Learn to recognize and address the learning and language disorders that most commonly co-exist with ADHD.
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Some publishers must resort to lawsuits to protect their publications. New Hope Media would like to eliminate the need for such suits by helping to educate customers. We hope this outline has helped explain what is legal and what is not.
Signs & Symptoms of Learning Disabilities

Learn to recognize and address the learning and language disorders that most commonly co-exist with ADHD

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Introduction
The Facts About Learning Disabilities

Learning disabilities are neurological disorders that interfere with the brain's ability to store or process information. That’s a broad definition, we know. But it's also an accurate umbrella description for a disparate set of neurological disorders that impact a person's ability to read, write, speak, spell, compute, or understand in many different ways. In other words, your child's symptoms may not resemble my child's symptoms at all — which is one reason why LDs are often missed entirely, or misdiagnosed as ADHD, anxiety, or a host of other disorders. Unidentified or untreated learning disabilities can lead to devastating academic and social difficulties — which is why we’re here today.

The high rate of underreported or missed diagnoses makes it difficult to know just how many people have learning disabilities. According to the National Center for Education Statistics, 2.4 million children in the United States are currently diagnosed with a specific learning disability and are receiving services under the Individuals with Disabilities Education Act (IDEA). Two thirds of children diagnosed with learning disabilities are male. On the 2010 U.S. Census, an additional 4.6 million American adults reported living with a learning disability.

Learning disabilities come in many forms. Some of the most common are:

- Dyslexia
- Dysgraphia
- Dyscalculia
- Nonverbal learning disorder (NLD)
- Auditory processing disorder (APD)
- Language processing disorders

The exact causes of learning disabilities are unknown, but current research indicates that LDs may be related to the prenatal environment, among other things. Possible causes include maternal malnutrition, oxygen deprivation, or premature labor, but these theoretical links remain scientifically unconfirmed. Studies also show that learning disabilities are often genetic, and occur with considerable frequency within extended families. They are seen more often in families living in poverty — which may be related to prenatal and postnatal environmental factors, and/or to substandard nutrition and healthcare. The link is unclear.
INTRODUCTION The Facts About Learning Disabilities

What we do know, however, is that learning disabilities are not caused by:

- Intellectual disabilities
- Emotional problems
- Poor proficiency in English (or any language)
- Unqualified teachers
- Bad parenting
- Vaccines

Despite increased awareness in recent years, misperceptions about learning disabilities still haunt our society — and our children. Recent surveys show that as many as 70 percent of respondents think learning disabilities are linked to low intelligence or autism, while more than a third thinks that lack of parental involvement is a cause. Vaccinations, too much TV, or problems with vision are also not to blame for learning disabilities, despite what you may have read on social media.

Learning disabilities can’t be outgrown, and undiagnosed LDs can take a toll on a person’s mental health well into adulthood. Adults who grew up not knowing they had a learning disability often report feeling “stupid” compared to classmates, or being told by parents or teachers that they were “lazy,” “not trying hard enough,” or “not living up to their potential.” Chronic underachievement and underemployment take their toll; a disproportionate number of prisoners and delinquents are ultimately diagnosed with learning disabilities.

The bad news: Medication will not help to “cure” a learning disability. The good news: Many people diagnosed early in life go on to live normal, productive lives, thanks to special assistance and a modified learning environment. Schools may test for learning disabilities, but they can choose not to — which means parents may need to seek outside help in diagnosing and addressing the symptoms of learning disabilities in their children. Don’t underestimate the power of vigilance.

“Learning disabilities are not a prescription for failure,” says Sheldon H. Horowitz, Ed.D., director of LD resources at the National Center for Learning Disabilities. “With the right kind of instruction, guidance, and support, there are no limits to what individuals with LD can achieve.”
INTRODUCTION The Facts About Learning Disabilities

Help your child in the short term by acknowledging her strengths, helping her understand the nature of learning disabilities, and securing an accurate diagnosis. Once a learning disability is accurately identified, schools are required to provide accommodations to ensure equal access to education and related services. This is where an intimate knowledge of educational laws and your rights under those laws becomes essential.

For adults living with learning disabilities (even those not diagnosed in childhood), good accommodations are within reach at work, at home, or in your community. A positive attitude makes a big difference, too. “It’s important to view a disability as a difference,” says Dan Perdue, an adult with dyslexia. “I can write, I can read, [but] I do it differently than most people. My ideas come to me differently, so even if it’s a challenge, we can still achieve things in our own way.”

**Resources:**
To learn more about the Individuals with Disabilities Education Act (IDEA), visit: [http://additu.de/what-is-idea](http://additu.de/what-is-idea)

To learn more about educational laws and your child’s rights, visit: [http://additu.de/idea](http://additu.de/idea)

To learn about your rights at work, visit: [http://additu.de/work-rights](http://additu.de/work-rights)
CHAPTER 1

Dyslexia
Chapter 1: Dyslexia

What Is It?

The term dyslexia refers to the specific learning disability associated with reading. Contrary to popular belief, dyslexia is not simply reading letters or words backward — though some people with the condition will certainly struggle with this. In reality, dyslexia manifests in many different ways. Some people may have difficulty with phonemic awareness; they can’t easily recognize and break down the sounds of letters, or segment words into syllables. A patient with dyslexia might report that he reads the word “doctor” as “do-ctor,” instead of “doc-tor,” for example. Rhyming and fast, effortless recognition of sight words (“the,” “and,” “it,” etc.) are also common problems that affect the rate, accuracy, fluency, and comprehension of text.

Retrieving even simple words can be challenging for a person with dyslexia. “My patient, Jane, was telling me a story,” recalls Roberto Olivardia, Ph.D. “She became frustrated when she spoke of ‘the thing we eat meat with’ because she couldn’t think of ‘fork.’” Incorrectly substituting words is common for people with dyslexia, too. For example, one boy with dyslexia said, “Hawaii has lots of tornadoes,” instead of volcanoes.

The rapid naming of letters, objects, colors, and pictures may be impaired, and learning the alphabet is more difficult for children with dyslexia. These challenges often coexist with high verbal abilities. Another of Dr. Olivardia’s patients, Jack, scored above the 90th percentile in vocabulary and verbal comprehension, but was in the 5th percentile in reading indices.

“We tend to expect good speakers to be good readers,” says Dr. Olivardia. “But this is not the case with dyslexics.” Other challenges include spelling, cursive writing, foreign languages, and any information that relies on rote memory (phone numbers, addresses, multiplication tables, etc.).
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Signs of Dyslexia

More than 90 percent of American adults have heard of dyslexia and recognize it as a real difficulty. It affects about 6 percent of the population, though some studies demonstrate that nearly 20 percent of Americans may have some symptoms.

Though the severity and symptoms of dyslexia vary from person to person, common markers for various age groups include:

**Preschool**
- Trouble recognizing letters of the alphabet
- Difficulty pronouncing age-appropriate words
- Struggles to match written letters to the sounds they make
- Has a smaller vocabulary than other children of the same age; finds it difficult to learn new words
- Unable to recognize or come up with rhyming words
- Difficulty telling left from right

**Elementary and Middle School**
- When reading, struggles to differentiate between individual sounds in words
- Slow to differentiate between various phonemes (or “speech sounds”)
- Reading or writing letters or words out of order
- Reading slowly and/or painfully
- Difficulty sounding out unknown words
- Misuse of or total disregard for punctuation
- Difficulty mastering correct spelling or age-appropriate vocabulary
- Difficulty recalling known words
- Substitution of sight words for one another (replacing “the” with “he,” for example)

**High School and Beyond**
- Slow to get jokes or understand common idioms
CHAPTER 1  Dyslexia

- Difficultly learning a foreign language
- Uncomfortable reading out loud
- Struggles to read at expected grade level
- Difficulty summarizing stories or identifying key points of passages

Causes of Dyslexia

Experts still don’t know exactly what causes dyslexia, but some truths are very clear. For one, dyslexia has a strong genetic component. The condition runs in families, meaning many children with dyslexia have a parent with dyslexia. If your sibling has dyslexia, there is a 50 percent chance you will, too.

For another, dyslexia is definitely a neurologically based condition; substantial research has found marked differences in dyslexic and non-dyslexic brains. For instance, researchers who looked at a region of the brain called the planum temporale — a key functional area for understanding language — found that neurotypical subjects tended to have a larger planum temporale in the dominant hemisphere of their brain. Those with dyslexia, however, had planum temporales of equal size in both hemispheres. Since the left hemisphere (the area most responsible for the development of language) is the dominant one for the majority of people, this may indicate that underdevelopment in this hemisphere is related to dyslexia. Researchers still haven’t found a definitive link, but the size of the planum temporale has also been connected to stuttering, auditory processing, and the musical phenomenon of “perfect pitch.”

By measuring brain activity, researchers are able to identify which areas of the brain are used to help us do things like learn, move, and speak. Though there’s a lot we still don’t understand about the brain, we can see that neurotypical brains tend to act in predictable ways as people complete routine tasks. The brains of people with dyslexia are quite another story; the areas of the brain used to process language don’t all work as expected, so other areas of the brain jump in to compensate. When a subject is reading, for instance, a neurotypical brain will show a flurry of activity in the back regions, with less in the front. For someone with dyslexia, the reverse is true: The front regions of the brain will light up, while the back regions show weaker activation than expected.
CHAPTER 1 Dyslexia

“It is as if these struggling readers are using the systems in the front of the brain to try to compensate for the disruption in the back of the brain,” says Sally Shaywitz, M.D., author of Overcoming Dyslexia and a leader in dyslexia research.¹

How to Diagnose Dyslexia

The longer dyslexia goes undiagnosed, the more it hinders reading development and self-esteem. Get your struggling reader assessed for dyslexia as early as possible to mitigate this negative impact. Most experts recommend that children start interventions for dyslexia by third grade so they have the greatest chance to catch up in reading levels and comprehension.

There is no one test for dyslexia, and getting an accurate diagnosis usually involves working closely with your child’s school, her pediatrician, and other professionals who specialize in dyslexia or learning disabilities in general. Usually, the diagnostic process includes the following steps:

- **Go to your child’s doctor with your concerns.** A pediatrician usually isn’t the best person to make a definitive dyslexia diagnosis, but she may be critical in ruling out other causes of your child’s reading problems. Ask her to look for vision or hearing issues that could be hindering your child’s ability to read, and to chart your child’s development to see if she’s on track in other key areas. Be sure to mention any relatives also diagnosed with dyslexia.

- **Tell the school.** Communicate with your child’s teachers and school administrators about his struggles with reading — even if they already know. The best way to do this is to write a letter formally requesting an evaluation for special-education services (see the Sample Accommodations Request Letter on page 65). Once you grant permission, the school will start the evaluation process; it should be completed in no more than 60 days.

- **Get a specialist involved.** Your child’s school will likely use its own specialist to evaluate your child, but you may ask your pediatrician for a referral. (Note: If you choose to have your child evaluated privately, the school isn’t required to pay for it or to follow any recommendations that result from it.) The specialist — a psychologist or other learning professional — will test your child’s proficiency with reading, rhyming, spelling, and writing. She will also look for other potential confounding

factors like ADHD or anxiety. During this process, you and your child's teachers may be asked to fill out questionnaires on your child's strengths and weaknesses when it comes to reading. The results will help determine whether your child should be formally diagnosed with dyslexia.

- **Set up accommodations.** Once your child receives a formal diagnosis, the school is required to hold a meeting to determine if he is eligible for services. Dyslexia is covered under the “Specific Learning Disability” section of IDEA, but remember: just having a disability doesn’t automatically qualify someone for an Individualized Education Plan (IEP). The school will need to decide whether accommodations and/or services are necessary for your child to succeed in school. Before you attend an IEP meeting at your child’s school, read the evaluation report so you can learn exactly where your child struggles, and be prepared to advocate fiercely on his behalf.

**Interventions for Dyslexia**

Children with dyslexia benefit from specialized reading instruction. Of the many different programs available, the Orton-Gillingham Approach ([http://www.ortonacademy.org/approach.php](http://www.ortonacademy.org/approach.php)) is the oldest and most researched. Many schools use it for special-education reading classes and to help struggling readers, especially those with dyslexia.

The Orton-Gillingham Approach to reading focuses on understanding the connection between letters and sounds. It uses a multi-sensory approach. For example, a student might learn the letter S by seeing it, saying its name, sounding it out, writing it with his fingers in sand, and walking around the room in an S shape. Students listen to how the letter sounds in different words so that they can use this knowledge to sound out the letter in other words.

Reading programs work best when they take a step-by-step approach, allowing children to master one skill before moving on to the next one. The Orton-Gillingham Approach does this. Talk to your school to find out which reading system it uses.

Guided reading is *not* an intervention for dyslexia. Make sure your child gets an intervention that has been empirically validated for students with dyslexia, not one designed to help struggling (non-dyslexic) readers.

**Academic Interventions**

The school’s IEP team will likely propose some strategies to accommodate your child’s
dyslexia, but you shouldn’t be afraid to suggest a few of your own. Some tried-and-true school-based interventions include:

- **Provide vocabulary and summaries ahead of time.** This gives the student a chance to look over the pre-reading material on her own time — feeling more confident and prepared when the actual reading assignment begins.

- **Encourage all students to mark up text** with markers, sticky notes, or anything else to help students sort, arrange, and highlight important concepts in the text.

- **Provide audio versions of the material,** whenever possible. Reading along to a book on tape can be beneficial for students with dyslexia.

- **Provide alternative materials** such as books with similar content at a more appropriate reading level.

- **Use mnemonic devices** to help students with rote memorization.

**At-Home Interventions**
Dyslexia doesn’t only create difficulties at school, so treatment must happen at home, too. Here are a few suggestions:

- **Read together as often as possible.** Young children can sit on your lap while you read a picture book. Elementary-school children should progress to more complex — and more engaging — fare like graphic novels or choose-your-own-adventure books. If your child is in high school, it might be tough to get him to sit down on the couch to read with Dad, but try to sneak in reading wherever you can — an interesting magazine article you saw, or a new recipe for a special occasion. The important thing is for your child to focus on reading in a low-pressure setting outside of school, without grades or criticism.

- **Use audio books to boost reading skills.** Many parents worry that using audio books is counterproductive, but the opposite is true. Audio books help to increase language skills, boost fluency and develop a love of literature and stories. When used in conjunction with other school books, they can increase reading retention and lead to better grades.

- **Provide reading material that piques your child’s interests.** Figure out what your child likes — whether it’s video games, art, or sports — and find as many age-appropriate books on the topic as you can. Many companies print books in special fonts that are easier for children with dyslexia to read; this might help your child
CHAPTER 1 Dyslexia

feel more confident. Encourage her to spend time reading, and make sure she sees you reading occasionally, too — even if it’s just flipping through a magazine or skimming the morning paper.

• Go high-tech. Assistive technology — like text-to-speech software or electronic spellcheckers — can help your child complete assignments and build up weak skills. Several smartphone apps also help children of various ages improve reading skills.

• Praise, praise, praise! Your child needs to know that his reading challenges don’t define him. Express pride when he’s trying hard, and give words of encouragement when he runs into an obstacle. If you have dyslexia, too, talk openly about your challenges and the strategies that have helped you succeed. If you don’t, make sure your child understands that no one is perfect, everyone has strengths and weaknesses, and everyone makes mistakes — even Mom and Dad.

MAKE READING RIVETING
Keep your child turning the pages with our 8 favorite books for reluctant readers, at http://additu.de/148

Living with Dyslexia
Some parents fear that labeling a child with “dyslexia” will make him feel different. But kids with dyslexia do feel different, because they are — diagnosed or not. It is the responsibility of parents and teachers to see — and to demonstrate — that “different” does not mean “inferior.” Studies show that when a child is diagnosed with “dyslexia” — versus more vague labels like “specific learning disability” — his self-esteem is actually positively affected.

A dyslexic brain brings with it many hidden gifts that are fully expressed only when the pitfalls of dyslexia are properly assessed and treated. A study conducted at Cass Business School, in London, found that 35 percent of entrepreneurs had dyslexia. Dyslexics were more likely than non-dyslexics to delegate authority, and to excel in oral communication and problem solving. In other words, dyslexia and success are far from mutually exclusive.
CHAPTER 1 Dyslexia

Spielberg on Dyslexia: “You Are Not Alone”

Just a few years ago, Academy Award winning director Steven Spielberg revealed that he has dyslexia. “It was the last puzzle part in a tremendous mystery that I’ve kept to myself all these years,” the director said in an interview on friendsofquinn.com. Diagnosed at the late age of 60, Spielberg learned to read two years later than his classmates, who bullied him so much that he dreaded going to school.

“I never felt like a victim,” he said. “Movies kind of saved me from shame... from putting it on myself, from making it my burden when it wasn’t.”

Spielberg, whose parents always supported him, went back to college in his 50s to complete his degree, which he had abandoned in 1968 to pursue filmmaking. In the interview, he said that it still takes him twice as long as anyone else to read a book or script, but he uses the extra time to look for things to appreciate as he lingers over the words.

His advice to young adults with dyslexia? “You are not alone, and while you will have dyslexia for the rest of your life, you can dart between the raindrops to get where you want to go. It will not hold you back.”

HOW DYSLEXIA CHANGES WITH AGE
Dyslexia looks different in preschool than it does in high school. This useful infographic shows how it changes over time: http://additu.de/dyslexinfo
CHAPTER 1  Dyslexia

Dyslexia Self-Test
This screener is designed to determine whether your child demonstrates symptoms similar to those of dyslexia. A high score does not necessarily mean your child has dyslexia or any other learning disability. Only a trained healthcare professional can make a diagnosis.

☐ My child is of average or above-average intelligence, but seems unable to read at her grade level.

☐ My child is better at expressing himself verbally than he is at writing.

☐ My child avoids reading altogether, or gets easily frustrated when completing reading-related assignments.

☐ My child has difficulty sustaining attention; she often spaces out or is labeled a “daydreamer.”

☐ My child complains of headaches, stomachaches, or dizziness when reading.

☐ My child says that words “wiggle” or “shimmer” on the page while he’s reading.

☐ After reading a passage, my child is unable to give a summary or discuss key points with me.

☐ When reading out loud, my child sometimes repeats words, mixes up letters, or changes word order without noticing.

☐ My child spells inconsistently, often misspelling words she already knows.

☐ My child struggles to sound out words.

☐ My child often confuses his left from his right.

☐ My child struggles to copy out letters, numbers, or symbols.

☐ My child’s handwriting is inconsistent, and some days it is totally illegible.

☐ My child has difficulty budgeting her time or following a schedule.
CHAPTER 1 Dyslexia

☐ My child is okay at math, but struggles with word problems.

If you checked off three or more boxes above, your child may be showing signs of dyslexia. Take the results of this self-test to your child’s doctor and share it during the evaluation process.
CHAPTER 2
Dysgraphia
Chapter 2: Dysgraphia

What Is It?
Dysgraphia is a learning disability that affects handwriting and fine motor skills. It interferes with spelling, word spacing, and the general ability to put thoughts on paper. It makes the process of writing maddeningly slow, and the product often illegible. Forming letters requires so much effort that a child may forget what he wanted to say in the first place.

The act of writing something down helps most of us to remember, organize, and process information, but children who struggle with the mechanics of writing learn less from assignments than do their peers. On top of that, when the physical act of writing is incredibly challenging, a child can’t effectively “show what he knows.” He may fail an exam simply because he can’t translate his thoughts and answers to paper. When a child encounters such classroom defeat frequently, especially in the early years of schooling, it doesn’t take long for academic discouragement to develop into a sense of inferiority that undermines all attempts to learn. This is just one reason why early evaluation and diagnosis of dysgraphia is so critical.

Signs of Dysgraphia
Dysgraphia is usually identified when a child is learning to write, but it can remain hidden until adulthood, particularly in mild cases. People with dysgraphia occasionally have trouble with other fine motor skills, like tying their shoes — but not always. In elementary school settings, it’s estimated that approximately 4 percent of children suffer from dysgraphia.

Common indicators of dysgraphia include:

Preschool
- Resists coloring or drawing
CHAPTER 2 Dysgraphia

- Holds crayons or markers awkwardly
- Often complains that drawing hurts or makes her hand tired
- Struggles with connect-the-dots, tracing, or other writing activities that require patterns to be followed

**Elementary and Middle School**
- Trouble forming letters or spacing words consistently
- Awkward or painful grip on a pencil
- Uses a random assortment of letter sizes
- Spells the same word multiple different ways, even in the same paragraph
- Difficulty following a line or staying within margins
- Trouble with sentence structure or following rules of grammar when writing, but not when speaking
- Struggles to draw, trace, or reproduce simple shapes
- Unable to read own handwriting
- Has trouble reading maps or charts
- Inserts capital letters into the middle of words or forgets capitals when they’re required
- Forgets or misuses punctuation

**High School and Beyond**
- Difficulty organizing or articulating thoughts on paper
- Continues to write in simple sentences after peers have progressed to more complex sentence structure
- Pronounced difference between spoken and written understanding of a topic
- Omits letters or word endings when writing quickly
- Resists any assignment that involves writing
- Struggles to come up with topic ideas or create outlines for writing assignments
- Leaves out critical facts or details when writing
CHAPTER 2 Dysgraphia

- Handwriting remains difficult or impossible to decipher
- Blends printing and cursive letters haphazardly
- Never “gets to the point” in a writing assignment, or repeats the same ideas over and over again with slightly different wording
- May also have difficulties texting or typing on a computer

Causes of Dysgraphia

Experts aren’t totally sure what causes dysgraphia, though new evidence indicates that it may be linked to something called “orthographic coding,” which is the working memory involved in the process of writing. When people start writing, they need to remember various sets of information very quickly: what they know about the topic, what point they want to make in their writing, and how to physically form the letters as they go. Individuals with dysgraphia struggle to recall this information quickly, leading researchers to believe that dysgraphia may involve the same faulty brain mechanisms as poor working memory.

Like other learning disabilities, dysgraphia is highly genetic and often runs in families.

Diagnosing Dysgraphia

If your child demonstrates the above symptoms or other persistent problems with writing — usually, but not always, appearing by elementary school — consult the school’s special education staff. If the school can’t test for dysgraphia (or doesn’t want to), look for an occupational therapist, pediatric neurologist, or a neuropsychologist with experience in the disorder.

A specialist can assess your child’s writing ability, fine motor skills, and academic progress to determine whether dysgraphia is the culprit. Tests for dysgraphia usually include a writing component — copying out sentences or answering brief essay questions — as well as a fine-motor component, in which your child will be tested on reflexes and motor speed. The specialist will try to get a sense of both the quality of your child’s writing — how well he organizes thoughts and conveys ideas — and the physical act of writing itself. Does writing hurt? Are letters formed correctly?
CHAPTER 2 Dysgraphia

Interventions for Dysgraphia
If your child is diagnosed with dysgraphia, meet with the school’s evaluation team to request services or support. Reducing the emphasis on writing and/or the required daily amount of writing allows most children with dysgraphia to work successfully in school.

Academic Interventions
Uninformed teachers have been known to tell students with dysgraphia to “just practice” by writing more often and focusing more intently on what they want to say. But more practice is often not what kids with dysgraphia need to improve their writing; rather, they need the right practice — both at school and at home. Helpful changes in the classroom may include:

- Allow the student to take extra time on tests.
- Provide worksheets to reduce the amount of copying needed.
- Remove neatness as a grading criterion.
- Reduce the length of written assignments or the number of math problems required. Give the student your “teacher’s copy” of the notes, or allow another student to buddy up for sharing notes.
- Cut unnecessary time struggling with handwriting by allowing students to substitute “key words” for full sentences, in some cases.
- Create oral alternatives to writing assignments, including full exams, or allowing just a quick lesson summary at the end of the day.
- Allow for some spelling errors and permit the use of a dictionary or spell-checking device.
- Use physical accommodations like pencil grips, erasable pens, and paper with raised lines to help students with dysgraphia work on handwriting skills. Graph paper with large squares, which provide visual guidance for spacing letters and numbers, is also useful. For big projects, use Ghostline poster board, which is lightly lined with a grid.
- Allow students to use computers with word processing software, whenever possible. Alternatively, allow students to use planning software before writing a long answer by hand.

Your child may also benefit from working with an occupational therapist on letter formation, fine-motor skills, and cursive writing, which can be easier than printing.
CHAPTER 2 Dysgraphia

At-Home Interventions
In the early grades, especially, it’s important that you work in tandem with your child’s educational team to help improve handwriting at home, as well as at school. Here are several ways you can accomplish that:

- **Teach typing:** this is an absolute life-saving strategy for any child with dysgraphia. Invest in a children’s typing program, such as Typing Instructor for Kids ([http://www.typinginstructorkids.com](http://www.typinginstructorkids.com)), for kids ages 7 to 10, or Mavis Beacon Teaches Typing ([http://www.broderbund.com/c-33-mavis-beacon.aspx](http://www.broderbund.com/c-33-mavis-beacon.aspx)), for kids ages 11 and up. Reward your child for practicing on the computer at least 10 minutes a day. A lightweight keyboard or tablet will allow him to type notes in class and transfer them to your home computer or save them in a Google Doc.

- **Get a good grip on the pencil or pen.** In situations where typing isn’t possible, make sure your child can hold her pencil to the best of her ability. There are many kinds of rubber or plastic pencil grips on the market that reinforce the traditional tripod grip. Children with “dagger” or other types of grips need to be shown where their fingers should go. The Grotto Grip Pencil Grasp Trainer ([pathwaysforlearning.com](http://pathwaysforlearning.com)) is often rated the most helpful. Designed and tested by occupational therapists, Grotto Grip decreases hand fatigue and pencil pressure. The best thing about the Grotto is that the child can’t cheat: The grip positions a child’s fingers exactly where they should go and keeps them there while he writes.

- **Encourage your child to dictate sentences** into a tape recorder before writing them down.

- **Be a scribe for your child.** Almost every child with dysgraphia resists writing stories, book reports, or factual summaries. As a result, homework takes hours to complete. To increase your child’s fluency and willingness to write, try this: Have your child talk out an answer while you write down the first sentence. Your child writes the next sentence, and you switch back and forth. This shortens homework time, takes the handwriting load off your child, and forces him to stay focused on thinking about the next sentence.

- **Prompt your child to say the words as he writes them.** Auditory feedback helps students stay focused and monitor their efforts.

- **Do letter-formation drills (print and cursive).** Letters don’t have to be precise and artistic, but they should be fairly consistent and readable. So a letter should not float like a balloon, or sink below the line (“into the basement,” as some teachers
CHAPTER 2 Dysgraphia

say). Make sure your child always forms letters from the top, not the bottom.

- **Use Handwriting Without Tears** ([hwtears.com](http://hwtears.com)), a program that includes a workbook and online tools. It works wonders.

- **Practice letters that are similarly formed** (l/t; a/c/d; v/w), and work on those that are more frequently used — s, m, r — before trying those less commonly found in words — j, q, z.

- **Give verbal instructions about how to form a letter.** This especially helps young children improve their handwriting. For example, with the capital letter B, you can give the following instructions: “Start at the top, straight line down, back to the top, sideways smile, sideways smile.”

- **Engage in multi-sensory exercises.** Ask your child to write in the air, in sand, or on an iPad white board, using his finger. This enables a tactile learner to “feel the letter” and anchors the memory of its shape. These exercises are good warm-ups before starting a longer handwriting session.

- **Keep letters inside the lines by writing** on raised-line paper ([therapyshoppe.com](http://therapyshoppe.com)). Some students with dysgraphia struggle to tell where the lines are, which slows down their writing. Using sensory-friendly paper speeds up handwriting by letting the child feel where the ruled lines begin.

- **Build muscle memory in fingers:** this is a trick that many occupational therapists use in improving handwriting. Have your child walk her thumb, index, and middle finger up and down a chopstick, placed on a flat surface, as fast as possible. Only the three “grip” fingers should touch the chopstick.

**STRENGTH TRAINING FOR SMALL DIGITS**

Here are five tips and activities for building fine-motor skills in your kids:
- Squeeze a stress or squish ball
- Build things with small LEGO pieces
- Practice buttoning buttons and opening/closing snaps
- Pick up small objects with tweezers or tongs
- Do jigsaw puzzles
CHAPTER 2 Dysgraphia

Dysgraphia Self-Test

This screener is designed to determine whether your child demonstrates symptoms similar to those of dysgraphia. A high score does not necessarily mean your child has dysgraphia or any other learning disability. Only a trained healthcare professional can make a diagnosis.

☐ My child holds her pencil awkwardly or positions her paper in an unnatural way when she’s writing.

☐ My child stares at his hand when he’s writing, instead of looking at the paper.

☐ My child forms letters incorrectly, inconsistently, or incompletely.

☐ My child quickly becomes tired of writing or complains that it hurts his hand. Whenever possible, he avoids writing altogether.

☐ My child takes much longer to write a sentence or paragraph than other children her age.

☐ My child often writes in the margins or spaces her words inconsistently.

☐ My child often forgets letters and words, or leaves words incomplete when writing.

☐ My child has difficulty taking notes or doing other tasks that require listening and writing at the same time.

☐ My child has difficulty expressing himself on paper, even if he’s an expert on the topic.

☐ My child doesn’t seem to understand grammar rules when writing, even if she seems to understand them when speaking.

☐ My child is often viewed as “sloppy,” “careless,” or “inattentive” regarding written work.

If you checked off three or more boxes, your child may be showing signs of dysgraphia. Take the results of this self-test to your child’s doctor and share it during the evaluation process.
CHAPTER 3
Dyscalculia
Chapter 3: Dyscalculia

What Is It?
Learning disabilities related to math are called dyscalculia. “All learning occurs because the brain develops specialized structures for different tasks,” says Glynis Hannell, a family psychologist and author of *Dyscalculia: Action Plans for Successful Learning in Mathematics*. “Some of us are blessed with brains that quickly develop networks that make math easy, obvious, and interesting. Students and adults with dyscalculia find math puzzling, frustrating, and difficult to learn. Their brains need more teaching, more targeted learning experiences, and more practice to develop these networks.”

Estimates vary, but most experts believe 3 to 6 percent of the population has symptoms of dyscalculia. It has a strong association with females who have Turner Syndrome — a condition where one X chromosome is partially or completely missing — though the exact reason for the link is not fully understood.

Signs of Dyscalculia
Long-time educator and dyscalculia specialist Ronit Bird lays out the symptoms of dyscalculia in *The Dyscalculia Toolkit*, a book designed to help teachers and parents whose children are struggling with the disorder. Bird outlines many subtle age-specific indicators, including:

**Preschool**
- Struggles to learn to count
- Has difficulty connecting numbers to concrete objects (brings you two blocks when you ask for five, for example)
- Has trouble sorting objects by color, shape, or type
- Doesn’t seem to understand the passage of time
- Can’t memorize simple numbers, like 911
CHAPTER 3 Dyscalculia

Elementary and Middle School
• Uses fingers to count out math solutions, long after peers have stopped using this method
• Resists playing math- or number-based games, like Crazy Eights
• Has trouble recalling simple math facts
• Has difficulty linking numbers and symbols to amounts and directions
• Has difficulty making sense of money (handing a cashier a fistful of bills rather than counting it out, for example)
• Unable to tell time on an analog clock
• May struggle with handwriting
• Doesn't understand the “vocabulary” of math; often can't make sense of word problems
• Has difficulty immediately sorting out right from left
• Has trouble recognizing patterns and sequencing numbers

High School and Beyond
• Still relies on calculators for simple math functions like adding and subtracting
• Has trouble estimating how much something will cost or how long a trip will take
• Remains significantly behind peers in math skills; still struggles to master basic concepts as other students move on to advanced courses
• Avoids answering math-related questions during day-to-day conversation
• Seems anxious about changing classrooms multiple times during the day, or mixes up which classroom she's supposed to be in
• Can't remember friends' phone numbers or addresses

Causes of Dyscalculia
The exact causes of dyscalculia are unknown, but modern brain imaging technology has given researchers some clues to its origin. Multiple studies have shown that dyscalculic brains typically show differences in surface area and volume in the left hemisphere of the brain — the area responsible for the logical and formulaic thought patterns required to
CHAPTER 3 Dyscalculia

learn math. Other studies have also linked the condition to low birth weight or fetal alcohol syndrome, both of which can cause brain impairment in the parietal lobes, another area of the brain known to process math.

Damage to the parietal lobe as an adult has lead to some instances of late-onset dyscalculia, supporting the link between the condition and this area of the brain — even as the full causal relationship remains only partially understood.

Diagnosing Dyscalculia

Like other learning disabilities, dyscalculia has no cure. It’s not a phase your child will outgrow — it’s the way her brain processes math. By the time most children are diagnosed with dyscalculia, they have a shaky math foundation. The goals of diagnosis and treatment are to fill in as many gaps as possible and to develop coping mechanisms that can be used throughout life.

If you suspect that your child has dyscalculia, begin by talking with her teacher. She should be able to tell you how well your child is doing in math, and how she compares to her peers.

If your child’s teacher isn’t familiar with dyscalculia, don’t be discouraged. The disorder is not well known or understood, and many teachers don’t know the signs. They may attribute problems in math to the child not being “math-minded,” or occasionally just to laziness. “If the teacher initially says nothing is wrong, don’t give up until your child’s math abilities have been evaluated by the teacher or a learning specialist,” Hannell says.

Though schools and private testing centers use different approaches to determine dyscalculia, any good test will identify a child’s math ability and skills compared to those of other children his age. Every child with dyscalculia has different strengths and weaknesses; a competent professional will recognize this and try a combination of tests to identify specific areas where your child struggles. Common tests for dyscalculia include:

- **Counting:** Though it seems deceptively simple, one of the most common parts of a dyscalculia test asks your child to practice counting backwards, counting dots, or completing other straightforward exercises designed to reveal how she relates to numbers and groups them together. One common version of this test is called the Neuropsychological Test Battery for Number Processing and Calculation in Children, or NUCALC.


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- **Drawing shapes**: Visual-spatial skills play a huge role in math, and copying shapes or drawing them from memory is a good way to measure a child's challenges in this area. If your child struggles to draw a trapezoid from memory, or can't identify a known shape when it's shown from a different angle, visual-spatial deficiencies may be affecting his ability to learn common math skills.

- **Classroom observation**: Most diagnostic professionals will want to watch your child interact with math in a “real-world” setting. Talk to your child's school about setting up an observation day.

After determining your child's needs, a learning specialist will develop a plan that targets them. “I tailor the lesson to the individual needs of the child, focusing on any misconceptions he may have, and finding the gaps in understanding that need to be filled,” Bird says. “The goal is to create a stable foundation on which to build more skills.”

**Interventions for Dyscalculia**

Math worksheets aren’t usually the best way to help a child with dyscalculia. Kids need a hands-on approach to learning math skills. Bird has written several books focused on games that use concrete materials, like colored glass stones, dice, or dominoes, along with a multi-sensory approach. For example, using glass stones, a child can begin to look at numbers differently by breaking them into sets and rearranging them on colorful mats. Six dots on a domino can be grouped into 2 sets of 3, 3 sets of 2, or 1 set of 2 and 1 set of 4. Grouping and regrouping is important; it helps a child see numbers in workable ways. She can take this new skill and apply it to simple math problems. The long-range goal is to teach calculation techniques and reasoning that use math principles to solve math problems.

**Academic Interventions**

Teachers and schools can also provide the following classroom accommodations to support struggling students with dyscalculia:

- **Allow extra time on tests.** Children with dyscalculia often feel rushed during standard-length math tests. If possible, avoid timed tests of basic facts like multiplication tables, as this can be a roadblock.

- **Provide frequent checks during classwork.** It is frustrating for a student to finish an entire worksheet, only to be told that every answer is wrong and he’ll need to do it
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again. Instead, teachers should check after every problem, or every three or four. This way, a child can learn from mistakes and feel bolstered by a sense of improvement.

- **List the steps for multi-step problems and algorithms.** Post clearly numbered step-by-step instructions on the board, or give your student a copy she can keep at her desk.

- **Keep sample problems on the board.** Students should also copy them down in a notebook for reference.

- **Give students individual dry-erase boards to use at their desks.** Students can complete one step of a problem at a time, erasing any mistakes they may make.

- **Use plenty of brightly colored, uncluttered reference charts and diagrams.** Children with dyscalculia benefit from visual representations of math problems.

- **Whenever possible, allow calculator use.** When testing more complex concepts than addition or subtraction, allow students to use calculators to make these basic steps quicker and more accessible. Then, a student can focus on demonstrating what she knows — not how well she can add in her head.

- **Reduce the number of assigned problems.** Assigning 10 problems, rather than a full page, is enough to assess a student’s understanding.

**At-Home Interventions**

The prospect of practicing math skills can be daunting and challenging for parents too, especially if you never felt like a math whiz yourself. But you don’t need to teach your child calculus; you can help him build math skills and gain confidence with simple everyday exercises, including:

- **Point out math wherever you can.** In small, everyday ways, build in your child a sense of how numbers and equations apply to her life. When you go grocery shopping, talk about how much change you’ll get back at checkout, or how many apples you’ll need for the week’s lunches. As she gains confidence, your child can help you plan recipes, create simple budgets, or match socks when you’re doing laundry — all of which will strengthen her number sense and visual-spatial skills.

- **Play math games.** Lots of common board games — like Candyland, Sorry, and mancala — involve counting, simple arithmetic, and fine motor skills. Play these and other similar games with your child as often as you can to help him learn to use numbers in a fun and relaxing environment.
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- **Work with your child on managing time.** A lot of children with dyscalculia struggle to recognize how much time has passed or when she should move on to the next activity. Talk to your child about these challenges, and set up a system to help her improve her sense of time. Common strategies include cell-phone reminders, visual timers—like the Time Timer ([timetimer.com](http://timetimer.com))—or allowing your child to take frequent breaks during homework time.

- **Help with homework.** Multi-part math problems can seem daunting for children with dyscalculia, and without help, your child may be unsure where to start or what steps to follow. Lend a hand by breaking math homework into chunks for your child, or by doing a few problems together so he gets a sense of the required steps. Allow your child to use a calculator whenever possible, to reduce the amount of math he needs to do in his head.

- **Be understanding.** Learn as much as you can about your child’s condition, and help him understand that his math-related challenges do not mean he’s “stupid” or “lazy.” Give positive encouragement whenever you can, and try not to get frustrated if your child is struggling with a basic concept — if he senses you’re upset, it will only make him more anxious and unwilling to practice. Praising him for his effort — as well as patiently guiding him through obstacles — will help him feel more confident and willing to tackle new concepts.

Since math is so prevalent in day-to-day life, a diagnosis of dyscalculia is never easy. But, says Bird, it’s always better to know for sure, pointing out that when “no one has investigated the nature or the causes of significant difficulties in math, children are often given the unofficial labels of ‘lazy’ or ‘disengaged’ or even ‘stupid,’ which can damage their self-esteem. Many children who have been diagnosed with dyscalculia find it liberating to be told that there is a specific cause for their challenges. The condition is something they were born with, and is beyond their control, like the color of their eyes. It helps to know that.”
CHAPTER 3 Dyscalculia

Dyscalculia Self-Test

This screener is designed to determine whether your child demonstrates symptoms similar to those of dyscalculia. A high score does not necessarily mean your child has dyscalculia or any other learning disability. Only a trained healthcare professional can make a diagnosis.

☐ My child struggled to learn to count, and often says numbers out of order long after peers have mastered this skill.

☐ My child doesn’t seem to understand the connection between the symbol “4” and the word “four.” She often makes mistakes when reading or following directions involving number words or symbols.

☐ My child struggles to connect the concept of numbers to real-world items; when I ask him how many cookies there are, he seems confused by the question or answers incorrectly.

☐ My child doesn’t seem to understand the difference between adding and subtracting, and often confuses the + and – symbols when completing math problems.

☐ My child still counts on her fingers past third grade.

☐ My child cannot tell time.

☐ My child doesn’t seem to understand money, and has difficulty making change or sticking to a budget.

☐ My child gets lost a lot, even in familiar surroundings.

☐ My child cannot read graphs or charts without help.

☐ My child cannot write numbers clearly or keep his work neat when solving math problems.

☐ My child struggles to sort objects by shape, color, or size.

☐ My child has trouble solving word problems or multi-step math problems, and can’t articulate what strategies she’ll use along the way.
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☐ My child seems disinterested in keeping score or playing any game that involves math, however indirectly.

If you checked off three or more boxes, your child may be showing signs of dyscalculia. Take the results of this self-test to your child’s doctor and share it during the evaluation process.
CHAPTER 4
Nonverbal Learning Disorder
Chapter 4: Nonverbal Learning Disorder

What Is It?
Nonverbal learning disorder (NLD) might be the most overlooked — and underdiagnosed — learning disability. NLD is a constellation of brain-based difficulties that was once considered rare; now, it’s thought to be as prevalent as dyslexia. Strongly genetic in origin, NLD affects girls just as frequently as it does boys and is characterized by poor visual, spatial, and organizational skills, poor motor performance, and difficulty recognizing and processing nonverbal cues — body language, facial expression, and the nuances of conversation.

Most children with NLD have large vocabularies, outstanding memory and auditory retention, and average-to-superior intelligence. They’re also often misdiagnosed with ADHD, due to symptoms that resemble impulsivity or inattention. “Virtually every child I’ve seen with NLD was first diagnosed with ADHD,” said the late Marcia Rubinstien, founder of the Nonverbal Learning Disability Association. “Pediatricians ought to be able to recognize NLD and refer children for an evaluation, but teachers and medical professionals are more aware of language-based learning disabilities.”

Young children with NLD are often good at compensating for their limitations — and usually charm adults with their precocious conversation skills. But once they hit puberty, tweens with NLD can start to experience severe anxiety. In adulthood, a high prevalence of mood disorders — combined with trouble picking up on social cues and setting priorities — make it difficult for people with NLD to hold on to jobs and relationships. The earlier the correct diagnosis is made and appropriate interventions begin, the better the outlook for a person with NLD.

Signs of Nonverbal Learning Disorder
NLD varies from child to child, and is not defined as a separate entity in the Diagnostic and Statistical Manual of Mental Disorders, Volume 5 (DSM-V). For diagnosis, a child
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must undergo neuropsychological testing, speech and language assessment, and educational and occupational therapy evaluations.

Symptoms generally get more noticeable as the child gets older, and include:

**Preschool**
- Exceptionally good memory; can memorize songs, stories, and other information, but may be unable to draw conclusions or make sense of what she's memorized
- Poor coordination; seen as “clumsy” or always “getting in the way”
- Always asking questions, to the point of being repetitive, annoying, or interrupting the regular flow of conversation
- Relies almost exclusively on adults for social interaction; seems distant from other kids of the same age
- Doesn’t physically explore the world; prefers to ask questions to understand what’s going on around him

**Elementary and Middle School**
- Trouble recognizing nonverbal cues (facial expressions, body language)
- Poor fine motor skills (difficulty using scissors, tying shoes, etc.)
- Can read well above grade level, but has difficulty answering questions about what she read
- Needs to verbally “label” information in order to understand it; difficulty comprehending unsaid or spatial information
- Doesn’t seem interested in exploring her independence; remains overly dependent on parents
- Overshares information that is private or unrelated to the topic at hand

**High School and Beyond**
- Extremely “literal;” struggles with sarcasm, innuendo, or other linguistic nuances
- “Naïve” or overly trusting for his age
- Anxious around other students, lashing out frequently in everyday social situations
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- Takes a long time to complete homework or in-class assignments; often runs out of time on tests
- Struggles to organize thoughts when writing
- Difficulty coping with change; may develop inflexible routines around eating, getting dressed, or completing daily tasks
- Difficulty making generalizations or seeing the “big picture”
- Overall challenges often masked by highly advanced verbal skills

As measured by the Wechsler Intelligence Scale for Children, a child with NLD may demonstrate a verbal IQ that's 20 or more points higher than her performance IQ. (Verbal IQ is a measure of a child's language ability. Performance IQ measures how well he makes use of what he knows.)

Another telltale sign: Despite their facility with language, kids with NLD often have poor reading comprehension. A child with NLD may miss the forest and the trees because of his intense focus on the leaves. After reading a book about the Civil War, for instance, the child might be able to name and describe each battlefield — yet fail to recognize that the conflict was about slavery and federalism.

Far more than other children, kids with NLD rely mostly on language to learn about their world. Yet because they have trouble with abstract concepts, their language comprehension and speech lack nuance.

When an exasperated mom says, “Don’t let me see you playing with that toy any more,” her child with NLD might continue to play with it, but turn away — so his mom cannot see him. To a child with NLD, this makes perfect sense — but before diagnosis, NLD kids are often considered “smart alecks” for this type of seemingly defiant behavior.

Because they’re literal-minded, children with NLD tend to be naïve and virtually incapable of deception. These traits are often endearing, but they can cause heartbreak when a child reaches adolescence. For example, a teenage girl who cannot comprehend lying may not hesitate to befriend a stranger who offers her a ride home. Children may pick on a kid with NLD who never picks up on sarcasm or fails to understand the unspoken rules of the middle school social scene.
CHAPTER 4 Nonverbal Learning Disorder

Causes of Nonverbal Learning Disorder

Since NLD isn’t in the DSM, there is still a lack of consensus on naming its symptoms and causes. Some researchers don’t even believe NLD is a real condition — but among those who do, there are a few theories regarding its origins.

Since NLD shares symptoms with conditions associated with right-hemisphere damage, some researchers hypothesize that differences in the brain’s right hemisphere can be linked to the development of NLD. Other researchers suspect that those with NLD have differences not in the left or right hemisphere, but instead in the part of their brain — known as the corpus callosum — that sends messages between the two hemispheres. Challenges with recalling social norms and following predictable patterns of conversation lead some scientists to believe that the frontal lobe — the area of the brain responsible for executive functions and working memory — may be where the problems lie.

Diagnosing NLD

At first glance, children with NLD seem to behave like those with ADHD — poor social skills, impulsive blurting, or difficulty focusing on nonverbal tasks — but the appropriate interventions for the two conditions are not the same. A child with NLD may have trouble sitting still and may bump into people, but this isn’t due to hyperactivity — it’s due to his poor balance and coordination, as well as trouble with visuospatial relationships.

As with other learning disabilities, however, NLD can often go hand-in-hand with ADHD. “You can miss NLD in children with ADHD if you don’t have a thorough neuropsych evaluation,” cautions Ruth Nass, M.D., professor of pediatric neurology at New York University School of Medicine in New York City.

A mental health professional specializing in NLD, ideally a neuropsychologist, is the best person to evaluate and diagnose your child. She’ll evaluate your child’s speech and language development, both his verbal IQ and his performance IQ, his visual-spatial skills, and his motor development. His score on each of these individual tests is mostly irrelevant; rather, the specialist will be looking to see whether his overall strengths and weaknesses match the most common patterns of patients with NLD.
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Interventions for NLD
Given the complexities of NLD, children do best when receiving help from a team of professionals, including a neuropsychologist, occupational therapist, education specialist, and a speech and language therapist.

Academic Interventions
Unfortunately, NLD isn’t covered under IDEA, so even a formal evaluation may not mean your child gets an IEP or 504 Plan unless she has another diagnosis or disability. This doesn’t mean your child is ineligible for extra help, however. Talk to your child’s school about implementing some of the following formal or informal accommodations:

- **Social skills groups** can teach kids how to greet a friend, how to greet a stranger, and how to recognize and respond to teasing.
- **Occupational therapy** builds a child’s tolerance for tactile experiences, improves balance, and enhances fine motor skills.
- **Typing instruction software** can help kids compensate for poor handwriting.
- **Recorded books are key** for kids who learn by listening. Recording classroom lectures may also be helpful.
- **Using a daily planner** can help students improve organizational skills and practice nonverbal planning strategies.

At-Home Interventions
“As the parent of a child with NLD, you are your child’s primary therapist,” said Sue Thompson, the late author of *The Source for Nonverbal Learning Disorders*. Parents can help by doing the following:

- **Talk through concepts** when your child seems confused. If your child asks incessant questions, agree on a specific limit to help you avoid overload. Tell your child that you can answer three questions right now, but no more — if she still has more questions on the topic after a set amount of time, agree to answer three more once the time is up.

- **Prepare your child in advance for big changes or daily transitions.** If you’re going to the zoo, for example, discuss what path you’re going to take, when you’re going to stop for lunch, and how she can let you know if she’s stressed or uncomfortable.
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- **Focus on your words.** Children with NLD often have trouble understanding idioms, sarcasm, and the varying tones of voice neurotypical people use automatically to convey meaning. Before giving an instruction to your child, think of the most straightforward way you can word it so she’ll be able to understand. It may be challenging to break the habits of speech you’ve developed, but your child will benefit tremendously from your efforts.

- **Watch for signs of overload.** Allowing your child to take a break or abstain entirely from certain activities can help him get a handle on unnecessary stress and move through his day with less anxiety.

Sound daunting? According to Rubinstien, “Helping a child with NLD is like learning a new language. Once you learn it, you can give your child the tools he needs to win.”

**Self-Test for Nonverbal Learning Disorder**

This screener is designed to determine whether your child demonstrates symptoms similar to those of nonverbal learning disorder. A high score does not necessarily mean your child has nonverbal learning disorder or any other learning disability. Only a trained healthcare professional can make a diagnosis.

- My child has trouble using scissors, tying her shoes, or forming letters when writing.
- My child seems clumsy and doesn’t like to play sports.
- My child seems to get along better with younger children, and keeps his distance from kids of the same age.
- My child clings to me in public and gets upset when she is taken to unfamiliar locations.
- My child doesn’t want to go to sleepovers or friends’ birthday parties because it would disrupt his normal routine.
- My child never stops asking questions, even after I run out of answers.
- My child can read out loud quickly, but can’t answer questions about what she’s read.
CHAPTER 4 Nonverbal Learning Disorder

☐ My child seemed “precocious” when she was younger, but grew more anxious and socially inept with age.

☐ My child seems self-centered, defiant, or immature.

☐ My child sees everything in black and white, and struggles with abstract concepts or nuanced situations.

☐ My child is incapable of dishonesty, and assumes everyone is telling him the truth all the time.

☐ My child often “misses the joke” or fails to notice sarcasm.

If you checked off three or more boxes, your child may be showing signs of nonverbal learning disorder. Take the results of this self-test to your child’s doctor and share it during the evaluation process.
CHAPTER 5
Auditory Processing Disorder
Chapter 5: Auditory Processing Disorder

What Is It?

Do you sometimes feel that what you say to your child isn't sinking in? Does he often misunderstand you, have trouble following directions, or respond to your questions with “What?”

These are signs of an auditory processing disorder (APD), a learning disability that impacts the brain’s ability to filter and interpret sounds. Children with APD have a hard time receiving, organizing, and using auditory information. They’re able to hear, but fall short at listening. While APD isn’t as well known as some other learning disabilities, it is becoming increasingly common. Roughly 7 percent of children have some type of auditory processing difficulty.

But what is it, exactly? At its most general, APD is a glitch in the brain’s ability to filter and process sounds. An APD child doesn’t have difficulty hearing — in fact, in most cases, her hearing is fine. Rather, her brain perceives the sounds incorrectly, affecting the child’s ability to distinguish between similar sounds (da and ga, for example).

Some children with APD have trouble screening out background noise, so they pick up bits of surrounding sounds. The echo in a gymnasium or the hum of an air conditioner interferes with the conversation at hand. It’s like listening to the radio with interference garbling the reception.

A child with the disorder typically tries so hard to understand what’s being said that she forgets parts of the conversation or doesn’t pick up on the nuances or subtleties of the words. This can cause innumerable difficulties in school, at home, and in day-to-day life as the child’s ability to listen, remember, and respond to what is being said is compromised.

Jack Katz, M.D., a pioneer in the field of auditory processing disorder, says that APD comprises three distinct conditions that often overlap but may occur in isolation.
CHAPTER 5 Auditory Processing Disorder

- **Sound discrimination problems.** When children learn to talk, they mimic the sounds they hear to produce speech. A child with APD may not speak clearly, using similar (“dat” instead of “that”; “free” instead of “three”) rather than exact sounds long after peers have corrected themselves. Typically, children with faulty sound discrimination will run words together and drop word endings and unemphasized syllables when speaking. Reading and spelling may also be affected.

- **Auditory memory problems.** This part of the disorder makes it difficult for a child to memorize numbers and facts, and also affects his reading and language skills. Children with auditory memory problems typically take longer to learn their telephone numbers and addresses, and have difficulty remembering basic math facts. Verbal instructions and lists are similarly tough to retain.

- **Language processing problems.** This component of APD is the most troublesome — and will be covered in more depth in the next chapter. It affects a child’s abilities to understand what’s being asked of him and to socialize with peers. A child with this cognitive glitch has trouble taking oral tests and becomes confused when reading and telling stories with lots of characters and events. He will often pass up a chance to hold a conversation because of the time it takes to process words being spoken and to formulate responses.

**Signs of APD**

Children with APD usually don’t have difficulty focusing and paying attention in a quiet space, but may be exquisitely sensitive to sound. In fact, some sounds — a blender, a train engine, police sirens — can actually “hurt.” A young child with APD may learn that she needs to plug her ears before movie previews, for example, in case the sound gets loud.

Other symptoms of APD can include:

**Preschool**
- Doesn’t like being read to; would rather look at a book in silence
- Gets unnaturally upset at loud noises; panics when you turn on the blender or when someone starts mowing the lawn
- Covers his ears or starts crying when multiple sounds are happening at once
- Mispronounces similar sounding words (three/free, celery/salary, etc.) after peers have mastered them
CHAPTER 5 Auditory Processing Disorder

Elementary and Middle School

- Unusually distracted by background noise or outside sounds; can’t focus on a conversation if a TV is audible from another room, for instance
- Difficulty processing sound-related tasks; struggles to follow sequential directions, for example, or hum along to music
- Doesn’t remember names of familiar people
- Difficulty explaining thoughts

High School and Beyond

- Confused by figurative language (similes, metaphors, etc.); interprets words very literally
- Struggles to grasp abstract concepts; often seems to miss jokes
- Discusses her own emotions in vague or unclear ways
- Struggles to understand rapid speech; sometimes seems “lost” in conversations
- Ignores verbal interruptions when focused on a task
- Says “What?” often

The Cause of APD

The underlying cause of APD isn’t known. Experts debate whether heredity or environment — or both — are responsible for the condition. While the human auditory system is fully developed at birth, auditory pathways in the brain don’t mature until the age of 10 to 12. Because of this, early influences — such as poor prenatal nutrition, a mother’s exposure to cigarettes or alcohol, childhood malnutrition, and chronic ear infections — may negatively affect auditory processing. Premature birth, low birth weight, Lyme disease or other brain infections, closed head injury, and exposure to low levels of heavy metals (lead or mercury) may also play a role. The good news is that, because the auditory pathways continue to develop up until adolescence, APD is especially responsive to early intervention.
CHAPTER 5 Auditory Processing Disorder

Diagnosing APD

Remember that “not all language problems are due to APD, and not all cases of APD lead to language and learning problems,” says Teri James Bellis, author of *When the Brain Can't Hear*. In other words, APD isn’t diagnosed by checking off a laundry list of symptoms.

The only way to diagnose the condition is with a battery of tests, performed by an audiologist who monitors the child’s hearing. A child listens to words and sentences as background noise is slowly increased and to instructions spoken at faster speeds, to determine if the ability to listen decreases.

A child should be at least 6 or 7 years old before undergoing testing. “The symptoms you commonly see in a 3 or 4 year old are sound sensitivities and difficulties discriminating between sounds, which you’ll hear in their speech,” explains Wendy Tepfer, a speech and language pathologist in New York City. While they may benefit from working with an expert in APD, she says, the symptoms are too common at this age to be definitive.

When a child reaches school age, however, Tepfer advises that APD may begin to compromise academic success. “At that age, I would recommend evaluation for APD,” she says, “because now, it’s not only the language but also his performance in the classroom. To manage the disorder, the student may need remediations other than speech and language therapy. A full evaluation will help you know what those are.”

Interventions for APD

APD can be treated from childhood through adolescence — when the auditory pathways stop developing — and even later, although experts agree that the earlier the diagnosis and treatment, the better. As with other learning challenges, a combination of professional, school, and home therapies is most effective.

Treatment includes a wide variety of exercises that target specific auditory deficits. Therapy can range from computer-assisted software programs like Fast ForWord (http://www.scilearn.com/products) and Earobics (http://www.hmhco.com/shop/education-curriculum/intervention/reading/earobics) to one-on-one training with a speech and language therapist. If you choose to have a child work with a professional therapist, here are some common techniques they’ll likely use:
CHAPTER 5 Auditory Processing Disorder

- To overcome sound discrimination problem, the professional will train your child’s brain to differentiate sounds — first in a quiet environment, then with increasingly louder background noise.

- To sharpen auditory memory, an audiologist will use sequencing routines — having your child repeat a series of numbers and directions — to exercise the listening “muscles.”

- To manage language-processing problems, the therapist will train and encourage your child to ask a teacher, adult, or peer to repeat or rephrase an instruction or comment. The therapist and your child might also work on developing a customized note-taking system that enables him to capture the information being taught in the classroom.

Academic Interventions
Classroom accommodations can often include:

- Improving the acoustics — closing a window, shutting a door, adding a rug to help absorb sound — can help a child with APD “hear” the teacher.

- Seating your child in the front of the classroom, away from students who might be disruptive, will also enhance a child's ability to listen.

- Asking a teacher to face your child, speak slowly, and use simple sentences when giving assignments can help him retain the information. Writing instructions on a blackboard or a piece of paper can reinforce what was said.

At-Home Interventions
The following tips will increase your child’s ability to listen when he or she is at home:

- Don’t try to have a significant conversation when your child is in another room, watching television, or listening to music — or when an appliance is running.

- Before you start a conversation, be sure your child is ready to listen (finished with what she was doing). Also, face her directly and make sure she’s looking at you.

- Speak slowly and use simple, short sentences; pause between ideas.

- Encourage your child to ask you to repeat something that he doesn’t understand.
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Self-Test for APD

This screener is designed to determine whether your child demonstrates symptoms similar to those of APD. A high score does not necessarily mean your child has APD or any other learning disability. Only a trained healthcare professional can make a diagnosis.

☐ My child cries, covers her ears, or runs away when I turn on the vacuum cleaner or another loud appliance.

☐ My child gets very upset if anyone talks while we're watching TV, even at a very low volume or during a commercial.

☐ My child can't focus on his homework if he can hear someone talking in another room.

☐ If I tell my child, “Go to your room and get your coat,” she'll go to her room and back without getting her coat.

☐ My child seems disinterested in music.

☐ My child gets stressed out when talking on the telephone.

☐ My child can't focus on writing and listening at the same time, and has difficulty taking notes.

☐ My child has been tested for hearing problems, and everything came out fine.

☐ My child often says, “What?” even if no one is talking.

☐ My child often mishears me when I’m speaking; he thinks I said “bread” instead of “red,” for example.

☐ My child often says sounds in the wrong order, long after his peers have stopped.

☐ My child often seems distracted or has trouble focusing during class.

☐ My child does poorly on oral tests but not written ones.
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If you checked off three or more boxes, your child may be showing signs of auditory processing disorder. Take the results of this self-test to your child’s doctor and share it during the evaluation process.
CHAPTER 6
Language Processing Disorders
Chapter 6: Language Processing Disorders

What Is It?

Simply put, a language disorder is an impairment that affects the way someone communicates through spoken language. There are three main types of language processing disorders:

- **An expressive language disorder** makes it difficult to find the right words or outline your thoughts clearly when speaking.

- **A receptive language disorder** (also known as an auditory processing disorder) makes it difficult to understand what others are saying, to follow directions, and to maintain attention.

- **Mixed receptive-expressive** language problems make it difficult to both use and understand spoken language.

Language disorders are more common than you may think. Experts estimate that up to 5 percent of children in the United States have some type of language disorder — though many remain undiagnosed — and currently more than 1 million children are receiving special education specific to language disorders in the U.S. public school system. If a language disorder isn’t caught early or is misdiagnosed, it can create wide-reaching complications in a child’s life — complications that often extend to adulthood. Social situations, for example, can be challenging for a child with either a receptive or an expressive language disorder. Difficulties with self-expression or with comprehension of what other children are saying can cause a child to be outcast or become withdrawn. In severe situations, the child may become so frustrated at his inability to make himself understood that he lashes out at adults or other children — earning him the label of “bully” or “problem child.”

Language Processing Disorders

While language disorders vary widely from person to person, the condition usually follows general developmental patterns and guidelines. For starters, when a child is born with a language disorder, he or she is often a “late talker,” with other symptoms usually
appearing before age 4. Though language disorders are sometimes diagnosed in those with intellectual disabilities, they most often appear in people with average or above-average intelligence — though those with language disorders may find they have trouble demonstrating that intelligence to the outside world.

A child with an expressive language disorder will generally have a small vocabulary for her age, will struggle to ask for things by the correct name, and will often have difficulty following rules of grammar — even before she starts speaking in complex sentences. A child with a receptive language disorder will often not look at objects when they’re named and, as he gets older, will likely have problems understanding jokes or following directions (even simple one-step directions like “Get your coat”).

If a child’s language disorder is mild, its symptoms may be difficult to detect. He may just appear a little “spacey” or even shy. Look for the following basic symptoms that can indicate a language disorder. If you notice these symptoms, talk with your pediatrician or the staff at your child’s school.

**Symptoms of Expressive Language Disorder Include:**

- Has a limited vocabulary for his or her age
- Uses a lot of filler words like “um,” or use “stuff” and “things” instead of more specific words
- Confuses verb tenses
- Repeats phrases when telling a story or answering a question
- Frequently says sentences that don’t make sense
- Has trouble learning new words
- Feels like words are constantly stuck “at the tip of my tongue”
- Often seems frustrated by his or her inability to communicate thoughts

**Symptoms of Receptive Language Disorder include:**

- Seems disinterested in conversations or social situations
- Has difficulty following directions
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- Often misunderstands what is asked and answers or acts inappropriately
- Has difficulty getting jokes
- Seems shy or withdrawn

If a child exhibits symptoms from both lists, it’s possible she has a combination expressive/receptive language disorder.

Early Signs of Language Disorders

Children progress through developmental milestones at different ages, which is why doctors provide a range; for example, babies normally take their first step sometime between the ages of 9 and 12 months. Starting to talk is the same; there isn’t an exact age when children will say their first word or use their first sentence, but most will fall into a similar range. Some kids, however, are considered “late talkers.” These are children between the ages of 18 and 30 months who have a good understanding of language and demonstrate social skills, thinking skills and motor skills typical for their age, but have a limited vocabulary.

Not every late talker turns out to have a language disorder, and some children do appear to catch up after slipping developmentally behind their peers. However, most experts agree that the development of speech and language should follow a basic trajectory, and being a late talker may be one early sign that something is amiss. If a child exhibits the following early signs of a language disorder, parents may want to consider speaking to their doctor about an evaluation.

Early Signs of Expressive Language Disorder Include:

- **15 months:** Vocabulary of less than three words; the child uses primarily vowel sounds when vocalizing
- **18 months:** Not saying “Mama,” “Dada,” or identifying other known people by name
- **24 months:** Vocabulary of less than 25 words; doesn’t spontaneously exclaim when surprised or delighted
- **30 months:** Not using simple two-word sentences (noun + verb); difficult to understand most of the time
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- **36 months:** Vocabulary of less than 200 words; not asking for known objects by the correct name; repeats others’ words when spoken to or asked a question

- **Beyond:** Speaks differently from other children of the same age; uses words incorrectly or uses related words instead

**Early Signs of Mixed Receptive/Expressive Language Problems Include:**

- **15 months:** Doesn’t look at or point at objects when they’re named; doesn’t respond when name is called

- **18 months:** Unable to follow simple one-step directions, such as “Pick up the ball”

- **24 months:** Doesn’t point to body parts when named (like when parents ask “Where’s your nose?”); difficulty attending when being read to

- **30 months:** Does not respond to questions, either with spoken answers or nodding/shaking the head

- **36 months:** Unable to follow two-step directions (“Go to your room and get your hat”); has difficulty participating in group activities; forgets or confuses the names of familiar people

In addition, there are some early warning signs that can appear in both expressive and receptive language disorders:

- Says one or two words within the normal age range, but does not add further words and expand vocabulary

- Gestures or points in the place of speech past 18 months old

- Does not imitate sounds or words spoken by parents

- May understand language at home but has difficulty understanding when outside the home

Keep in mind that one or two warning signs does not mean a child has a language disorder, but it might indicate that his parents should talk with their doctor about their child’s development. Plus, since not every language disorder is developmental, signs may not follow these traditional patterns. In rare cases, a language disorder can develop after a traumatic brain event like a stroke, a head injury, or a neurological illness. Signs of aphasia, as this is known, are similar to the general symptoms listed above — though they vary widely according to the age of the patient and the extent of the neurological damage.
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Causes of Language Disorders
Researchers cannot yet pinpoint the exact cause of language disorders, but existing research indicates that genetics are most likely involved: up to 40 percent of children with a family history of language disorders have the condition themselves — compared to just 4 percent of children with no family history of language disorders.

A baby’s prenatal environment might also play a role, particularly if the mother has a folic acid deficiency. Studies have shown that taking a folic acid supplement during pregnancy may decrease the likelihood of the child being born with a language disorder.

Language disorders are most often developmental, like other learning disabilities. However, they can also start to manifest as a result of a neurological illness or a traumatic event affecting the brain, such as a stroke or a head injury. When language disorders are caused by specific damage to the brain, they’re referred to as aphasia.

Diagnosing Language Disorders
If you’ve noticed some of these warning signs and think your child may have a language disorder, the next step is to get a professional evaluation. Language disorders can be frequently misdiagnosed — they are often misidentified as ADHD, autism, or even just “laziness” — so it’s important to work with someone who is familiar with speech and language development.

You have a few options. If your child has yet to attend school, you can get a free evaluation through your state’s Early Intervention (EI) program. If a language disorder is identified, EI staff will help you develop an Individualized Family Service Plan (IFSP), which supports your child until age 3. An IFSP lays out what services your child should receive and what parents and specialists expect the progress to look like. Parents are a key component in developing and executing IFSPs, so educate yourself and prepare to advocate on your child’s behalf.

If your child has already started school by the time you notice language delays, you can seek support from the public school system — even if your child is enrolled in private school. You can formally request that the school conduct an evaluation with a speech therapist at no cost to you. If the school feels there is no need for an evaluation or that your child is developing within normal ranges, they can deny your request. If this hap-
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pens, you will receive a written notification that the school has denied your request along with information on your options. At this point, you can request a hearing to appeal the school’s decision or work with a private speech and language specialist. Even if the school provides an evaluation, you have the right to work with a private specialist if you choose. This option is often more expensive, but it does offer advantages, such as more flexible scheduling and individualized attention.

Most speech therapists test for language disorders in similar ways. It’s important for your child to be tested in the language with which he is most comfortable — even if it’s not the language he speaks at school. Difficulty with a second language is not necessarily a sign of a language disorder. Speech therapists should interact with and observe your child in various situations, as well as interview you to determine if your communication skills may be contributing to a child’s language delays. They may also try different therapy methods, to gauge how the child responds and begin to determine an effective treatment strategy.

Interventions for Language Disorders

If the speech therapist finds that your child has a language disorder, she will work with you to set up a treatment plan, which usually includes speech therapy. If the language disorder has negatively affected your child’s social and academic growth in dramatic ways — which is more likely the older your child is at the time of diagnosis — it’s possible that psychotherapy will be recommended as well.

Starting speech therapy early is the best way to handle language disorders, but if you think your child was delayed in getting the help she needs, don’t despair. Countless studies have shown that as many as 70 percent of patients respond to speech therapy, and while the rate of success is higher for young children, most older children and even adults achieve good results when working with a skilled speech therapist.

If you suspect you or another adult has a language disorder — whether developmental or as the result of a brain injury — it’s still best to act quickly. It’s important to seek a diagnosis from a professional trained in language disorders; if you’re unsure where to start, your primary care physician should be able to refer you. If cost is an issue, consider looking into local universities, which may provide free or low-cost evaluations for adults as part of their speech-language training program.
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Academic Interventions
While speech therapy is the most critical part of treating language disorders, there are things your child’s school can do to help her practice important skills. Talk to the school about accommodations like:

- **Help the child plan ahead.** Children with expressive language disorders often struggle to answer questions on the spot. Teachers can help by warning the child in advance when he’ll be called on, so as to give him an opportunity to mentally prepare an answer.

- **Ask fewer open-ended questions.** Giving a child either/or questions can help her demonstrate what she knows without having to interpret specifically what is being asked of her.

- **Model proper sentence structure, without correcting.** If your child mixes up words or uses improper verb tenses, ask his teacher to get in the habit of repeating back answers using the correct form, instead of embarrassing the child by publicly pointing out mistakes.

At-Home Interventions
Alongside speech therapy, there are simple things parents can do to help a child develop and retain language skills:

- **Talk or sing to your child as much as you can.** Giving him plenty of opportunity to practice his language skills is the key to putting your child on a normal developmental track.

- **If he struggles to find words, resist the urge to finish his sentences for him.** This will help your child build confidence and learn that he can’t rely on you to communicate for him.

- **Educating yourself about your child’s difficulties** is a huge first step, and can go a long way toward helping her adapt to and conquer her language difficulties.
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Self-Test for Language Disorders
This screener is designed to determine whether your child demonstrates symptoms similar to those of a language disorder. A high score does not necessarily mean your child has a language disorder or any other learning disability. Only a trained healthcare professional can make a diagnosis.

☐ My child was a “late talker.”

☐ My child uses fewer words than other children his age.

☐ My child often says “stuff” or “things” instead of using exact words, even if she’s referring to a common object.

☐ My child often says words out of order or leaves words out entirely when speaking.

☐ My child often gets frustrated when speaking or complains that no one understands what she’s trying to say.

☐ My child uses words incorrectly, seemingly without noticing.

☐ My child seems disinterested when other people are talking, and rarely asks questions or makes follow-up comments.

☐ My child seems to ignore directions he’s given or skips one or more steps.

☐ My child doesn’t start working until he sees what the children around him are doing.

☐ My child mixes up common question words like “How,” “Why,” and “Where.” If I ask her what she’s doing, she responds with “Fine.”

☐ My child often asks me to repeat myself.

☐ My child sometimes repeats himself during conversation, often without noticing.

If you checked off three or more boxes, your child may be showing signs of a language disorder. Take the results of this self-test to your child’s doctor and share it during the evaluation process.
Language Disorders, Speech Disorders, and APD

Language disorders are often confused with another category of impairments known as speech disorders, but they’re not the same thing. Speech disorders — which include articulation disorders and fluency disorders — affect someone’s ability to physically form words and individual sounds. A child with an articulation disorder may substitute certain sounds for others, delete sounds entirely — saying “ca” instead of “cat,” for example — or distort sounds, like pronouncing “s” sounds as “th.” Stuttering is a common example of a fluency-related speech disorder.

Children can have both speech and language disorders, but language disorders are more likely to go unnoticed. Since parents or teachers can’t see into a child’s head, it’s impossible to tell if his seeming lack of attention is simply due to disinterest, or because he can’t fully understand what’s being said to him. Stuttering, on the other hand, is immediately noticeable in social and academic interactions.

Receptive language disorders are also occasionally confused with auditory processing disorder (APD). In reality, receptive language disorders are a subset of APD. While APD makes it difficult to distinguish between and interpret all sounds, receptive language disorders only apply to language.

Language disorders — and APD, for that matter — are not related to hearing problems, though they’re often mistaken for them. When diagnosing a language disorder, it’s important for doctors to rule out hearing issues before moving forward with a diagnosis.
Appendix: Books and Other Resources

**Resources:**

**Learning Disabilities Association of America**
4156 Library Rd., Suite 1
Pittsburgh, PA 15234
Phone: 412-341-1515
Fax: 412-344-0224
[info@ldaamerica.org](mailto:info@ldaamerica.org)
[https://ldaamerica.org](https://ldaamerica.org)

**International Dyslexia Association**
40 York Road, 4th Floor
Baltimore, MD 21204
Phone: 410-296-0232
Fax: 410-321-5069
[info@dyslexiaida.org](mailto:info@dyslexiaida.org)
[https://dyslexiaida.org](https://dyslexiaida.org)

**National Center for Learning Disabilities**
32 Laight St., 2nd Floor
New York, NY 10013
Phone 212-545-7510
Fax: 212-545-9665
[ncld@ncld.org](mailto:ncld@ncld.org)
[http://www.ld.org](http://www.ld.org)

**National Center on Accessible Educational Materials**
40 Harvard Mills Square, Suite 3
Wakefield, MA 01880
Phone: 781-245-2212
[aem@cast.org](mailto:aem@cast.org)
[http://aem.cast.org](http://aem.cast.org)
**APPENDIX** Books and Other Resources

**Books:**

*The Complete Guide to Special Education: Expert Advice on Evaluations, IEPs and Helping Kids Succeed*
by Linda Wilmshurst and Alan W. Brue
(Jossey-Bass, 2010)

*The Complete Learning Disabilities Handbook: Ready-to-Use Strategies and Activities for Teaching Students with Learning Disabilities*
by Joan M. Harwell and Rebecca Williams Jackson
(Jossey-Bass, 2008)

*The Dyslexia Empowerment Plan: A Blueprint for Renewing Your Child’s Confidence and Love of Learning*
by Benn Foss
(Ballantine Books, 2016)

*The Dyslexic Advantage: Unlocking the Hidden Potential of the Dyslexic Brain*
by Brock L. Elde and Fernette F. Elde
(Plume, 2012)

*From Emotions to Advocacy: The Special Education Survival Guide*
by Peter W. D. Wright and Pamela Darr Wright
(Harbor House Law Press, 2006)

*It’s So Much Work to Be Your Friend: Helping the Child with Learning Disabilities Find Social Success*
by Richard Lavoie
(Touchstone, 2006)

by Corinne Smith and Lisa Strick
(Frye Press, 2010)

*Learning Outside the Lines*
by Jonathan Mooney and David Cole
(Touchstone, 2000)
APPENDIX  Books and Other Resources

*Nonverbal Learning Disabilities at Home: A Parent’s Guide*
by Pamela B. Tanguay
(Jessica Kingsley Publications, 2000)

*Thinking Differently: An Inspiring Guide for Parents of Children with Learning Disabilities*
by David Flink
(William Morrow Paperbacks, 2014)
**SAMPLE ACCOMMODATIONS REQUEST LETTER**

Dear Mr./Ms. [name]:

I would like to request an evaluation of my son/daughter [full name and student ID# or date of birth] for his/her eligibility for special education provisions (IDEA) and/or Section 504 accommodations. I have been concerned that he/she is not progressing well in school and that he/she may need some special help in order to learn. He/she is in the [grade level and name of current teacher].

During the last two years, both of his/her classroom teachers have noted that he/she has substantial difficulty completing assignments, as well as problems with [learning disability-related difficulties here]. Please note that Dr. Verywell Qualified [your learning specialist's name] has recently evaluated and diagnosed my son/daughter as having [learning disability]. Because Dr. Verywell Qualified [your learning specialist's name] was concerned that his/her [learning disability] was resulting in decreased school performance and learning, he/she requested that we pursue these school-based evaluations, in order to get my son/daughter the help he/she needs.

I understand that the evaluation is to be provided at no charge to me. My reasons for requesting the procedure are [keep this paragraph short, but give one or two reasons for your concern about your child].

I would appreciate meeting with each person who will be doing the evaluation before he/she tests my child so that I might share information about [child’s name] with him/her. I will also expect a copy of the written report generated by each evaluation so that I might review it before the [IEP or 504 Plan] meeting.

It is my understanding that I have to provide written permission for these tests to be administered, and I will be happy to do so upon receipt of the proper forms and explanation of the process.

Please contact me at your earliest convenience so that we may begin the next steps in planning for an evaluation.

Sincerely,

Parent [your name]
The Complete IEP/504 Guide
A step-by-step roadmap for securing services and accommodations for your child with ADHD or LD.

If you’ve watched your child struggle in school, you know how important it is to get him the help he needs. Unfortunately, when it comes to accommodations, most parents aren’t sure where to even start. In this comprehensive step-by-step guide, we outline how to pursue an evaluation, which plan is best for your child’s needs, and how to secure accommodations that work, suggested by educators and parents who’ve been there.

>> Learn more about this special report: http://additu.de/iep-504-ebook

The ADHD Parent-Teacher Handbook
Forge a partnership with your child’s teacher by sharing these practical learning solutions for home and the classroom.

Kids with ADHD may forget to write down assignments or drift off during lectures, but that doesn’t mean they don’t want to learn. Parents and teachers alike may struggle to manage these challenges on occasion, but one thing is clear: When everyone works together to provide support, children with ADHD benefit.

>> Learn more about this special report: http://additu.de/pth

9 Conditions Often Diagnosed with ADHD
Depression. Bipolar Disorder. Anxiety. OCD. And five more conditions that often show up alongside attention deficit.

About 80 percent of individuals with ADHD are diagnosed with at least one other psychiatric condition at some time in their lives. This in-depth special report looks at the nine most common, outlining symptoms, treatment strategies, and differentiating features of each. Plus, strategies for living well with any mental health condition.

>> Learn more about this special report: http://additu.de/related

FREE ADDitude Downloadable Booklets

40 Winning Accommodations for ADHD/LD Children
Use these proven accommodations to help your child overcome academic challenges.

Does Your Child Have a Learning Disability?
Use this self-test to find out if your child’s problems at school may be due to LD.

10 Solutions for Disorganization at School
Use these tips to get lockers, backpacks, and desks under control.

Letter to Your Child’s Teacher
Sample letters to craft the perfect back-to-school introduction.

Never Be Late Again
Time management tips for adults with ADHD.

20 Secrets to a Smarter Summer
Don’t let your child get in a summer slump.

18 Writing Tricks for ADHD Students
Use these strategies to help your child put her ideas on paper.

Find these and many more free ADHD resources online at:
http://additu.de/freedownloads
FREE ADHD Webinar Replays from ADDitude:

Diagnosing and Managing Learning Disabilities in Children and Adults
>> http://additu.de/z2
ADHD and learning disabilities often have overlapping symptoms, or exist together. Nancie Payne, Ph.D., shares expert advice on identifying learning disabilities in children and adults with ADHD, and managing LD in an academic or professional setting.

Your Legal Rights at School
>> http://additu.de/legal
You know your child has a right to accommodations at school, but understanding exactly what those accommodations are? That’s another story. In this expert webinar, Matt Cohen, Esq., interprets the “legal speak” and explains what evaluations, testing, and accommodations your child is entitled to by law.

How Stress Impacts Learning and Behavior
>> http://additu.de/stress
In today’s high-pressure school environment, kids with ADHD or LD can become overwhelmed by stress. In this audio and slide presentation, hosted by Jerome J. Schultz, Ph.D., find out how school stress impacts your child’s brain — and what you can do about it. Get the tools you need to help your child manage academic stress so their brain has room to grow and learn!

ADHD and Gifted? Helping Twice-Exceptional Kids Succeed
>> http://additu.de/2e-kids
When special needs children are also gifted, it takes the help of a strong advocate to put them on the path to success. In this presentation, hosted by Diane M. Kennedy and Rebecca Banks-Cull, learn how to navigate the complicated 2E maze of ADHD, learning disabilities, and giftedness to pave the way for your child’s bright future.

Raising a Child with Special Needs
>> http://additu.de/special-needs
The self-proclaimed “imperfect” mother-daughter duo Gina and Katie Gallagher host an extra special audio and slide presentation about raising children with special needs. Not only will you hear from the mom who’s been there, done that, and written the book on special needs, but you’ll also hear, first-hand, what it’s like to grow up, and succeed, with special needs.

FREE ADHD Newsletters from ADDitude
Sign up to receive critical news and information about ADHD diagnosis and treatment, plus strategies for school, parenting, and living better with ADHD:
http://additu.de/email

Adult ADHD and LD
Expert advice on managing your household, time, money, career, and relationships

Parenting Children with ADHD or LD
Behavior and discipline, time management, disorganization, making friends, and more critical strategies for parents

Parenting ADHD and LD Children
Behavior and discipline, time management, disorganization, making friends, and more critical strategies for parents

ADHD and LD at School
How to get classroom accommodations, finish homework, work with teachers, find the right schools, and much more

Treating ADHD
Treatment options including medications, food, supplements, brain training, mindfulness and other alternative therapies

Find these and many more free ADHD resources online at:
http://additu.de/freedownloads