

# Faculty Handbook of Teaching Strategies And Accommodations



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This handbook was designed to be a quick reference guide for faculty at Middlesex Community College. Its purpose is to provide teaching strategies and accommodations that will benefit all students as well as disabled students. This section identifies the many disabilities that have been diagnosed in students attending Middlesex Community College.

## What is the law?

Section 504 of the Rehabilitation Act of 1973 states that:

"No otherwise qualified person with a disability in the United States... shall, solely by reason of...disability, be denied the benefits of, be excluded from participating in, or be subjected to discrimination under any program or activity receiving federal financial assistance."

A "person with a disability" includes "any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment.

Some Famous people with Disabilities include: Thomas Edison, Abraham Lincoln, Wolfgang Amadeus Mozart, Hans Christian Anderson, Albert Einstein, Nelson Rockefeller, Alexander the Great, Harriet Tubman, James Earl Jones,

## What is a Learning Disability?

Learning disability is a general term that describes specific kinds of learning problems. A learning disability can cause a person to have trouble learning and using certain skills. The skills most often affected are: writing, listening, speaking, reasoning, and doing math.

Learning disabilities vary from person to person. One person with LD may not have the same kind of learning problems as another person with LD. Researchers think that learning disabilities are caused by differences in how a person's brain works and how it processes information. People with learning disabilities are not "dumb" or "lazy". In fact, they usually have average to high average intelligence. **A learning disability has nothing to do with intelligence.**

There is no "cure" for learning disabilities. They follow students into adulthood. However, students with LD can be high achievers and can be taught ways to get around the learning disability. With the right help, students with LD can and do learn successfully.

## IDEA's definition of "Learning Disability"

Our nation's special education law, the Individuals with Disabilities Education Act, defines a specific learning disability as...

"...a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia."

However, learning disabilities do not include, "...learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage." 34 Code of Federal Regulations 300.7(c)(10)

## **Types of learning disabilities**

According to Dr. Larry Silver, President of the Learning Disabilities Association of America, there are four things a brain must do for learning to take place. First, it must **input** or get information from eyes and ears into the brain. Next, it must make **sense** of the information, which is the **integration** process. Thirdly, the brain needs to store it for retrieval later, the **memory** process. Finally, the brain sends the information to the nerves and muscles, known as **output**.

The following list provides some of the learning disabilities in students attending Middlesex Community College.

**Visual Perceptual Disabilities-** Difficulty taking in and processing information through the sense of sight. Students may have trouble with reversals in letters and words, tracking from left to right while reading, skipping words or lines while reading, seeing differences between two objects, misjudging depth, catching a ball, or doing puzzles.

**Visual/Spatial Organization-** Difficulty perceiving the dimensions of space, seeing things in right order, distinguishing between left and right, north from south, up from down, head from behind.

**Auditory Perceptual Disabilities-** Difficulty taking in and processing information through the sense of hearing. Students may have trouble discriminating between words, spelling words, taking notes, listening and remembering directions, hearing sound over background noise, hearing sounds in order, or understanding a fast talker.

**Dyslexia-** A language-based disorder characterized by difficulties in single-word decoding. It interferes with the acquisition and processing of language. Students may have trouble with decoding or sounding out words, fluency in reading, and comprehension of written material. In addition it may also be apparent in a student's spelling, handwriting, and writing ability and sometimes in math.

**Processing Speed-** Difficulty processing evenly or quickly. Students may have trouble completing assignments within allotted time, processing oral information quickly, taking timed tests, or making comparisons between bits of information.

**Short-term memory deficit-** Difficulty with retaining information as you learn it. Students may have trouble remembering steps in sequential order, remember problems and retain numerical information (such as multiplication tables, dates), following directions, answering oral questions, or repeat information back immediately after hearing it.

**Long-term memory deficit-** Difficulty retaining and retrieving information. Students may have trouble recalling information through association (events related ideas and concepts and names), pairing and retaining visual and auditory information, retrieving words, memorizing poems, speeches, or parts of plays.

**Working memory deficit-** Difficulty holding onto information while using it. Students may have trouble remembering details as they read or remembering information as they are solving a problem.

**Language Disability-** Difficulty in some aspect of listening, speaking, writing, or spelling, while skills in other areas are age appropriate. Students may have trouble with vocabulary, answering factual questions, concentrating during lectures, reading comprehension, oral language, written expression, or understanding what he/she hears.

**Nonverbal Learning Disability** Dysfunction in the right hemisphere that affects three areas: motoric, visual-spatial organizational, and social. Students with NLD may have trouble with coordination, balance, and fine motor skills ie. handwriting. In addition they may have difficulty with visual recall, spatial perceptions, comprehending nonverbal communication, and deficits in social judgment and interaction.

**Dyspraxia-** Difficulty in drawing, writing, buttoning, and other tasks requiring fine motor skills, or in sequencing the necessary movements. Students may have trouble spelling, sequencing letters, numbers, words, sentences, paragraphs, steps, or difficulty telling a story or joke in order, or construct written papers in order.

**Dyscalculia-** Difficulty in understanding and using symbols or functions needed for success in mathematics. Students may have trouble understanding math word problems or with math calculation skills.

**Dysgraphia-** Primarily it is a processing problem which interferes with the process of writing. It causes writing fatigue, interferes with communication of ideas in writing, and contributes to poor organization on paper. Students will often print, since cursive writing requires a great deal more eye-hand coordination. They may have letter inconsistencies or unfinished letters.

**Dysnomia-** Difficulty in remembering names, or recalling words needed for oral or written language.

**Reasoning Deficit**- Difficulty thinking in a logical or orderly way. Students may have trouble prioritizing and sequencing tasks. They also may have difficulty applying a learned skill to a new task.

**Asperger's syndrome** is the term applied to the mildest and highest functioning end of what is known as the spectrum of pervasive developmental disorders (or the Autism spectrum). Like other conditions along that spectrum it is felt to represent a neurologically-based disorder of development, most often of unknown cause, in which there are deviations or abnormalities in three broad aspects of development: social relatedness and social skills, the use of language for communicative purposes, and certain behavioral and stylistic characteristics involving repetitive or perseverative features and a limited but intense range of interests.

**Traumatic brain injury (TBI)** is damage to the brain caused by an external physical force. The damage may occur from the movement of the brain within the skull or from penetration of an object into the skull, contacting the brain directly. TBI can result in cognitive dysfunction, physical impairment, or psychological disturbance.

## What is AD/HD?

According to CHADD (Children and adults with attention deficit hyperactivity disorder), Attention-Deficit/Hyperactivity Disorder is categorized into 3 types: inattentive type, hyperactive-impulsive type, and combined type. AD/HD is a neurobiological disorder that affects 3 to 5 percent of school aged children. ADD and ADHD have recently been renamed AD/HD in the DSM-IV, (Diagnostic and Statistical Manual of Mental Disorders, fourth edition).

## Types of AD/HD

### AD/HD predominately inattentive type: (AD/HD-I)5

- Fails to give close attention to details or makes careless mistakes.
- Has difficulty sustaining attention.
- Does not appear to listen.
- Struggles to follow through on instructions.
- Has difficulty with organization.
- Avoids or dislikes tasks requiring sustained mental effort.
- Loses things.
- Is easily distracted.
- Is forgetful in daily activities.

### AD/HD predominately hyperactive-impulsive type: (AD/HD-HI)5

- Fidgets with hands or feet or squirms in chair.
- Has difficulty remaining seated.

- Runs about or climbs excessively.
- Difficulty in engaging in activities quietly.
- Acts as if driven by a motor.
- Talks excessively.
- Blurts out answers before questions have been completed.
- Difficulty waiting or taking turns.
- Interrupts or intrudes upon others.

#### **AD/HD combined type: (AD/HD-C)5**

- Individual meets both sets of inattention and hyperactivity/ impulsive criteria.

## **What is a Physical or Sensory Impairment?**

**A physical impairment** is when the physical capacity to move, coordinate actions, or perform physical activities is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions. The term shall include severe orthopedic movements or impairments caused by congenital anomaly, cerebral palsy, amputations, and fractures if such impairment adversely affects a student's educational performance.

## **Types of Sensory Impairments**

1. **Hearing** - The capacity to hear, with amplification, is limited, impaired, or absent and results in one or more of the following: reduced performance in hearing acuity tasks; difficulty with oral communication; and/or difficulty in understanding auditorily-presented information in the education environment. The term includes students who are deaf and students who are hard of hearing.
2. **Vision** - The capacity to see, after correction, is limited, impaired, or absent and results in one or more of the following: reduced performance in visual acuity tasks; difficulty with written communication; and/or difficulty with understanding information presented visually in the education environment. The term includes students who are blind and students with limited vision.
3. **Deaf-Blind** - Concomitant hearing and visual impairments, the combination of which causes severe communication and other developmental and educational needs.

## **What is an emotional or psychiatric disability?**

As defined under federal law at 34CFR 300.7, the student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance; an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or schools problems.

### **Types of Disorders**

Some types of psychiatric illnesses, taken from the National Alliance for the Mentally Ill, are as follows:

**Schizophrenia** - Schizophrenia is a severe and chronic brain disorder that affects approximately 2 million Americans today. Schizophrenia impairs a person's ability to think clearly, manage his or her emotions, make decisions, and relate to others. People with schizophrenia suffer terrifying symptoms that often leave them fearful and withdrawn. However, this illness is highly treatable. If left untreated people with schizophrenia suffer from hallucinations and delusions. It is a chronic illness affecting people in different ways.

- Positive Symptoms, or "psychotic" symptoms, include delusions and hallucinations because the patient has lost touch with reality in certain important ways. "Positive" as used here does not mean "good." Rather, it refers to having overt symptoms that should not be there. Delusions cause the patient to believe that people are reading their thoughts or plotting against them, that others are secretly monitoring and threatening them, or that they can control other people's minds. Hallucinations cause people to hear or see things that are not there.
- Disorganized Symptoms include confused thinking and speech, and behavior that does not make sense. For example, people with schizophrenia sometimes have trouble communicating in coherent sentences or carrying on conversations with others; move more slowly, repeat rhythmic gestures or make movements such as walking in circles or pacing; and have difficulty making sense of everyday sights, sounds and feelings.
- Negative Symptoms include emotional flatness or lack of expression, an inability to start and follow through with activities, speech that is brief and lacks content, and a lack of pleasure or interest in life. "Negative" does not, therefore, refer to a person's attitude, but to a lack of certain characteristics that should be there.

**Bipolar Disorder** - Bipolar disorder, formerly called manic depression, is a brain disorder involving episodes of mania and depression. It affects more than 2 million adults. Effective treatments are available that greatly reduce the symptoms of bipolar disorder and allow people to lead normal and productive lives.

**What are the symptoms of mania?**

Mania is the word that describes the activated phase of bipolar disorder. The symptoms of mania may include:

- either an elated, happy mood or an irritable, angry, unpleasant mood
- increased activity or energy
- more thoughts and faster thinking than normal
- increased talking, more rapid speech than normal
- ambitious, often grandiose, plans
- increased sexual interest and activity
- decreased sleep and decreased need for sleep

**What are the symptoms of depression?**

Depression is the other phase of bipolar disorder. The symptoms of depression may include:

- depressed or apathetic mood
- decreased activity and energy
- restlessness and irritability
- fewer thoughts than usual and slowed thinking
- less talking and slowed speech
- less interest or participation in, and less enjoyment of activities normally enjoyed
- decreased sexual interest and activity
- hopeless and helpless feelings
- feelings of guilt and worthlessness
- pessimistic outlook
- thoughts of suicide
- change in appetite
- change in sleep patterns

**Major Depression** - Depressive disorders are serious illnesses that affect a person's mood, concentration, sleep, activity, appetite, social behavior, and feelings. Depressive disorders appear in different forms, the most common being major depression. Major depression is the leading cause of disability in the U.S. It affects over 9 million people in a given year, yet it is highly treatable.

### **What are the symptoms of major depression?**

The onset of the first episode of major depression may not be obvious if it is gradual or mild. The symptoms of major depression characteristically represent a significant change from how a person functioned before the illness. The symptoms of depression include:

- profoundly sad or irritable mood
- pronounced changes in sleep, appetite, and energy
- difficulty thinking, concentrating, and remembering
- physical slowing or agitation
- lack of interest in or pleasure from activities that were once enjoyed
- feelings of guilt, worthlessness, hopelessness, and emptiness
- recurrent thoughts of death or suicide
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

**Anxiety Disorders** - Anxiety disorders include panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobias) More than 19 million adults suffer from anxiety disorders in a given year, and many people have more than one anxiety disorder.

### **Panic disorder**

Those suffering from panic disorder experience reoccurring and unexpected panic attacks—instances of extreme fear or discomfort that start abruptly and build to a rapid peak, usually within ten minutes. Panic attacks are characterized by such physical symptoms as heart palpitations, sweating, trembling, shortness of breath, the sensation of choking, chest pain, nausea, dizziness, disorientation, fear of losing control or dying, numbness, chills, and hot flushes. Additionally, panic attacks are usually accompanied by a sense of looming danger and the strong desire to escape. Attacks can be brought on by specific triggers or can occur "out of the blue." The frequency of attacks tends to vary according to the individual.

### **Phobias**

Defined as exaggerated, involuntary, and irrational fears of particular situations or things, phobias are generally divided into three separate types.

- **Specific (or simple) phobia** This type of phobia is brought about by a specific object or situation such as flying, heights, needles, or snakes. Specific phobias are generally more common in women than in men and usually first appear during childhood.
- **Social phobia (social anxiety disorder)** Limited specifically to social situations, this particular phobia is typified by extreme fear of meeting new people and of being

embarrassed, humiliated, or judged by others. Social phobia appears to be diagnosed equally among the sexes. Usually first appearing in the mid-teens, social phobia sometimes arises from a history of childhood shyness.

- **Agoraphobia** Those with agoraphobia have an intense fear of being trapped in particular places or situations or of not being able to find help if they experience anxiety or a panic attack. Fears of those with this type of phobia often center around being alone in an open area or being in a large crowd. Often, those with agoraphobia avoid such situations altogether; being subjected to such situations causes notable anxiety or panic.

#### **Obsessive-compulsive disorder (OCD)**

OCD is an anxiety disorder characterized by persistently intrusive and inappropriate thoughts, impulses, or images that run through one's mind (obsessions) and repetitive behaviors that one feels they must do (compulsions). Common obsessions include fear of contamination, fixation on lucky or unlucky numbers, fear of danger to oneself or others, need for order or exactness, and excessive doubt. The most common compulsions performed in response to these obsessions include ritualistic hand washing, counting, checking, hoarding, and arranging.

#### **Posttraumatic stress disorder (PTSD)**

Personally experiencing or witnessing a violent or tragic event that resulted in feelings of intense fear, helplessness, or horror can sometimes cause PTSD. Events that often lead to the development of this anxiety disorder include rape, war, natural disasters, abuse, and serious accidents. While it is common to experience a brief state of anxiety or depression after such occurrences, those with PTSD continually re-experience the traumatic event through ways such as nightmares, hallucinations, or flashbacks; avoid all things associated with the event (often displaying an accompanying sense of detachment); and exhibit increased arousal (e.g., difficulty sleeping, irritability, difficulty concentrating, extreme alertness, jumpiness).

#### **Generalized anxiety disorder (GAD)**

Individuals with GAD experience excessive anxiety and worry about several everyday events or activities. Furthermore, the anxiety in those with GAD is difficult to control and causes notable complications in daily work and social settings. Physical symptoms of the disorder include edginess, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances. To be diagnosed with GAD, one must experience this excessive anxiety for the majority of days during a period of six months or longer.

Most of those with GAD claim to have felt anxious for their entire lives, and the disorder is often first seen in childhood or adolescence. However, adult onset of the disorder is not uncommon.

## **Teaching Strategies**

According to Beverly Sandock, Associate Director at The University of Arizona, faculty can enhance the learning of students with learning disabilities, as well as that of other students in their classes, without fundamentally altering critical course content. Instruction plays a key role in student learning. Enhancement can be accomplished when faculty analyze the methods they use to transmit information in the classroom.

Faculty may give little thought to the learning styles of the students in their classrooms, however a variety of learning styles will be present. Some students have preferences for visual input to accompany standard lectures. Others will prefer merely to listen and record important information for later study. Finally, some students will prefer learning through more kinesthetic approaches. Using a multi-modality approach will assist all students in deriving meaning from the course.

Many students have a preference for a specific learning style, but are able to utilize visual, auditory, and kinesthetic modalities to learn material. Students with learning disabilities differ from the typical student in that they often have a significant deficit in one or more of these modalities. A learning disability might be thought of when the preference for a learning modality is actually the result of a significant information processing deficit.

Learning disabilities are described as hidden disabilities. Initially, college professors may not recognize a student with a learning disability enrolled in their classes unless self-disclosure has occurred. The learning disability may become apparent to the professor at certain times. For example, the student may be able to discuss the subject intelligently, but will produce an in-class short answer quiz that is riddled with spelling and grammar errors. The inconsistency in demonstrating knowledge is apparent and the hidden disability is evidenced. Students with learning disabilities experience barriers in learning and in demonstration of knowledge.

Faculty attitudes are important in the success of students with learning disabilities. Students who have learning disabilities may experience problems learning, but faculty should keep in mind these students are capable of learning. Faculty can facilitate the academic and degree goals of all students by giving some thought to their teaching styles, content delivery, the sequence of their assignments and the measurement of content knowledge.



The following strategies will benefit learning disabled students as well as all students:

- **Grab their attention.** Employ a variety of introductory activities or "attention grabbers" to stimulate student interest in the learning task. Stress ways that the content to be taught is meaningful or applicable to students' lives and outside interests.

- **Make it relevant.** State a clear purpose and objective for each lesson. Tell students exactly what you expect them to be able to accomplish following each teaching segment. Stress goal attainment so that students recognize and take pride in their own progress.
- **Do it together.** Stress the active engagement of students in their learning process. Encourage them to correct their own mistakes and to learn from them. Use any mistakes that you make as "teachable moments." Encourage cooperation rather than competition so students seek ways to be coaches and study buddies for one another.
- **Try teams.** Utilize the social needs of your students for added motivation. Many students will work harder for the success of a peer group than they would when working alone. Use learning teams whose members are rotated regularly. Students can practice the interpersonal skills required to work effectively with different individuals as they achieve essential learning outcomes.
- **Create a schemata.** Take time to explore students' prior knowledge before teaching a new concept or skill. Become an expert in creating bridges from students' past experience to new learning. Emphasize ways that new content relates to students' prior knowledge as well as to content that you have presented in class.
- **Think big.** Stress the relationship and use graphics to visually display the link between superordinate concepts or global ideas. Less skilled learners, in particular, may fail to see the relationship between topics unless these are stated explicitly.
- **Draw it out.** Employ a variety of graphic organizers. Charts, diagrams, maps, and semantic webs are examples of visual displays that are useful for facilitating learning and memory. Generic templates can be easily modified for use across content areas. See Appendix
- **Show them how.** Provide numerous examples, models, and illustrations of the new concept or skill. Be sure to include more complex problems as well as some straightforward examples. Ask students to create additional problems for each other and for the class.

- **Stimulate the cognitive.** Use "think-alouds" as you demonstrate the steps to a new process or procedure. Tell students exactly what you are thinking and why as you employ each step. The key is to verbalize explicitly those self-regulating cues that you would normally perform automatically. Consider the needs of skill "novices" and try to prevent areas of difficulty with specific instruction.
- **Teach a trick.** Stress the use of mnemonic techniques for improved memory. In some cases, first-letter acrostics may be devised (e.g., ROYGBV for the colors of the rainbow: red, orange, yellow, green, blue, violet). In other cases, keyword mnemonics may be used for associative information. To remember that Taft was president when federal mail service was established, select a keyword that is familiar to students (e.g., raft sounds like Taft). Second, think of an interaction between the word and the answer (e.g., picture a mailbag floating on a raft). Use the steps to recall Taft and the establishment of mail service.
- **Talk out loud.** Coach students to elaborate as they reason through topics that follow logical sequences or action-reaction formats. Encourage students to problem-solve by asking probing questions—"Why does it make sense that...?" or, "The fishing industry is big business in ... ?"
- **Build on what they know.** Use scaffolded learning by providing very detailed instruction and materials during early learning. Offer less scaffolding as learners become more skillful with the content. Once you have modeled a procedure on numerous occasions, you can prompt students to become more independent in their use of this technique.
- **Practice, practice, practice.** Provide lots of opportunities for students to practice a new skill. These can take the form of coaching activities (e.g., "Tell your buddy." "Show the person on the left." "Read to your partner.") or other relevant practice methods.
- **Clinch new learning.** Use specific closure activities to complete a learning segment or lesson (e.g., "Tell two important things you learned today." "Summarize in one sentence what you learned about...")
- **Refresh their memories.** Provide systematic review for the content you teach. Even the most motivating instruction will not be remembered unless it is

reviewed in a systematic way. Research supports the use of distributed rather than massed practice.

- **Use “open note quizzes”** to help focus their attention and ensure that most are studying weekly. Show them how to take notes on the required readings each week and ask 4-5 short answer questions.
- **Put students into work groups** and have them identify key points in the reading for that week. Each group should hand in one question on the reading.
- **If the textbook does not clearly explain key points, drop the textbook.**
- **Have students write** a piece on “This Chapter Was Important to Me Because...”
- **Assign 5-8 students per week to write a significant question on the reading.** Have them hand their questions in before class and start covering the material by answering their questions. Or give a question to each work group to answer.
- **Have students design charts.** Have a contest where pairs of students design charts, graphs, or diagrams illustrating course content.
- **Ask students, in groups, to develop presentations** on various subjects in the course. Have one group presentation a week for 5-10 minutes.
- **Develop mini-cases** on different aspects of your course. Have students analyze the cases at home and then work on group answers in class.
- **Ask students to develop “cheat sheets”** for each chapter.
- **Get feedback** from students about what they feel the best aspects of group exercises is, and the worst. Make the feedback anonymous so it is more honest, and do it at least 3 times during the semester.
- **Draw more students into discussions** by being very positive about students who do share, turning even inaccurate comments into useful ones so that the classroom is a “safe” place to talk.



## Accommodations



The faculty is the prime resource within a college or university. With some consideration of the creation of a syllabus, a lecture, and classroom assignments and tests a teacher can give their students the tools to learn and be successful.

### SYLLABI

- Prepare early
- Include complete textbook list
- Include additional readings and their locations
- State course goals and objectives
- Specify exam and assignment dates
- Detail assignments and papers for easy reference
- Detail grading and evaluation methods
- List course policies
- Put office hours and contact info, such as, telephone number on syllabus

- Provide as much information about each lecture topic as possible
- Adhere to the syllabus as much as possible; revise and provide a new copy if necessary

## LECTURES

- Link previous lecture to current lecture
- Outline main points on overhead
- State class objective
- Write key terms on overhead
- Leave overheads up longer than you think necessary for you to copy
- Identify patterns of organization
- Make lectures interactive
- Link concrete with abstract
- Alert students when transitioning into a new topic or idea
- Facilitate use of tape recording
- Make notes available on the internet
- Maintain student attention by varying delivery approach
- Move around the room
- Summarize or draw conclusions at the end of the lecture

- Print out notes on overhead or power point presentation and pass them out to students.

## CLASSROOM

- Provide early availability of booklists to allow students to begin the reading early or to have put on texts tape.

- Use of chapter outlines or study guides that direct the student to key points in their readings.

- Read aloud material that is written on the blackboard or that is given in handouts or transparencies.

- Arrange access to course material on audio tape.

- Keep oral instructions concise and reinforcing them with brief cue words.

- Simplify complicated directions or provide them in alternative formats.

- Use of a dictionary or thesaurus for written work or in an exam.

- Use of a computer and a spell-checking program.

- Assistance of a proof-reader.

- Transcription of illegible handwriting.

- Use of a tape-recorder/Dictaphone.

- Use of a supplementary oral examination to clarify content of manuscripts.

- Extra time during examinations.

- Permission for note-takers to accompany the student to lectures.
- Permission for tape recording of lectures or making notes available for material not found in texts or other accessible sources.
- Assistance, if necessary, in arranging to borrow classmates notes.
- Provision of photocopies of notes and overhead projector transparencies.
- An individual orientation to the laboratory and equipment in a science course can minimize student anxiety.
- The labeling (possibly color-coded) of equipment tools and materials is helpful.
- The student's use of cue cards or labels designating the steps of a procedure may expedite the mastering of a sequence.
- Specialized adaptive equipment may help with exact measurements.
- Creating an environment of acceptance and a supportive atmosphere in which difficulties can be dealt with in an open, positive manner.

## TESTS AND WRITTEN ASSIGNMENTS.

- Time extensions on exams and written assignments when there are significant demands on reading and writing skills
- Avoiding overly complicated language in exam questions, leaving plenty of clear space between them on the examination paper.
- Avoiding the use of answer sheets especially computer forms relieves the student with perceptual deficits of unnecessary burdensome work while transferring answers.
- Allowing sufficient time between the end of lectures and the sitting of the examination allows the student with a learning disability to properly assimilate material covered at the end of the course.

- The use of a dictionary, thesaurus, spell-checking program, a proof reader or, in mathematics and science, a calculator. In mathematics the student may understand the concept, but may make errors by misaligning numbers or writing equations.
- When necessary, allowing students to use a reader, scribe, word processor, tape recorder or typewriter.
- Alternative test designs/formats. Some students may find essay formats difficult and may have trouble with pattern-matching type tests.
- Consideration of alternative or supplementary assignments that may serve evaluation purposes, such as taped interviews, slide presentations photographic essays or hand made models. A supplementary interview may help to clarify ambiguous or indecipherable manuscript contents.



## Resources

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