,
My belly buttons caving in,
My back is wrenched, my ankle's sprained,
My 'pendix pains each time it rains.
My nose is cold, my toes are numb,
I have a sliver in my thumb.
My neck is stiff, my spine is weak,
I hardly whisper when I speak.
My tongue is filling up my mouth,
I think my hair is falling out.
My elbow's bent, my spine ain't straight,
My temperature is one-0-eight.
My brain is shrunk, I cannot hear,
There is a hole inside my ear.
I have a hangnail, and my heart is--what?
What's that? What's that you say?
You say today is . . . Saturday?
G'bye, I'm going out to play."

(From Where the Sidewalk Ends by Silverstein,
1974, Harper & Row)

Permission requested.

The poem on the preceding page is a good example of how many SLD children feel about going to school. Providing special instruction for SLD children helps prevent the fear of school.

Your child has been placed in a Specific Learning Disability (SLD) classroom. This room is designed for children with average or above average intelligence who show a weakness in any of three areas--visual perception, auditory perception, or kinesthetic (muscle control) area. All children in SLD classrooms follow the regular school curriculum for each grade level but the material is presented in a little different manner. Phonetic instruction will be used to introduce reading. While progress may be a little slower to begin with, once children can sound out the words, they will proceed more quickly.

As parents you will have many questions. We have tried to answer some of your questions in this handbook. Please feel free to contact your child's teacher if we have not answered your questions.

-
1. How can you tell that my child belongs in an SLD classroom?

All kindergarten students in the Moses Lake School District are given a screening test. This test spots children who may have a learning problem.

2. What is my child's learning problem?

The screening test will give an area of weakness. Your child's teacher will be able to identify these areas for you.

3. Why does my child have to be in a special room?

SLD children need to learn at a slower pace and in a different manner. Special rooms give the teachers the time to work with the children using methods designed for SLD children. By early intervention and treatment your child will have a better chance to succeed than if he had been placed in a regular classroom.

4. What do you mean by a weakness in visual, auditory, or kinesthetic? Let's discuss the areas one at a time.

Auditory

A weakness in the auditory area does not mean that your child has a hearing problem. He may just have trouble understanding what he hears or remembering what he hears. A child who has difficulty understanding what he hears may seem to be ignoring us. He may forget things we have just told him. He may mispronounce words such as spaghetti (pasghetti) or substitute one word for another (bread for bed). He may not seem to understand what he is being told. He may have trouble understanding such ideas as over, under

behind, or in front of. The problem is not with the ears--the problem lies in the way his brain processes what he hear.

Visual

Visual perception weaknesses usually do not show up until the child enters school. There is probably nothing wrong with his eyes. The problem is in how the brain interprets what the eye sees. If you see a chair in the room, you think that everyone else sees the chair the same way that you do. It really does not make any difference if you see the chair backwards or forwards. However, it makes a great deal of difference whether you see a b or a d, saw or was. If your child has a visual perception weakness he may have trouble remembering what he sees correctly. He may lack coordination as the eye sends messages to the brain, and the brain sends the message on to the muscles. If the message sent to the muscles is incorrect, the muscles will react incorrectly. Other signs of a visual perception weakness may be difficulty in writing or drawing, working too close to the paper, and squinting or rubbing of the eyes.

Kinesthetic

Kinesthetic problems relate to the way the body uses its muscles. These problems are more easily seen because the child has difficulty running, skipping, writing, and coloring. The child is generally clumsy in the motor skills area.

5. How did my child get to be SLD?

We don't know the exact causes of a Specific Learning Disability but we have some very good ideas as to the causes. Some children seem to be slower in developing the area of the brain used in language and abstract reasoning. These children are the ones who seem to "outgrow" being SLD. Their brain finally reaches the right stage of development. Other children may have experienced a minimal injury to the brain. This injury causes the brain to misinterpret the messages it receives from the senses. Such an injury may be caused by a problem during pregnancy or at birth. Certain families seem to inherit a weakness for such conditions and these families show a higher number of SLD children in the family. Some children's SLD problems are caused by an allergic reaction to certain things such as sugar and food dye.

6. Do SLD children have behavior problems?

Most SLD children do show some signs of behavior problems. These problems are not the cause of being SLD but are the result of their reaction to being SLD. It is very frustrating when your body does not seem to do what you tell it to do, when you try so hard to accomplish things that others do so easily. After constant failure, we too might show some signs of behavior problems.

7. What kind of behavior problems do SLD children have?

There is a wide range of behavior problems associated with SLD children because each one of us reacts differently when we are under stress. Some children may seem impulsive, unable to concentrate, fearful of new situations, or unable to sit still. They may be more naive and gullible, quarrelsome, or become worriers. They may become easily frustrated and refuse to try. They may sometimes act as if they didn't have good sense. They get their feelings hurt easily and may develop eating or sleeping problems. They may complain of various aches and pains. They are just trying to overcome a problem they don't understand and can't cope with.

8. How can I handle my child when he "blows up"?

He will need help in organizing himself so that he will not become frustrated and will still

accomplish everything he needs to accomplish. He will need constant, consistent discipline and attention. Try to recognize signs of frustration and step in and prevent such a "blowup." A change of activity may help get rid of the tension. Follow through and make sure that he is doing as instructed. He may have forgotten what he was to do. Don't assume that he understands your directions. Make sure that he knows what he is to do. It may be easier to work on a few rules at a time--the ones that are the most important. Be sure to reward good behavior with positive comments.

9. My child is hard to discipline. What can I do with him?

Definite guidelines must be set for an SLD child. Certain rules are decided on--the child is made aware of the rules--no exceptions are made. The child must know what is expected of him and what will happen if he doesn't abide by the rules. An SLD child doesn't handle well the idea that today Mom is in a good mood and will let him get away with something. He cannot read moods as well as other children and will not know if he has to mind or not. He needs structure in his life and will feel more secure if he has definite rules to abide by. If your child misbehaves, tell him exactly what he has done wrong. Tell him that he knows what happens when he does things that he is

not supposed to do. Don't nag at him but calmly follow through on his punishment.

10. Can't I let him have his way sometimes? It is easier than arguing with him.

If you do not discipline your child at home, he will have a difficult time when he is away from home. He will want his own way and become very frustrated when he doesn't get it. This will cause others to avoid him. If you want him to get along when away from home you will have to teach him how to get along with people at home.

11. I get so mad at him sometimes. What should I do?

Everyone has to deal with frustration in their own way. Whatever you do, don't take it out on your child. Don't appear to withdraw your love from your child because of his undesirable behavior. Love should not be a reward but a constant thing in his life regardless of his behavior. Maybe you can arrange some time away from him occasionally. As he improves in learning to cope with his problems, he will behave in a more acceptable way.

12. What kind of punishment can I give my SLD child?

A long punishment, such as losing TV privileges for a month, will soon lose its effectiveness. He will not remember what the punishment was for. Know your child and what he

likes to do. Warn him that if the unacceptable behavior continues he will lose the privilege of (whatever he likes to do best). This warning will be effective if the child knows his parents mean what they say.

13. How can I keep my other children from resenting the attention the SLD child receives?

Explain to them his problem and how we, as a family, should help the SLD child learn to cope. Set aside some time each week for each of your children. That is their private time when they get your undivided interest. If they know that they are important to you too, they may more easily adjust to the amount of attention the SLD child requires.

14. How can I help my child get organized?

Use a bulletin board to leave messages and post schedules. Have a sign out board for him to note where he is going and for how long. Put name tags on his coats and sweaters. If he leaves them somewhere others will be able to return them. Have a place designated to put his things that must be taken to school or where he puts things that he brings home from school. A little effort in the beginning will insure that he is not frantically running all over the house looking for something at the last minute. Use open shelves

in his room to organize his books and toys. Try to teach him to put everything on the shelves and it will be there when he wants it.

15. What do I do when he says, "I can't do it"?

He does not have a lot of confidence in his own ability and needs constant reassurance and help. Try to put yourself in his place--to try so hard and still have problems. "I can't" is really a cry for help. He would rather not try because he is so afraid of failure. He needs to know that it is all right to make mistakes--that we all learn from our mistakes. The most important thing is to keep trying.

16. My child doesn't get along well with the other children. How can I help him?

A child with SLD sometimes has trouble relating to his friends. If he comes home with a problem, take time to listen to him. Don't tell him that he is imagining things, because to him it is a real problem. Talk it over with him and help him decide how he could have handled it differently and what he will do the next time it happens.

Teach your child games at home. Games such as checkers, chess, or monopoly help the child learn how to follow rules, how to follow directions, how to share, how to take turns, and how to lose without throwing a tantrum. All these

qualities will help him get along better with others.

An SLD child needs an area to excel in so that he may feel good about himself. Expose your child to many areas such as sports, music, and art. When he finds an area that he is interested in, encourage and work with him. He needs positive feedback in some area other than school. If your child is good at something, other children will want to be around him. (It will take many more hours of practice for an SLD child to excel in an area. Don't let the child give up--be persistent.) It will be worth the time you spend when he can succeed on his own and feel that he is good or even outstanding at some other area than school. If your child finds acceptance and help at home, he will be more successful in dealing with any problems outside the home.

17. Why should I help my child with schoolwork at home? Doesn't he get enough help at school?

A child needs help before he becomes frustrated and experiences failure. The earlier he receives help with his learning process, the more successful he will become. If a child is receiving help both at home and at school, he will be less likely to experience frustration and failure and will progress much more rapidly.

18. Is there a special way to work with my child? Is there something I should be doing in a certain way?

When working with your child, use a great deal of praise. Build him up. Tell him all the good things that he is doing. He needs to know what he is doing right. If he makes a mistake, show him how to do it correctly. Avoid remarks such as "that's wrong." Ask him if he can think of an easier way to do the problem or ask him to do the problem again while you are watching him. He may discover the mistake himself or you may have to intervene and show him the correct way. If his learning can be made a successful experience, he will want to continue. Everyone likes to repeat things at which they are successful.

19. How long should he work at a time?

Fifteen to twenty minutes a day is enough time if your child is going to school all day.

20. How can I help him like the lessons?

Make the activities more like a game. If he thinks of it as play, he will want to continue. Involve other members of the family in the game.

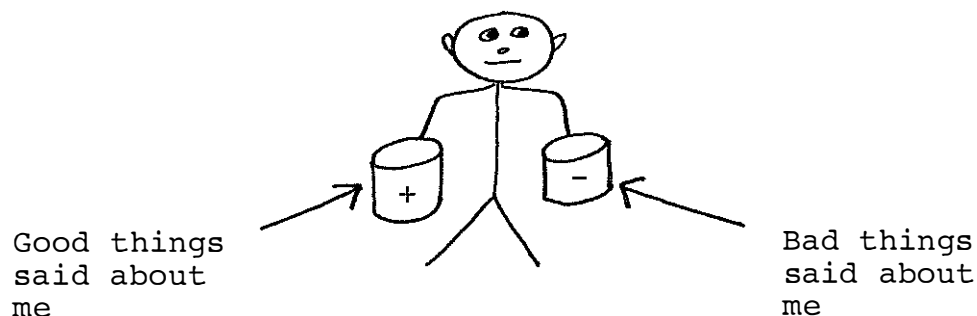
21. My child thinks he's dumb. How do I deal with this problem?

A child with SLD often has a poor self-image because he cannot easily do what is expected of him. One of the reasons SLD classrooms are

provided is so that he may learn to handle his problem and make progress in learning to read.

High self-esteem is directly related to school success so all efforts should be made to help your child develop a positive feeling about himself. If he thinks he can do it, he will try and succeed. If he does not think he can do it, he may give up without trying.

Every time your child is successful in even the smallest thing, praise him. Look for ways to praise him. Tell him he is the handsomest red head in school, or the best pizza eater you ever saw, etc. Make posters and put up in his room saying, "David is great" or "David can do it." Involve the whole family in boosting his self-confidence. Reactions of brothers and sisters are important so explain his problem to them so that they will understand the need for the special treatment he is receiving.



We all need more things in our good bucket. How is your child's life balanced?

22. How can my child's self-image change his life?

How he sees himself may affect how he gets along with other children, how hard he tries in school, or even how well he gets along in the school situation. If he sees himself as a failure, he will act as a failure and not expect any more out of himself. He will not expect others to like him and he will not expect to be able to do anything right. He must first think he can succeed and think he is able to handle any situation. Then he will try and succeed.

23. How can I do anything about his self-concept--wasn't he born with it?

Self-concept is learned primarily by our interaction with other people. A child gradually forms ideas about himself and his abilities from the feedback he gets from those around him. It is not easy to change self-concept but it can be done. If a child receives constant positive feedback, he can learn that he is a worthwhile person who is able to learn. The secret is to constantly bombard him with all the good things that he does.

24. What is the most important thing I can do to help my child?

The most important thing you can do for your child is to give him a belief in himself.

Self-confidence can overcome many obstacles and may even sometimes seem to work miracles. If he believes he can, he will keep trying and stand a better chance of succeeding. Success or failure can sometimes be a matter of what is in our minds!

Following are suggested activities to be used in the home to enhance your child's ability in the areas of visual perception, auditory perception, motor control, and self-concept.

Visual

1. Sort and match objects by shape or color. Place many objects such as buttons, nails, clothespins, or blocks in a bag. Your child may sort them by color and then by like objects.
2. Work with puzzles - begin with puzzles with larger pieces.
3. Sort the laundry matching like objects such as socks or towels.
4. Roll a ball in front of your child and have him try to follow the ball with his eyes and not with his whole head.
5. Draw pictures with his body. Using his nose or an arm or leg, have him make letters or shapes that you dictate.
6. Color only the circles on a coloring page.
7. Describe the motion a child makes for letters that he confuses. For example if he confuses b and d, tell him b is down and around and d is around, up, and down. Have him hold up his left hand and the thumb becomes the bottom of the b. The right hand can make the d.
8. Trace every b on a given page with red and every d with blue.
9. Place pictures into categories. Find pictures of food, dogs, clothing and paste them under their headings on a paper.
10. Go on a scavenger hunt. Include categories such as leaves, rocks, twigs, weeds, flowers. Have them bring back objects for each category. If they can't read yet, just draw a picture of each category for his list.
11. Learn to use the calendar or the telephone book.

12. Cut apart comic strips and have the child try to put them back in the proper order.
13. Look at a picture and draw conclusions from it (such as where do the people live? Is it cold or hot there? Do they have a car? Do they have stores or money?).
14. Play concentration to develop visual memory.
15. Draw the furniture arrangement of their bedroom from memory.
16. Use sewing cards.
17. Play pantomime with them and have them show how to sweep a floor, wash dishes, hammer nails, etc.
18. Memorize telephone numbers and then if you need to call Grandma, ask him for the number.
19. Ask him to watch for certain road signs when traveling by car.
20. Ask him to shut his eyes and tell you what he is wearing.
21. Ask him to help you make cookies. Ask him to make shapes such as a circle, triangle, or diamond.
22. Arrange a few objects on the table. Let the child look at them and then ask him to shut his eyes and see how many he remembers. As he gets better you can gradually increase the number of objects.
23. Following a plan is good for visual development. Encourage him to play with Lincoln Logs, Tinkertoys, and pegboards.
24. Make a chart of shapes (circle, square, triangle, rectangle) and ask the child to find pictures of objects that are that shape and paste them in the correct area.

Auditory

1. Make up sentences substituting a silly word for one of the words of the sentence. Ask the child to pick out the word that doesn't belong.
2. Ask the child to find pictures beginning with the sound of the letter you are working on. Ask him to orally check to see if the sound is the same before placing the picture below the letter.

3. Give him oral directions. To begin with give him one oral direction and see if he does it correctly. If he can do one direction correctly ask him to do two things. As he correctly masters increased directions you may add to the directions. For example: (1) Get your coat. (2) Get your coat and your mittens. (3) Get your coat and your mittens and put them on. (4) Get your coat and your mittens and put them on and run around the house. (5) Get your coat and your mittens and put them on and run around the house and come back in and give me a kiss.
4. Play scavenger hunt using oral directions. He must remember what he is to look for. Begin with one or two objects and gradually increase the number.
5. Play store. You are the customer and he is the storeman. Order groceries over the telephone and he must repeat your order back to you. Begin with a few items and gradually increase the list.
6. Ask him to close his eyes and tell you everything he can hear (cars, dogs, TV, other kids, etc.).
7. Play name that tune. Take turns being contestant and master of ceremonies. Play just the first part of a song and see if he can identify it. If he can't, play some more of the song or record until he has heard enough to identify it. You might try this with commercial jingles as children seem to remember them quite easily.
8. Play number please. The first person says one number, the next person repeats the first number and adds one, the third person must say the first two numbers and add a number to them.
9. Play musical chairs with the family. Place chairs in a circle for the family but make sure that you are one chair short. When the music stops everyone must try to sit down. Someone will be without a chair!
10. Play rhyming games. Say cat and everyone must say a word that rhymes with cat. Then try a different word to rhyme with.
11. Ask the child to close his eyes and say things in various ways such as happy, sad, mad, excited. Then you do the same and have him tell you if you were happy, sad, mad, or excited.
12. Ask him to draw a picture from your oral directions. For example, ask him to draw a circle, draw a hat on top of it, put one eye in the circle, put four black teeth in the circle, put two noses in the circle, etc.

13. Give the child a bell. From a list read items and every time he hears something that he can buy at a grocery store, have him ring the bell.
14. Make a list of real and unreal things and as you read the list ask him to respond with real or unreal to each statement. For example, horses fly, dogs bark, cats quack, chairs talk.
15. Play opposites. For everything you name the child must try to name the opposite.
16. Ask the child to do the opposite of what you say (sample instructions--stand up, open eyes, shut mouth, yell loudly, etc.).
17. Ask the child to imagine he is somewhere else and ask him to describe to you the place he is imagining. You must try and guess where he is imagining that he is.
18. Ask the child to say something that goes with what you are going to say. For example, if you say bacon he must say eggs, if you say boy he must say girl, if you say salt he must say pepper.
19. Give the child a color page. Ask him to color it according to your oral instructions. For example, say, "If I am your mom color the ball blue. If elephants are bigger than cats, color the trees green, etc."
20. Make statements and ask your child to tell you why that happened. For example, Mary fell down because John jumped into the water because The bacon burned because
21. Ask him to answer such questions as, "What do you need to brush your teeth? What do you wear to play in the snow? What can you sleep on? What can you sleep in? What can you ride on?"
22. Ask the child to touch different objects and have him tell you what they feel like.
23. Ask him to add to your sentence. For example, "I am going to MacDonalds and get a hamburger." The child must repeat the entire sentence and then add something that he is going to get. The length of the sentence may be increased as he improves in the use of his auditory memory.
24. Ask him to pretend that he is a parrot and repeat everything you say even if it doesn't make sense.

25. Beat or clap a rhythm and ask the child to echo the rhythm.
26. Ask him to memorize songs, days of the week, months of the year, or the alphabet.
27. Read a short story to your child and then ask him to re-tell it in his own words. He must get the events in the proper order.
28. Ask him to finish your sentences correctly. For example, "My car has four I rock in a I have two"

Kinesthetic

1. Blindfold the child and ask him to identify things by their feel or smell (velvet, sandpaper, oranges, pickles, etc.).
2. Collect objects that can be identified by touch. Take him on an outing and look for such objects (rocks, grass, marbles, etc.).
3. Discuss with him how different things feel. Discuss such different things as jello or soap.
4. Give your child different foods to handle and taste. Ask him how they feel and taste (bitter, sour, salty, sweet).
5. Place objects of different shapes (circle, triangle, square, rectangle) in a bag and ask him to find certain shapes by touch only.
6. Play follow the leader using various moves such as hopping, skipping, crawling, running, bending, and walking.
7. Play Simon says.
8. Make a maze of boxes in the yard and ask the child to walk through the maze, then run through the maze.
9. Using a board as a plank, ask your child to walk the plank without falling off. Place the board near to the ground!
10. Ask him to make bridges with his body arched.
11. Bounce a large balloon. Count how many times he can hit it before it touches the ground.

12. Practice opening jar lids.
13. Apply snap clothes pins to the edges of boxes.
14. Bounce balls. When he can stand still and bounce the ball, ask him to bounce the ball as he walks.
15. Play hopscotch.
16. Jump rope.
17. Practice using tools such as hammer, nails, or scissors.
18. Crochet, knit, or use painting kits.
19. Avoid competitive situations but encourage individual efforts such as riding a bike, swimming, or ice skating. If your child wishes to participate in sports and is having difficulty, concentrate on one aspect of the game in practicing with him. For example, in baseball practice many hours in just learning how to bat or in learning how to catch the ball. He can only focus on one skill at a time. In football let him practice kicking by the hour. He will be practicing alone and may not have to face competition until he becomes good at this one aspect of the game.

Self-Concept

1. Spread a paper on the floor. Ask him to lie down on the paper. Trace around him and then let him color in the figure. He may have to look in the mirror to see what he looks like.
2. Ask him to describe himself to you. What is he best at? What does he like the most? Who is his best friend? What are his favorite television shows? What makes him sad? happy? sleepy? angry?
3. Put his voice on a tape recorder and ask him to tell something he did that day that he was proud of.
4. Make a collage using pictures of things that he likes.
5. Ask him to draw a face showing how he is feeling when he comes home from school.
6. Use puppets to help him express his feelings--both positive and negative. Then it will not be him that is not able to cope but the puppet. Some children cannot express their fears but will say things through a puppet.

7. Start a scrapbook for your child. Put in the book pictures of your child, things that he makes, etc. Keep the book up-to-date and continually add to it.
8. Start a "feeling" book. List a different feeling on each page and ask him to paste pictures of things that make him feel that way on each page.
9. Draw a family tree showing where he is listed in the family.
10. List all the ways he helps people. You couldn't get along without him!
11. Make a "Why Mom is proud of me" list.
12. Discuss things your child would like to be able to do.
13. Play I wish. He wishes and then you take a turn.
14. Ask the child to look at himself in the mirror and brag about five things (no negative bragging allowed).
15. Ask him to tell you five things that he is proud that he did.
16. Give an award to your child. He must be the best at something. Give him an award for being the best pine cone picker upper in the family. Make a big thing out of it with an award form and ceremony.
17. Use slogans around the home to encourage the ego. Make signs that say, "David is great!" or "David can do it!" or "Mary is cute."
18. Make a commercial about how great your child is. Ask him to help you make the commercial to sell him.
19. Play If I were. If I were a bird I would
If I were an airplane I would
20. Play no one else is like me because. No one else is like me because I am the only boy in the family. No one else is like me because I am the only red head in the family. He may need help in deciding these things.
21. Write letters as a family stating why you like this child. Be sure to get the cooperation of the other family members.
22. List adjectives that describe him (no negative words allowed).

23. Ask him to finish this sentence: If I were ruler of the world I would
24. "Make a "Why I like my family" list.
25. Find out the meaning of his name and have him draw a picture of the meaning.
26. Help him make his own personal flag. On the flag draw whatever he is most interested in (cars, dogs, horses, dolls, etc.).
27. Ask him what he as a person can do that animals cannot.
28. Make a "How I can help others" list.
29. List ten reasons why kids are important.
30. Enclose a love note in his lunch box.

CHAPTER FIVE

Summary, Conclusions, and Recommendations

The purpose of this project was to design a handbook to be used by parents of SLD children in the Moses Lake School District. Using material from the literature and questions presented by parents of SLD children as a guide, advice and recommended activities were developed into a handbook. Samples from the handbook were made available to the parents. Subsequent conferences were held to obtain parental input as to the clearness of the directions and the usability of the activities in the home. Most parents were enthusiastic about the activities and indicated a desire to have more material and information made available to them. It was concluded that parents who use the handbook were more effective in helping their SLD child in the learning experience than parents who did not use the handbook.

Teachers of SLD children spend many hours counseling parents on behavior problems, discipline, and learning problems. If parents of an SLD child had access to a handbook such as the one developed for this project some of the teacher time spent in conferencing and counseling would be eliminated. Such a handbook needs to contain methods by which the parent can build up the child self-concept, because even with the best of teaching methods

the SLD child may fail if he does not believe in himself. The handbook, when used by the parents, should improve the skills and self-image of the SLD child which should help him achieve greater success in his learning experience.

Parents and teachers of the SLD child should cooperate in designing a learning program for the child. If such cooperation exists the child will progress more rapidly and ultimately be more successful in the learning process.

At the beginning of each year the director of the SLD program should conduct a meeting with the parents of prospective SLD students. Discussion at the meeting should center around the SLD program in the Moses Lake Schools. Copies of the handbook should be given to each parent. The director should go over the handbook with the parents and answer any questions they have. As parents work with the handbook in the home they should direct any further questions to their child's teacher. If the teacher thinks that the child needs extra work in a certain area, she should contact the parent and recommend certain activities in the handbook for home practice.

To be of value the handbook must be in use. Every effort should be made to encourage and counsel parents in the use of the handbook. If the parents see results from the use of the handbook, they will be encouraged in its further use. To give up on the SLD child is to condemn him to failure. The school district or a parent group should initiate regular meeting times for parents and

teachers of SLD children. This may take the form of a class or monthly meeting. Discussion should be focused on their mutual problems and the methods they are using. This group should be encouraged to periodically update and re-write the handbook so that it remains relevant and useful.

The problem most parents of SLD children face is understanding what has happened to their child. Literature concerning the subject has most often been limited to educational or medical journals or texts. Since most parents do not have access to such material the information is unavailable to them. By summarizing the information and presenting it to parents in an easy to read handbook, it is hoped that parents will better understand their SLD child and his special needs.

Anyone undertaking a project such as this for their school district will encounter these problems. There is a lack of available material in libraries. The researcher must purchase most of the material from publishing companies specializing in material on learning disabilities. The material is scattered throughout texts dealing with special education and in medical journals and texts. The handbook should be written in language easily understood by a person without either educational or medical background. The material from the texts must be translated into an easily understood handbook.

Bibliography

Bibliography

- Adoline, Anthony C. The Effect of Affect. San Rafael, California: Academic Therapy Publications, 1977.
- Asimov, Isaac. The Human Brain. New York: New American Library, 1963.
- Banas, Norma, and J. H. Wells. Success Begins with Understanding. San Rafael, California: Academic Therapy Publications, 1972.
- Battle, James. "Enhancing Self Esteem." Academic Therapy, 16 (May, 1981), 541-50.
- Behrmann, Polly, and Joan Millman. How Many Spoons Make a Family. San Rafael, California: Academic Therapy Publications, 1971.
- Blau, Harold, and Richard Sinatra. "Word Learning, Using the Right Brain." Academic Therapy, 17 (September, 1981), 69-74.
- Bradford, Robert H. Behavior Modifications of Learning Disabilities. San Rafael, California: Academic Therapy Publications, 1971.
- Branden, Nathaniel. The Psychology of Self Esteem. New York: Nash Publishing, 1971.
- Buckley, Robert E. "The Biobasis for Distraction and Dyslexia." Academic Therapy, 16 (January, 1981), 289-300.
- Canfield, Jack, and Harold C. Wells. 100 Ways to Enhance Self Concept in the Classroom. Englewood Cliffs, New Jersey: Prentice Hall, 1976.
- Cott, Allan. The Orthomolecular Approach to Learning Disabilities. San Rafael, California: Academic Therapy Publications, 1979.
- Crow, Alice. Educational Psychology. Totowa, New Jersey: Littlefield, Adams & Co., 1972.

- Doescher, Luelyne B. "T.A. for Curing I can't/I won't." Academic Therapy, 16 (November, 1980), 199-206.
- Ellingson, Careth. The Shadow Children. Chicago, Illinois: Topaz Books, 1967.
- Erikson, Erik H. Childhood and Society. New York: W. W. Norton, 1950.
- , Identity, Youth and Crisis. New York: W. W. Norton, 1968.
- Ferguson, David. "Aspects of Dyslexia." Paper by high school student, Moses Lake High School, Moses Lake, Washington, 1978.
- Fuller, Gerald B., and Diane L. Fuller. "Reality Therapy: Helping L. D. Children Make Better Choices." Academic Therapy, 17 (January, 1982), 269-79.
- Getz, Daniel J. "Learning Enhancement Through Visual Training." Academic Therapy, 15 (March, 1980), 457-66.
- Gillet, Pamela. "Pointers for Parents of L. D. Children." Academic Therapy, 15 (November, 1979), 157-64.
- Giffiths, Anita N. Teaching the Dyslexic Child. Novato, California: Academic Therapy Publications, 1978.
- Hannah, Elaine P., and Ronald M. Parlow. "Mainstreaming Versus the Special Setting." Academic Therapy. 15 (January, 1980), 271-78.
- Havighurst, Robert J. Developmental Tasks and Education. New York: David McKay, 1948.
- Hayes, Marnell L. Oh Dear, Somebody said "Learning Disabilities". Novato, California: Academic Therapy Publications, 1975.
- Hilsheimer, George Von. Allergy, Toxins and the L. D. Child. San Rafael, California: Academic Therapy Publications, 1974.
- Holt, John. How Children Learn. New York: Dell Publishing, 1967.
- Illg, Frances L., and Louise Bates Ames. Child Behavior-- Birth to Ten. New York: Harper & Row, 1955.
- Iowa Association for Children with Learning Disabilities. Learning Disabilities, a Handbook for Parents and Children. Des Moines, Iowa: Iowa Association for Children with Learning Disabilities, 1970.

- Jordan, Dale R. Dyslexia in the Classroom. Columbus, Ohio: Charles E. Merrill Publishing, 1977.
- Kovitz, Valarie S. "Laterality Training--Too Much Tweedledum and Tweedle Dee." Academic Therapy, 15 (January, 1980), 325-37.
- Kronick, Dorien. They Too Can Succeed. San Rafael, California: Academic Therapy Publications, 1969.
- Maier, Henry W. Three Theories of Child Development. New York: Harper & Row, 1978.
- Miller, Julano. Helping Your L. D. Child at Home. San Rafael, California: Academic Therapy Publications, 1973.
- Minskoff, Esther H. "Training L. D. Students to Cope with the Everyday World." Academic Therapy, 17 (January, 1982), 311-17.
- Oetting, Phyllis N. Everybody Wins. San Rafael, California: Academic Therapy Publications, 1974.
- Osman, Betty B. Learning Disabilities--A Family Affair. New York: Random House, 1979.
- Piaget, Jean. Science of Education and the Psychology of the Child. New York: Grossman Publishing, 1970.
- Project Success. Manual, A Guide to Demonstration-Participation Workshops for the Parents and Teachers of Children with Specific Language Disabilities. Wayne, Nebraska: Wayne Nebraska School District.
- Quiros, Julio de, and Orlando L. Schragar. Neuropsychological Fundamentals in Learning Disabilities. San Rafael, California: Academic Therapy Publications, 1978.
- Rosenthal, Joseph H. Hazy, Crazy, or Lazy. San Rafael, California: Academic Therapy Publications, 1973.
- Schwartz, Harvey A. "Cerebral Organization, Handedness, and Education." Academic Therapy, 16 (September, 1980), 95-100.
- Sears, Carol J. "The Tactilely Defensive Child." Academic Therapy, 16 (May, 1981), 563-69.
- Simon, Sidney B., and Robert D. O'Rourke. Developing Values with Exceptional Children. Englewood Cliffs, New Jersey: Prentice Hall, 1977.

- Spear, Sandra Kelly, and Dorothy R. Douglas. "Helping L. D. Students Improve Social Skills." Academic Therapy, 17 (November, 1981), 221-24.
- Thomson, Michael E., and Gell M. Hartley. "Self Concept in Dyslexic Children." Academic Therapy, 16 (September, 1980), 19-35.
- Townes, Brenda, Eric W. Truper, and Roscus N. Dorn. "Parent Directed Remediation for L. D. Children." Academic Therapy, 15 (November, 1979), 173-83.
- Van Eyck, J. W. L. "Motor Development and Learning Difficulties." Academic Therapy, 15 (March, 1980), 399-411.
- Webster's New 20th Century Dictionary. New York and Cleveland: World Publishing, 1971.
- Wood, Mildred H. "Modern Math and the L. D. Child." Academic Therapy, 15 (January, 1980), 279-90.
- Woolridge, Dean E. The Machinery of the Brain. New York: McGraw-Hill, 1963.

EDUCATIONAL TECHNOLOGY CENTER
CENTRAL WASHINGTON UNIVERSITY