

Identifying Children with Special Educational Needs

Ensuring that children with SEN receive adequate support begins with the correct identification of their needs, which may in turn lead to a diagnosis. It is widely accepted that effective support for children with SEN should begin as early as possible, epitomised by the phrase ‘early intervention’. As noted by the British Institute of Learning Disabilities, ‘research and practice have proven that Early Intervention produces immediate and long-term benefits for children with disabilities, their family and society’.

Early intervention is targeted at children from birth to three years of age, and has four primary goals: 1) to support families in supporting their children’s development; 2) to promote children’s development in vital domains; 3) to promote children’s coping confidence; and 4) to prevent the emergence of future problems.

ADD / ADHD in Children

Signs and Symptoms of Attention Deficit Disorder in Kids

The signs and symptoms of ADD/ADHD typically appear before the age of seven. However, it can be difficult to distinguish between attention deficit disorder and normal “kid behavior.”

If you spot just a few signs, or the symptoms appear only in some situations, it’s probably not ADD/ADHD. On the other hand, if your child shows a number of ADD/ADHD signs and symptoms that are present across all situations—at home, at school, and at play—it’s time to take a closer look.

Once you understand the issues your child is struggling with, such as forgetfulness or difficulty paying attention in school, you can work together to find creative solutions and capitalize on strengths.

The primary characteristics of ADD / ADHD

When many people think of attention deficit disorder, they picture an out-of-control kid in constant motion, bouncing off the walls and disrupting everyone around. But this is not the only possible picture.

Some children with ADD/ADHD are hyperactive, while others sit quietly—with their attention miles away. Some put too much focus on a task and have trouble shifting it to something else. Others are only mildly inattentive, but overly impulsive.

The three primary characteristics of ADD / ADHD

The three primary characteristics of ADD/ADHD are inattention, hyperactivity, and impulsivity. The signs and symptoms a child with attention deficit disorder has depends on which characteristics predominate.

Children with ADD/ADHD may be:

- Inattentive, but not hyperactive or impulsive.
- Hyperactive and impulsive, but able to pay attention.
- Inattentive, hyperactive, and impulsive (the most common form of ADD/ADHD).

Symptoms of inattention in children:

- Doesn’t pay attention to details
- Makes careless mistakes
- Has trouble staying focused; is easily distracted

- Appears not to listen when spoken to
- Has difficulty remembering things and following instructions
- Has trouble staying organized, planning ahead, and finishing projects
- Gets bored with a task before it's completed
- Frequently loses or misplaces homework, books, toys, or other items

Symptoms of hyperactivity in children:

- Constantly fidgets and squirms
- Often leaves his or her seat in situations where sitting quietly is expected
- Moves around constantly, often runs or climbs inappropriately
- Talks excessively
- Has difficulty playing quietly or relaxing
- Is always “on the go,” as if driven by a motor
- May have a quick temper or a “short fuse.

Symptoms of impulsivity in children:

- Acts without thinking
- Blurts out answers in class without waiting to be called on or hear the whole question
- Can't wait for his or her turn in line or in games
- Says the wrong thing at the wrong time
- Often interrupts others
- Intrudes on other people's conversations or games
- Inability to keep powerful emotions in check, resulting in angry outbursts or temper tantrums
- Guesses, rather than taking time to solve a problem

Before an accurate diagnosis of ADD / ADHD can be made, it is important that you see a mental health professional to explore and rule out the following possibilities:

- **Learning disabilities** or problems with reading, writing, motor skills, or language.
- **Major life events** or traumatic experiences (e.g. a recent move, death of a loved one, bullying, divorce).
- **Psychological disorders** including anxiety, depression, and bipolar disorder.
- **Behavioral disorders** such as conduct disorder and oppositional defiant disorder.
- **Medical conditions**, including thyroid problems, neurological conditions, epilepsy, and sleep disorders.

Dyslexia (reading-based or print-based)

Dyslexia is a reading-based learning disability, which results in children having difficulty with word recognition and decoding print. They may have difficulty identifying and comprehending words from a book or with spelling. Because decoding printed words from a book becomes so much of a struggle, they often miss the meaning of what they have read.

Common signs include:

Reads painfully slow

- Difficulty with basic letter sounds
- Has trouble decoding, order of letters become mixed up
- Cannot recall known words

Dysgraphia (writing-based)

Dysgraphia is a writing disability, which means a child may not have the complex set of motor and information processing skills to be able to write his or her own thoughts down on a piece of paper. They struggle with writing complete and grammatically correct sentences, and often have poor handwriting.

Common signs include:

- Awkward pencil grip
- Illegible handwriting
- Frustration with writing thoughts on paper
- Can talk about an idea, but cannot write it down on paper

Dyscalculia (math-based)

Dyscalculia is a math-based learning disability, which results in your child having trouble recognizing numbers and symbols and understanding basic math concepts. For older students, they often have issues related to reasoning.

Common signs include:

- Difficulty recalling number sequences
- May mistake numbers that look similar in shape (i.e. 3 and 8)
- Cannot retain patterns when adding, subtracting, multiplying, or dividing
- Difficulty with handling money or estimating cost

Central Auditory Process Disorder (auditory-based)

Central Auditory Process Disorder (CAPD) is an auditory disability, which means a child has difficulty processing information he or she hears and interpreting speech. A child with CAPD does not necessarily suffer from hearing loss, instead he or she has a hearing problem where the brain does not interpret

information heard.

Common signs include:

- Distracted by background noises
- Has difficulty following directions
- Misspells or mispronounces similar sounding words
- Has trouble following conversations

Nonverbal Learning Disorders

Nonverbal learning disorders can be very difficult to diagnose, as children who have it are often very articulate and do well academically. But, they lack motor coordination, common social skills and interpreting nonverbal communication.

Common signs include:

- Does not perceive nonverbal cues such as facial expressions
- Can be very disruptive in conversation; asking too many questions
- Poor fine and gross motor skills
- Has difficulty dealing with change

Visual Processing Disorder (visual-based)

Visual Processing Disorder occurs when a child cannot receive, process, sequence, recall or express information in an accurate and timely way. This does not mean the child has poor eyesight, but that his or her brain has trouble processing visual information. Common signs include:

- Often mistake letters and numbers that look similar in shape; misreads words
- Remembering the spelling of familiar words incorrectly
- Cannot copy words accurately; spacing letters or words poorly; writing outside lines, margins
- Loses place while reading; cannot find numbers or details on a page easily

Aphasia, Dysphasia or Global Aphasia (language-based)

Children who suffer from language-based disorders such as aphasia, dysphasia or global aphasia have a hard time expressing themselves using words as well as understanding spoken or written language.

Common signs include:

- Difficulty expressing thoughts verbally
- Poor reading comprehension
- Frustrated when speaking
- Has trouble labeling objects

Autism is a complex neurobehavioral disorder that includes impairments in social interaction and developmental language and communication skills combined with rigid, repetitive behaviors. The disorder covers a large spectrum of symptoms, skills, and levels of impairment. It ranges in severity from a handicap that somewhat limits an otherwise normal life to a devastating disability that may require institutional care.

ASD varies widely in severity and symptoms and may go unrecognized, especially in mildly affected children or when it is masked by more debilitating handicaps. Very early indicators that require evaluation by an expert include:

- no babbling or pointing by age 1
- no single words by 16 months or two-word phrases by age 2
- no response to name
- loss of language or social skills
- poor eye contact
- excessive lining up of toys or objects
- no smiling or social responsiveness.

Later indicators include:

- impaired ability to make friends with peers

- impaired ability to initiate or sustain a conversation with others
- absence or impairment of imaginative and social play
- stereotyped, repetitive, or unusual use of language
- restricted patterns of interest that are abnormal in intensity or focus
- preoccupation with certain objects or subjects
- inflexible adherence to specific routines or rituals.

There is no cure for ASDs. Therapies and behavioral interventions are designed to remedy specific symptoms and can bring about substantial improvement. The ideal treatment plan coordinates therapies and interventions that meet the specific needs of individual children. Most health care professionals agree that the earlier the intervention, the better.

Educational/behavioral interventions: Therapists use highly structured and intensive skill-oriented training sessions to help children develop social and language skills, such as Applied Behavioral Analysis. Family counseling for the parents and siblings of children with an ASD often helps families cope with the particular challenges of living with a child with an ASD.

Medications: Doctors may prescribe medications for treatment of specific autism-related symptoms, such as anxiety, depression, or obsessive-compulsive disorder. Antipsychotic medications are used to treat severe behavioral problems. Seizures can be treated with one or more anticonvulsant drugs. Medication used to treat people with attention deficit disorder can be used effectively to help decrease impulsivity and hyperactivity.

Other therapies: There are a number of controversial therapies or interventions available, but few, if any, are

supported by scientific studies. Parents should use caution before adopting any unproven treatments. Although dietary interventions have been helpful in some children, parents should be careful that their child's nutritional status is carefully followed.

If you think your child may have a learning disability, it's best to find support right away. A learning disability cannot be "cured," but with the right resources and support you can make sure your child can overcome learning disability barriers, gain confidence and achieve success.

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