ANISHINABEK
EDUCATION SYSTEM

Special Education
Handbook Series

Nurturing Strong Roots

Practical Supports for Early Learners

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Introduction

This handbook is a practical resource designed to help educators identify and support the diverse needs of early learners, with a particular focus on students with special education needs. Each child brings their own unique strengths and challenges to the classroom, and this guide offers strategies to recognize behaviours, understand their potential meaning, implement supportive approaches, and determine when to seek professional assistance.

Ultimately, this book serves as a quick reference guide to support educators in answering the following questions:

1 

What behaviours are you observing in the classroom?

2 

What might these behaviours be telling us about the student?

3 

What practical strategies can you implement to provide support?

4 

When should you seek professional support, and who should you contact?

Created by Surrey Place in partnership with the Kinoomaadziwin Education Body, this resource is informed by a series of presentations aimed at strengthening special education capacity among educators and caregivers. To access the full set of recorded presentations, scan the QR code to access the Virtual Learning Environment, or visit **https://fnelo.elearningontario.ca/** to access your account.

Readers are encouraged to reflect critically on the content, which draws primarily from Western knowledge systems. Equally important are Indigenous perspectives and teachings, which should be considered when planning and delivering student support.

The handbook also underscores the importance of avoiding *diagnostic overshadowing*, the risk of attributing all student behaviours to a known diagnosis, which may mask other important health or developmental needs. Educators are urged to ensure that students have access to culturally safe, regular physical health care (including vision, hearing, and dental check-ups) to rule out medical causes of concern before or alongside implementing other interventions.

KEB Virtual Learning Environment (VLE) registration form.

Behaviour Support in the School and at Home

Behaviour Support in the School and at Home

Behaviour Support

What am I observing?

- ☐ The student may display physical aggression, such as hitting, kicking, biting, pushing, grabbing, or tantrums.
- ☐ The student may exhibit verbal aggression, including yelling, screaming, or swearing.
- ☐ The student may destroy property.
- ☐ The student may refuse work, have difficulty following instructions, or struggle to work or play independently.
- ☐ The student may leave the classroom or supervised area without permission.
- ☐ The student may struggle with attention, impulsivity, and/or hyperactivity.
- ☐ The student may show a disregard for social norms or have difficulty engaging in social interactions.

What is this telling me about the student?

"Behaviour" includes any action or communication a student demonstrates. In a classroom context, when referring to behaviour, it often relates to challenging behaviours that interfere with learning or daily activities.

These behaviours reflect the student's unique history, skills, interests, and relationships. Before applying strategies, consider these important questions about your observations:

- **Could an underlying health issue be contributing to the behaviour?** *(e.g., poor sleep, pain, hearing loss, vision loss, dental problems, nutrition)*
- **Could mental health concerns be involved?** *(e.g., anxiety, depression, trauma)*
- **Are there external factors that may be affecting the student's behaviour?** *(e.g., new sibling, changes at home, family crisis, trauma)*
- **Do these behaviours occur only in certain situations or with specific people? When is the behaviour not a concern?**
- **What positive behaviour would you like to see instead?**
- **What skills does the student need to develop to reduce challenging behaviours?**

What strategies can I try?

In general:

- Ensure safety for everyone. Consider simple changes to the classroom environment to help prevent injury, such as removing clutter or objects that could be thrown, temporarily assigning extra staff, or providing in the classroom, preferential seating (e.g., seating the student near the teacher if it helps).
- Focus on building a genuine relationship with the student. Spend time having fun together to learn what the student truly likes and dislikes. Incorporate the student's interests and preferred activities into the school day whenever possible.
- Provide clear structure, routines, and predictability to support the student's sense of security.
- For a deeper understanding of why challenging behaviours occur and how to develop function-based strategies, refer to the section on **Functional Behaviour Assessment** in the **Guiding Growth: Responsive Strategies for Diverse Learners for Elementary to High School** handbook.

Suggestions to help address targeted concerns:

- To create more structure and predictability in the daily routine, see the section "Creating a Solid Classroom Routine" in the **Guiding Growth: Responsive Strategies for Diverse Learners for Elementary to High School** handbook.
- To support a student in developing the skill of working or completing a task independently, refer to the section "Independent Activity Schedules" in the **Guiding Growth: Responsive Strategies for Diverse Learners for Elementary to High School** handbook.
- To learn more about situations where students leave the classroom or supervised area without permission, see the section "Elopement" in the **Guiding Growth: Responsive Strategies for Diverse Learners for Elementary to High School** handbook.

When should I seek professional support and who should I contact?

- If you suspect an underlying medical or health issue, connect with the student's caregiver to encourage follow-up with a health care provider or agency.
- If the family requires support, consult with your school administrator to begin the referral process for relevant professionals or community services.
- If your current strategies (both class-wide and student-specific) are not resulting in improvement in the student's behaviour, consider a referral to a Registered Behaviour Analyst (RBA) who can help carry out a formal Functional Behaviour Assessment (FBA).
- If the student demonstrates difficulties with speech, language, or motor skills, consider referrals to a Speech- Language Pathologist (SLP) or Occupational Therapist (OT). These professionals can work collaboratively with you and the Behaviour Analyst to develop a comprehensive plan to support the student.

Toilet Training

What am I observing?

Not all students will be fully toilet trained by the time they enter kindergarten. Some schools require students to be toilet trained, so it's important to be aware of your school's policy regarding toileting support. While some students may be fully toilet trained, they may still experience challenges at school, such as accidents or hesitation to use the washroom. In these cases, follow-up may be needed to ensure the student is healthy and to prevent ongoing difficulties. You may observe:

- ☐ Students who wear diapers (*e.g., Pampers, Pull-Ups*) for part or all of the day.
- ☐ Students who have frequent accidents.
- ☐ Students who require prompts, reminders, or assistance with part or all of the toilet routine.
- ☐ Students who will only use certain washrooms.
- ☐ Students who appear to be withholding urination or bowel movements.
- ☐ Students who show little interest in toilet training.
- ☐ Students who were previously using the toilet successfully but are now having accidents.
- ☐ Students who seem to be fearful of the toilet, hand dryer, or other elements of the washroom or who are afraid to be alone in the washroom.

What is this telling me about the student?

Toilet training is a complex physiological process influenced by health, development, family and social factors, and cultural practices. Understanding this important life skill can help you support students who have not yet mastered it, while also providing guidance and resources to their caregivers.

At its core, being toilet trained means the child can use the washroom in an appropriate place with a level of independence that aligns with their developmental stage. However, successful toilet training involves many additional steps before and after the act itself. These include recognizing body cues, communicating the need to use the washroom (if applicable), getting to the washroom in a timely manner, managing clothing, wiping, flushing, and washing and drying hands (using paper towel or a hand dryer), as well as returning to the activity or location they left.

Being toilet trained also typically includes:

- *Minimal or no bladder and bowel accidents.*
- *Toileting in socially acceptable places.*
- *Using proper posture.*
- *Completing the entire process in a sanitary and independent manner.*

You may consider the following when interpreting toileting challenges:

- Depending on the student's age and developmental level, they may or may not yet be ready for toilet training.
- Depending on the student's toilet training experiences, there may be existing barriers to success. Caregivers may also need support or guidance on how to approach toilet training at home.
- Depending on the student's medical history and current health, follow-up with a healthcare provider may be needed to rule out or address underlying issues and provide directions on next steps for training.
- Depending on the major life events or stressors in the student's life, the student and their family may not be ready for toilet training.

What strategies can I try?

The strategies you try will depend on the student's age, developmental level, and interest in toilet training. A helpful starting point is to consider whether the student is showing any signs of readiness.

Some signs of toilet readiness include:

- **Is at least 20 months of age.**
- **Is healthy** *(has no underlying medical issues).*
- **Can walk to the toilet and sit safely on the toilet.**
- **Can dress and undress** *(not including buttons or zippers).*
- **Can stay dry for at least 2-3 hours during the day.**
- **Has regular, soft, and well-formed stools once a day or every other day.**
- **Demonstrates awareness of urination and bowel movements.**
- **Can follow simple instructions and is cooperative.**

A child may show all of these signs and still not be ready or interested in toilet training. Readiness is important, but it is also important to remember:

- **A child does not need all these signs to begin training, and each skill develops at a different pace. There is a wide range of individual differences.**
- **Having some or all of the readiness signs does not guarantee toilet training success.**
- **Starting early does not necessarily mean the child will achieve success sooner. However, starting too late may have negative impacts** *(e.g., increased risk of bladder control issues, continued reliance on diapers).*
- **Family and life factors can influence readiness, such as a parent or caregivers' availability, or major life events** *(e.g., new baby, transitions).*

There are several health and medical issues that may interfere with toilet training. If a child has one or more of these challenges, encourage the family to follow up with their primary health care provider for guidance:

- **Unresolved or recurring or chronic health issues** *(e.g., Hirschsprung's Disease)*
- **Constipation** *(infrequent or hard to pass stools)*
- **Diarrhea** *(loose stools)*
- **Urinary tract infections** *(may cause pain during urination, a constant urge to urinate, or frequent accidents)*

There is no single "magical" or best way to toilet train a child. Child and family readiness are both important, and the approach to toilet training should align with the child's learning style and the caregiver's parenting style.

To create a training plan, scan the QR code at the back of this handbook to access the online resource library. You'll find "Create a Potty-Training Plan for Your Child" along with a recorded session available on the KEB's Virtual Learning Environment. Toilet training can be stressful and frustrating for everyone involved, especially when accidents happen, so when developing an individualized plan, remember to:

- **Stay positive, accidents will happen. Take a compassionate, non-punitive approach.**
- **Establish a consistent routine. Learning to use the toilet takes practice, so creating a predictable routine is key.**
- **Be involved, observe, be patient, and make changes as needed.**
- **Try to have fun!**

In general, toilet training approaches may involve some or all of the following components:

- **Prompting** – for any skill, prompting is about providing help or cues so that the student can successfully perform the task. In toilet training, this might involve most-to-least prompting, hand over hand guidance (faded over time), or visual/verbal cues to initiate a trip to the washroom. Prompting may also be used for steps such as undressing, dressing, hand washing, or flushing. For a child to achieve full independence, all prompts will eventually need to be gradually reduced.
- **Scheduled sits on the toilet** – Peeing or pooing in a toilet is not innate. Usually, the first pee or poo "caught" in the toilet happens by chance. Scheduling regular sits increases the chances of these "caught" opportunities. Scheduled sits should only last a few minutes at a time, and no force should be used, no one wants to sit on a toilet forever. The number of scheduled sits per day will depend on whether a gradual or intensive approach is being used (see "Comparing Toilet Training Techniques" in the QR code Resources section). Visual supports may be helpful to establish toileting routines.
- **Differential reinforcement** – This involves temporarily providing access to powerful reinforcers (e.g., treats, activities, stickers) to support verbal praise for using the toilet or staying dry in underwear. Caregivers may have varying opinions about using treats in toilet training, choose an approach that aligns with your beliefs and values.
- **Temporary increase of fluids** – The rationale behind this strategy is that drinking more fluids creates more opportunities for the child to practice using the toilet. This method is typically used only in intensive approaches. The increase in fluid intake should be moderate and last only a few days. Some medical or health conditions may make increasing fluids unsafe for certain children. Always consult a primary health care provider before making changes to a child's fluid intake.
- **Overcorrection (also called positive practice)** – This strategy involves having the child practice the expected behaviour (e.g., walking to the toilet) several times following an accident. The goal is to reduce the likelihood of future accidents. Overcorrection is commonly used in some intensive toilet training approaches.
- **Data collection** – Using a simple tracking system is an effective way to monitor progress. This system can track as many or as few parts of the toileting routine as needed, such as the number of scheduled toilet sits, successful use of the toilet, accidents, success with undressing and dressing, spontaneous versus prompted trips to the toilet, and the level of prompting required for each step.

Sleep: Is Bedtime a Battle?

What am I observing?

- ☐ A student who falls asleep during class or on the bus.
- ☐ A student who seems too tired or cranky to learn.
- ☐ A student who seems restless, or overactive.
- ☐ A student who comes to school showing signs of tiredness or who expresses that they are tired.

What can these behaviors tell us about the student?

Sleep problems in children are very common and range from difficulty falling asleep and staying asleep, to reluctance to sleep in their own bed, and difficulty staying awake during the day. Some sleep issues can be classified as sleep disorders (e.g., parasomnias, insomnia, sleep apnea).

For some children, sleep difficulties may improve over time, but not all children "grow out of it". Some sleep problems are caused by underlying medical or health issues (e.g., sleep apnea). Sleep difficulties also may be more persistent in autistic children. Therefore, if there are any concerns about sleep, encourage caregivers to follow up with their primary health care provider.

There may be many reasons a student may display the behaviours listed above, but such observations may suggest that the student is not getting enough sleep. Sleep needs vary by age, and individual differences exist, some people naturally need more or less sleep than others. The following sleep guidelines based on age are from the Canadian Paediatric Society.

Age Range	Suggested Accumulative Sleep/24 Hours
Babies (4-12 months)	12-16 hours
Toddlers (1-2 years)	11-14 hours (including naps)
Preschoolers (3-5 years)	10-13 hours (including naps)
School aged (6-12 years)	9-12 hours
Teens (13-18)	8-10 hours

How do you know a child is getting enough sleep?

Refer to the link to the bedtime calculator in the Resources section. In addition to comparing a child's sleep to the recommended guidelines, your observations can offer helpful clues. Healthy, well-rested children usually:

- **Wake up independently in the morning** *(they don't need to be woken up by a caregiver).*
- **Do not fall asleep again after waking** *(they aren't taking opportunistic naps, such as falling asleep on the bus or at other unscheduled times).*
- **Are alert and engaging in activities.**

Sleep deprivation in children can look like distractibility, irritability, inattention, or hyperactivity. If sleep is not considered a possible factor, these behaviours may mistakenly be attributed to other causes.



What strategies can I try?

Always encourage caregivers to follow up with their primary health care provider to rule out any health or medical concerns before making changes to their child's sleep habits or bedtime routine. If a child snores, has difficulty breathing during sleep, sleeps excessively, is constantly tired, or has other health concerns that may affect sleep, it is important to bring this to the attention of a health care provider.

The good news is that if health issues have been ruled out, many common sleep and bedtime struggles can often be addressed through caregiver-mediated changes.

Two helpful starting points for families are:

- **Sleep hygiene**
- **Establishing a bedtime routine**

Refer to the 2-minute video about sleep hygiene and bedtime routines in the Resources section.

Sleep hygiene refers to the healthy habits, routines, and environmental conditions that support good sleep. It involves reducing behaviours that interfere with sleep pressure (the body's natural drive to sleep), sleep cues, or the ability of falling asleep independently. It's most effective when caregivers model and support these habits as a family. Here is a short list of tips for promoting good sleep hygiene:

- Ensure regular exercise and outdoor time during the day.
- Limit screen time in the evenings (no screens at least 1 hour before bed).
- Avoid sugary or caffeinated drinks and snacks in the late afternoon and evening.
- Avoid large meals right before bedtime (a small snack is okay).
- Avoid late day naps (especially in the mid-to-late afternoon and evening).
- Make the sleep space cool, quiet, comfortable and dark – ideally with one consistent sleep location.
- Create a short, relaxing, and predictable bedtime routine.

A bedtime routine is a consistent and predictable sequence of calming activities completed every night before sleep. The goal is to help the child wind down and signal that it is time for sleep. Keep the routine short, fun, and soothing. Here are a few ideas:

Consistency	Predictability
Do the routine every day, even on weekends.	Follow the same order of activities each night, but allow for some flexibility (e.g., offering choice or involving different caregivers).
Try to start it at the same time every night (or within 1 hour for older children).	Each step in the routine should cue the next.
Keep the whole bedtime routine short and sweet. Aim for 30 minutes or less	The final step should always be getting into bed independently.

Motor Skill Development Support

Motor Skill Development Support

Motor Skill Support

What am I observing?

- ☐ The student may appear uncoordinated or clumsy and may frequently trip, bump into objects, or drop items.
- ☐ The student may have difficulty learning new motor skills.
- ☐ The student may avoid physical activities or struggle to keep up with same-aged peers, such as during gym class or while playing on the playground.
- ☐ The student may tire easily or appear physically weaker compared to peers.
- ☐ The student may sit with their legs in a "W" position (also called W-sitting).
- ☐ The student may have difficulty with fine motor tasks such as holding a pencil, eating with utensils, cutting with scissors, colouring within lines, or picking up small items (e.g., for beading).
- ☐ For older students, difficulties may include learning how to print or producing messy written work (e.g., illegible handwriting or difficulty keeping letters within the lines).

What is this telling me?

Several factors may explain the observations listed. It is especially important to consider how vision, sensory integration, sleep, nutrition, verbal and nonverbal reasoning skills, self-regulation, and limited opportunities to practice motor skills may influence a student's presentation.

One key area to consider is muscle and joint development, which can significantly impact motor skills. While physical activities at school can help build strength and endurance, more specific challenges- such as low muscle tone, poor postural stability, or joint hypermobility- should be assessed by a health care professional:

- **Low muscle strength or muscle endurance**: Muscle strength is the ability of muscles to generate force, especially against resistance. It can be improved through exercise therapy.
- **Low muscle tone**: Muscle tone refers to the level of tension in a relaxed muscle. It helps us maintain posture, move with control, and sustain activity. Low muscle tone is a natural physiological trait rather than a problem- something a child is born with and cannot be changed, but it can be supported and accomodated. Children with low muscle tone may expend more effort to move because their muscles are less tense at rest. They may tire easily, appear weak, have poor posture, delayed motor skills, difficulty sitting or standing still, increased joint flexibility, reduced body awareness, and may be misinterpreted as "lazy" due to these challenges.
- **Postural Stability**: Also known as balance, this refers to the ability to control the body's position, whether stationary or moving. While not all children who sit in a W-position have postural control difficulties, it is a common reason some children adopt this sitting style. W-sitting can interfere with strengthening and using postural muscles properly and may hinder the development of other motor skills. A proper assessment is recommended if a child frequently sits in this position.



Image source: The "W" sitting position—Kids Island Nursery

- **Joint hypermobility**: This occurs when a person's joints move beyond the typical range of motion (often called being "double-jointed"). It can make it difficult for children to rely on their joints for stability. As a result, they may adopt compensatory strategies, such as hyperextending or locking their knees when standing, or using an unusual pencil grasp to better control a writing tool.

It is important to consider general motor skills, which are typically divided into two categories: gross motor skills and fine motor skills.

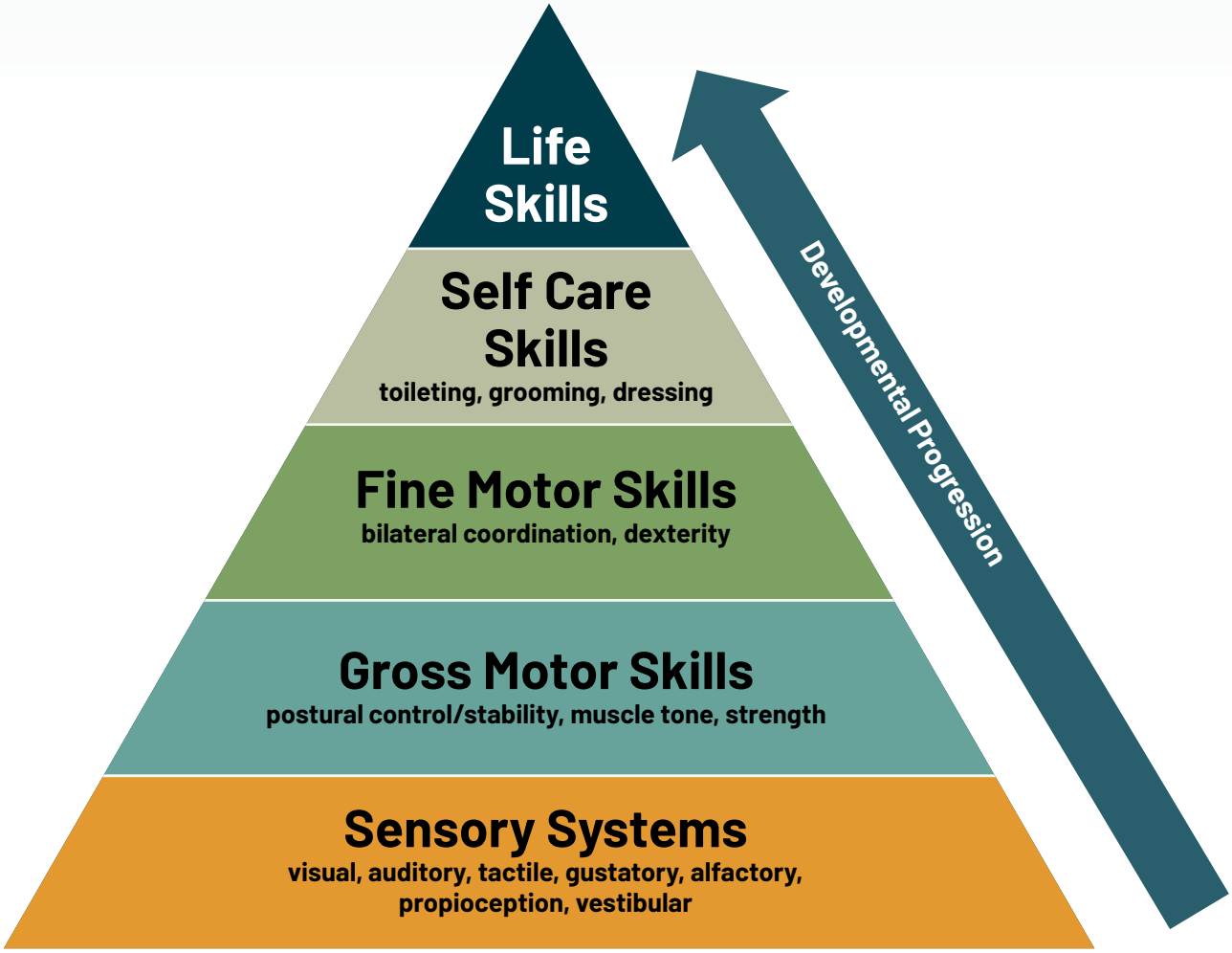
- **Gross Motor Skills**: These involve the larger muscles of the body and support stability, coordination, and whole body movements. Examples include running, jumping, kicking a ball, climbing, balancing on one foot, carrying objects, catching and throwing, riding a bike, skipping, and going up and down stairs.
- **Fine Motor Skills**: These involve the smaller muscles of the hands, wrists, and fingers. They support precise hand and finger movements such as picking up small objects, using fasteners (buttons, zippers, snaps, laces), drawing, colouring, printing, typing, cutting with scissors, opening and closing bags and lunch containers, and eating with utensils.

The following foundational skills support the development of both gross and fine motor abilities. Challenges in these areas are often linked to delays or difficulties in motor development:

- **Visual-motor coordination**: The ability to use the hands and eyes together for tasks such as writing and colouring within the lines.
- **Motor imitation**: The ability to accurately copy movements and actions.
- **Motor planning**: The ability to think through, organize, and carry out unfamiliar motor actions from beginning to end. This includes timing and sequencing movements.
- **Bilateral skills**: The ability to use both sides of the body together in a coordinated way.
- **Crossing midline**: The ability to use one side of the body to reach across the center of the body to the other side.
- **Dexterity**: The skillful and coordinated use of the hands and fingers to perform tasks.
- **Finger isolation**: The ability to move fingers individually, such as when typing or playing an instrument.
- **In-hand manipulation**: The ability to move and adjust objects within the hand, such as turning a pencil or picking up a coin from the palm using the fingers.
- **Sensory processing**: This supports and underlies all motor development. Children who struggle to integrate tactile, visual, proprioceptive, or vestibular input may also struggle with motor skills. See the section on sensory processing in the handbook on **Guiding Growth: Responsive Strategies for Diverse Learners** for more information on supporting sensory needs.

Motor skill development typically follows a predictable pattern, with foundational skills supporting the development of more advanced abilities. Gaps in these foundational areas can limit a child's ability to learn more complex motor skills. For example, a child who cannot yet balance on one foot may find it challenging to learn how to kick a ball.

Gross Motor Development



Source: www.dsrf.org/resources/information/physical-skill-development/gross-motor-development/

What strategies can I try?

There are many strategies that can be implemented, either individually or class-wide, to support students with motor skill differences. The following approaches can be tailored to meet the unique needs of individual students:

Movement breaks: Movement can help activate core muscles, especially before seated tasks. This can be particularly helpful for students with low muscle tone who may benefit from activities that "wake the muscles up" before being expected to use them.

Gross motor strengthening activities: These can be embedded into physical education classes or daily routines in the student's day to help build core strength and stabilizing muscles, as well as foundational motor skills.

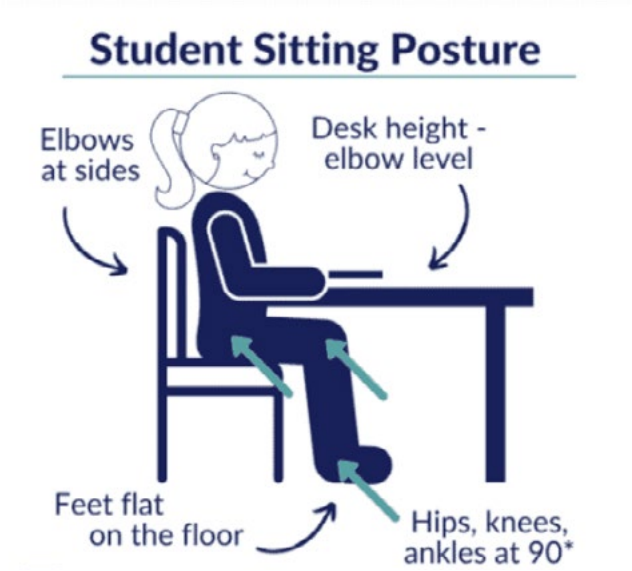
Home-based practice strategy: Work collaboratively with caregivers to suggest home-based practice strategies. This may include sending home a ball or providing ideas for simple outdoor play activities.

Seating strategies: Provide a designated break spot in the classroom where students can rest if needed. A calming corner accessible to all students helps avoid signaling anyone out.

During carpet time, allow students the option to sit on a small chair instead of the floor, or provide something supportive to lean against, such as a wall or a portable floor seat with built-in back support.

Follow the 90-90-90 Rule when setting up classroom workstations—unless an occupational therapist recommends otherwise. This means the student's hips, knees, and ankles should all be positioned at approximately 90-degree angles when seated. Elbows should rest comfortably on the desk without the student needing to lean forward or raise their shoulders.

If you suspect a child requires more supportive seating or specialized accommodations, consider referring them to an occupational therapist for assessment and recommendations.



The following strategies can be used across the classroom to promote motor skill development for all students:

- **Provide frequent opportunities for sensory exploration using hands, especially for younger children.** *Examples include sand or water stations, playdough activities, digging in dirt, etc.*
- **Integrate gross motor and core strengthening activities into daily routines to help build foundational skills.** *For example, use obstacle courses in gym class, incorporate yoga, play dancing or motor imitation games, and build with large blocks that require two-handed coordination.*
- **Encourage drawing and painting on vertical surfaces** *(e.g. painting on an easel or using chalk on a wall).*
- **Set students up for success by ensuring that the physical environment fits their needs** *(e.g., appropriately sized tables – see seating guideline).*
- **Incorporate clothespins, tongs, and tweezers into learning activities such as sorting and matching to build hand strength and coordination.**

The following strategies remove support the development of specific fine motor skills essential for classroom tasks:

Pincer Grasp: This is the ability to use the index finger and thumb in opposition to pick up or hold an item, while the other fingers are curled into the palm. This skill is essential for effective grasping and is a prerequisite for more complex fine motor tasks, including pencil grasp.

To promote this skill:

- Encourage activities that involve picking up small objects *(e.g., beading, finding small items in a sensory bin, or picking up small food items such as cereal pieces).*
- Use strengthening activities such as playdough or putty play, peeling and placing stickers, or using clothespins and tweezers during tasks.

Hand Preference: Having a hand preference, also known as handedness, refers to a person being more comfortable and skilled using one hand over the other. This typically emerges around the age of 4. Developing a dominant hand allows for greater precision, accuracy, and fluency in motor tasks such as printing. The following tips may help a student develop a consistent hand preference:

- Ensure that the child can cross the midline of their body. You might notice challenges in this area if the child turns their body instead of reaching across with their one arm or frequently switches items between hands when moving them across the body. Encourage midline crossing by drawing large rainbows or circles on a vertical surface *(e.g., chalk on a wall or blackboard),* imitating dance moves, or playing games like Simon Says with movements that require crossing arms or legs.
- Observe which hand the child naturally uses during non-tabletop tasks, such as eating, digging with a shovel in a sand box, or during sensory play.

- Always present materials for grasping *(e.g., puzzle pieces, utensils, snacks, markers, crayons)* in the centre of the workspace to avoid influencing hand preference.

Pencil Grasp: A mature pencil grasp involves resting the hand on the table while controlling the pencil using the small muscles of the fingers. This is called a dynamic pencil grasp. There are three types of pencil grasps typically considered functional and appropriate for writing:

- Inefficient pencil grasps can sometimes develop when a student is expected to use a mature grasp before they are physically ready. Supporting students in progressing through the typical stages of of grasp development can help build the necessary muscles and coordination for functional pencil grasp, regardless of their age.
- Strategies to support the development of a mature grasp include:
  - Ensure the child has a well-developed pincer grasp first *(see section above)*
  - Engage the child in activities that build strength in the trunk, shoulders, and arms to support the stability needed for fine motor control.
  - Strengthen the hands through activities like manipulating putty or cutting thick paper.
  - Provide activities using tongs, tweezers, or stickers immediately before utensil use. Ensure the thumb remains in a flexed *(bent)* position during these activities.
  - Offer small writing tools *(e.g., approximately 1-inch pieces of crayons or chalk)* to encourage a tripod grasp in young children.
  - Use physical cues, such as a sticker placed on the pencil, or verbal cues, like "alligator fingers," to remind students how to hold their pencil correctly.
  - Occasionally, students may benefit from a pencil grip or adapted writing utensil. There are many types available, consider consulting with an occupational therapist to determine the most appropriate option for the child.

Tripod Grasp (most common)	**Quadpod Grasp** (4 fingered)	**Inter-digital/adapted tripod grasp** (rare, but may be recommended by an OT)
		

Printing: Many prerequisite skills are involved in preparing a child to learn how to print, such as pencil control, motor planning, sequencing, hand-eye coordination, and the ability to copy different lines and shapes. Once a child is expected to write letters from memory, being able to recall letters and their formation patterns is also important. Some strategies to support printing skills include:

- Encourage scribbling, colouring, drawing, and painting with young children.
- Take a developmental approach to teaching printing that considers the typical progression of skill acquisition. A program such as Handwriting Without Tears can provide guidance on letter formation and teaching order. For example, begin with letters made of straight lines *(e.g., F, E, I, L, H, T).*
- Teach all capital letters first before moving on to lowercase letters.
    - Practice letters using multi-sensory methods. For example:
        - Draw letters with their fingers in shaving cream, sand, or paint.
        - "Drive" toy cars along taped letters on the floor.
        - Draw letters in chalk or use smelly markers.
        - Build letters from playdough, sticks, or paper-cut lines and curves.
- When introducing new letters, use the sequence: (1) build the letter, (2) trace the letter, (3) copy the letter.
- Teach children that all letters start from the top (except lowercase e).

Encourage a top-down, left-to-right direction for lines and counterclockwise movement when forming circles.

Scissor Skills: This involves using the dominant hand to cut while the supporting hand to hold the paper. Proper positioning when cutting includes having both thumbs visible and facing upwards keeping the elbow tucked in, using the supporting hand to move the paper, and being able to stabilize the scissors and paper without resting them on the table. To support development of this skill, you can:

- Ensure you have left-handed scissors available – this alone can avoid a great deal of frustration for left-handed students.
- Provide blunt plastic scissors for younger children to practice opening and closing during activities such as playdough play
- Practice skills in the typical developmental order. Lower-level scissor skills, such as snipping, must be mastered before progressing to higher level skills such as cutting shapes or curves.
- Use loop scissors or self-opening *(spring loaded)* scissors for children who do not yet have the strength or motor coordination to open scissors after squeezing.

Fasteners: Fasteners are items that open and close and are typically used in dressing. These include buttons, zippers, snaps, belt buckles, and shoelaces. Strategies to help build independence with fasteners include:

- Ensure the child has developed a pincer grasp first.
- Provide opportunities for play that encourage bilateral (two-handed) hand use (e.g., pull tubes, pulling apart LEGO bricks, catching a ball).

- Encourage play that requires the hands to perform different tasks *(e.g., beading, holding down paper with the non-dominant hand while colouring).*
- Practice with easier fasteners first *(e.g., large buttons before small ones).*
- Familiarize yourself with typical ages of skill acquisition to avoid introducing skills before a child is developmentally ready.
- Help children practice using fasteners off the body before trying them on their body.
- Use simple verbal cues when teaching, such as "pinch the button, find the hole, pull it through." For more complex skills such as tying shoelaces, a visual guide that breaks down the steps using pictures might be helpful.
- Provide exposure to a variety of fasteners in the classroom. Integrate them into activity centres or play using specially designed puzzles, dress-up clothes or dressing a doll.
- Consider alternatives for children who are not yet able to tie shoelaces, such as curly laces that coil at the end, rubber stretchy laces that don't require tying, or elastic laces that can be pre-tied.



When should I seek professional input and who should I contact?

If you suspect that difficulties with vision are interfering with a student's motor skill development, it is recommended that you speak with caregivers to pursue follow-up with an optometrist.

If you suspect physical development concerns, such as low muscle tone, postural instability, or hypermobility, encourage caregivers to consult with a physician, occupational therapist or physiotherapist.

Finally, if you have implemented the strategies above—as well as other school-based recommendations or supports—but motor skill challenges persist, it may be time to consider a formal assessment and therapy:

- **Occupational therapists (OTs)** typically support students with fine motor difficulties and sensory-based motor disorders.
- **Physiotherapists (PTs)** focus on gross motor skills, mobility, and musculoskeletal concerns.
- **Referrals to therapy** can help children build the strength of key supporting muscles and explore appropriate accommodations. This can be especially important for children with joint hypermobility. OTs and PTs can also help identify whether low muscle tone may be contributing to the student's motor difficulties and offer targeted strategies for support.

Speech & Language Development Support

Speech & Language Development Support

As a classroom teacher, you are in a unique position to observe your students' academic, social and functional language skills. When a student struggles in the classroom, there may be various contributing factors, including speech and language challenges. This reference guide is designed to help you identify and support students experiencing a range of speech and language concerns

For more in-depth information on speech and language disorders, diagnostic criteria and assessments, please refer to the An Educator's Guide to Professional Assessments and Diagnostics handbook.

For more information on phonological awareness and reading, and symbol use in the classroom, please refer to the Guiding Growth: Responsive Strategies for Diverse Learners handbook.

Speech: Articulation and Stuttering

What am I observing?

You may notice a student who:

- ☐ Has more than three sound errors in their speech beyond the expected developmental age.
- ☐ Demonstrates phonological processes such as:
  - Final consonant deletion (e.g., saying "ca" for "cat")
  - Backing (e.g., using "k" or "g" instead of "t" or "d")
  - Fronting (e.g., using "t" or "d" instead of "k" or "g")
  - Assimilation (e.g., "gog" for "dog")
  - Blend reduction (e.g., "kunk" for "skunk")
  - Syllable deletion in multi-syllabic words (e.g., "efant" for "elephant")
- ☐ Presents with stuttering behaviors, including:
  - Blocks (pauses where no sound comes out)
  - A high frequency of sound, syllable, or word repetitions
  - Visible tension or struggle while speaking

What is this telling me?

Any of the listed observations may indicate difficulties related to articulation or stuttering, which may require additional support. Students with persisting speech or articulation challenges often benefit from explicit instruction on how to produce specific sounds, typically provided by a Speech-Language Pathologist (SLP).

Similarly, students who experience significant stuttering or anxiety around speaking can be taught evidence-based strategies by an SLP to help improve their fluency and communication confidence.

As a classroom teacher, understanding the possible reasons behind articulation errors or stuttering events empowers you to adjust your interactions and teaching strategies to better support these students.

Articulation

A child's speech typically develops naturally over time as they progress through school. Speech errors are often developmentally appropriate during early childhood, as the articulators (tongue, teeth, lips, and jaw) are still maturing and becoming more coordinated in their movements.

However, when speech errors persist beyond the expected developmental age, it may indicate a speech sound disorder. These disorders can be categorized into various subtypes (e.g., articulation disorder, phonological disorder, motor speech disorders). For the purpose of this resource, we won't cover each in detail but will instead provide general guidelines on what to look for and when to refer a student for further evaluation.

Be mindful that bilingualism may impact a student's articulation. If a particular sound does not exist in a student's first language, they may have more difficulty producing that sound in English. This is because we develop the ability to produce the sounds of our first language(s) early in life, and do not typically acquire unfamiliar sounds from other languages without targeted exposure or instruction.

- **For example**, there are approximately 70 Indigenous languages spoken across Canada, grouped into 12 language families, each with its own unique set of speech sounds. Anishinaabemowin, for instance, includes 18 consonant sounds and 7 vowel sounds, whereas English has 25 consonant sounds and 19 vowel sounds.

Collaborating with caregivers to better understand which sounds are familiar or unfamiliar to their child can help ensure your approach is culturally responsive and appropriate.

For additional information on distinguishing language differences from language disorders, please refer to the An Educator's Guide to Professional Assessments and Diagnostics handbook.

Stuttering

Stuttering is a natural part of communication that everyone experiences occasionally, such as repeating a word when tired or using filler words like "um". In younger children, developmental stuttering may occur during periods of rapid language growth. This type of stuttering is typically short-term and resolves on its own.

Disordered stuttering, however, is more persistent and is characterized by:

- Blocks (inability to get a sound out)
- Repetitions (e.g., "ba-ba-ball")
- Prolongations (e.g., "ssssssnake") that are longer or more frequent than what is typical in developmental stuttering

Stuttering can vary depending on the situation and is often worsened by increased demands, anxiety, or pressure.



What strategies can I try?

Articulation

Producing speech sounds is a complex motor skill that develops in stages. In speech therapy, children work through a hierarchy, from isolated sounds to words, phrases, sentences, and finally spontaneous speech. It's important to support them at the level they are currently working on.

- Support practice at the child's current level (e.g., word lists, sound-focused activities).
- Pair students to practice target words or find their target sounds in reading materials.
- Avoid correcting articulation in front of the class.
- Avoid expecting correct production during spontaneous speech if the child is only working at the word or phrase level.

Stuttering

To support fluency in the classroom:

- Slow your own speech rate, students naturally mirror the pace of their communication partners.
- Reduce the demands- simplify tasks and language complexity to lower speaking pressure.
  - Give students extra time to respond
  - Use more comments and fewer direct questions
  - Pause frequently in your own speech
- Collaborate with caregivers- learn what helps the student feel more fluent and confident.
- Create a safe, supportive environment, encourage open dialogue and build trust
- Avoid saying
  - "Slow down"
  - "Take a breath"
  - Finishing sentences for the child

These responses, while well-intended, are not supported by research and may increase anxiety.

When do I go get more help?

If a student presents with more than three articulation errors or ongoing stuttering behaviors, they may be eligible for publicly funded articulation and fluency support from a speech-language pathologist. Speak with the family to share your observations and obtain consent for a referral. Classroom teachers can initiate referrals through your school board's Speech and Language Services.

Expressive & Receptive Language

What am I observing?

You may notice a student who:

- ☐ Does not use full sentences and speaks in telegraphic speech (e.g., "want cookie" instead of "I want a cookie").
- ☐ Uses very simple sentences and rarely includes conjunctions (e.g., "and," "because," "but").
- ☐ Has difficulty telling a personal narrative or retelling a story; their stories are hard to follow, lack cohesion, and are missing several key story grammar elements.
- ☐ Struggles to recall words or remember curriculum content.
- ☐ Has trouble making connections between words, concepts, and ideas.
- ☐ Rarely participates in circle time or whole-group discussions.
- ☐ Has difficulty following directions and appears unable to complete tasks without additional support.
- ☐ Performs well in group settings but struggles with independent tasks.

What is this telling me?

These observations may suggest that your student is experiencing challenges with receptive and/or expressive language skills, which can significantly impact their academic and social success.

For a deeper understanding of the cognitive foundations of verbal and nonverbal language skills, please refer to the **Educator's Guide to Professional Assessments and Diagnostics** handbook.

This section uses a few important terms to describe different areas of language development.

- Expressive language is how a person uses words to communicate, usually through speaking. It includes:
  - Vocabulary (the words they use)
  - Grammar and sentence structure
  - Morphology (using parts of words like prefixes and suffixes)
- Receptive language is how a person understands spoken language. It includes:
  - Following directions
  - Understanding vocabulary
  - Making connections between words and ideas
  - Understanding stories or conversations
- Narrative language is the ability to understand and tell a complete, logical story. A strong narrative includes:
  - Characters, setting, and emotions
  - A clear beginning, middle, and end
  - Cause-and-effect relationships and a conclusion
- Higher-level language includes thinking and reasoning skills such as:
  - Making inferences
  - Predicting what will happen next
  - Problem-solving and explaining ideas

What strategies can I try?

The language you use in your classroom plays a crucial role in students' language development—not just vocabulary, but also grammar and overall communication skills. The more exposure students have to academic vocabulary, the greater their success in reading and overall academic achievement. Children with language deficits often need explicit instruction and repeated exposure to develop their skills.

- Explicit Instruction Strategies
- Use direct, clear instructions for students with language difficulties.
- Support early learners by incorporating:
  - Home languages
  - Visuals
  - Hands-on activities
  - Movement-based learning
- Provide small group instruction to review:
  - Challenging vocabulary
  - Key concepts in a more focused setting
- Be aware that some students may struggle with inferred steps in instructions and may need to be explicitly taught or modeled. For example, a task like "Read chapter 6 and define the following vocabulary items" assumes the student knows to:

Step 1: Get the textbook

Step 2: Find chapter 6 (e.g., page 52)

Step 3: Read the section

Step 4: Locate the vocabulary words

Step 5: Define the words in their own language

Teach Story Grammar Elements

Explicitly teaching story grammar can significantly improve students' narrative skills and working memory.

- Use graphic organizers to scaffold story structure.
- These help students understand:
  - What to pay attention to in a story
  - How stories are organized
  - How to retell or create their own stories
- Common story grammar elements include:
  - Characters
  - Setting
  - Emotions
  - Problem (initiating event)
  - Actions
  - Resolution
  - Ending/Conclusion
- Providing a consistent structure reduces cognitive load and helps students become more confident storytellers and listeners.

Shared Reading

- Shared reading has strong evidence supporting its effectiveness in improving vocabulary and literacy skills.
- Introduce key vocabulary words before reading to support both expressive and receptive language development.
- If possible, review pictures or diagrams ahead of time and ask students to predict story elements or concepts based on the visuals.
- After reading, ask casual questions (e.g., "Why did that happen?" or "What caused that?") to help students make connections and strengthen both auditory and reading comprehension (van den Broek et al., 2011).

At-Home Strategies

- Provide families with vocabulary words, stories, or classroom concepts being taught. This allows familiesto use their own language, knowledge, and experiences to enrich the learning environment.
- Share story grammar resources with caregivers so they can practice these skills using familiar stories, helping children transfer that knowledge to new texts.
- Encourage family involvement as a way to bridge home languages and cultures with classroom learning, supporting more holistic and inclusive development.



Visual supports by Gillam et al., presented at the ASHA Convention (2018), offer helpful illustrations for each story grammar element.

When do I go get more help?

If a student continues to struggle with language despite classroom support, they may have a Specific Language Impairment (SLI) or a Developmental Language Disorder (DLD). In such cases, a referral for an assessment by a Speech-Language Pathologist is recommended.

It's also important to consider whether the student is bilingual or multilingual. Their language abilities may be stronger in their home language than in English. Refer to the section on language differences in the **An Educator's Guide to Professional Assessments and Diagnostics** handbook to help determine whether the student is experiencing a language disorder or is simply still acquiring English.

Sensory Processing Support

Sensory Processing Support

Sensory Support

What am I observing?

- ☐ Students who seek, avoid, or react to certain types of sensory input.
- ☐ Students who over- or under-react to certain types of sensory input.
- ☐ Students who have difficulties with fine motor skills (e.g., printing) and gross motor skills (e.g., using stairs).
- ☐ Students who engage in repetitive motor behaviours (e.g., rocking, jumping, spinning, repetitive hand movements, etc.).
- ☐ Students who frequently seek movement through climbing, crashing, or falling.
- ☐ Students who have difficulties paying attention, which may become more apparent in busy or loud environments or when students are expected to sit without physical support (e.g., during carpet time).
- ☐ Students who have an increased need for control, sameness, and predictability.
- ☐ Students who experience increased anxiety and/or irritability in the presence of sensory stimuli.
- ☐ Students who need breaks and time to decompress.
- ☐ Students who have difficulty maintaining appropriate personal space.
- ☐ Students who hit or otherwise harm their own body (e.g., head banging, or biting themselves).
- ☐ Students who chew on non-food items.
- ☐ Students who have a strong dislike of self-care activities, such as toothbrushing, bathing, or haircutting.

What is this telling me?

Several factors could contribute to the behaviours listed; however, it is especially helpful to consider the role of sensory processing as a potential explanation for these observations. Sensory processing is the ability to take in, sort, and organize sensory information for functional use. Processing and responding accurately to sensory input allows us to develop motor, perceptual, and cognitive skills. It also helps us screen out and habituate to non-essential information so we can engage with the world around us and choose where to direct our attention. Accurate processing of sensory information from inside our bodies also enables us to identify our feelings and recognize when our biological needs require attention.

Sensory processing challenges occur when the brain has difficulty correctly interpreting or responding to sensory information from the environment or within the body. While everyone experiences their senses differently, sensory processing challenges may present in the following ways:

- **Hypersensitivity**: Some students react more strongly to sensory input than others. For example, they may feel overwhelmed by loud noises, bright lights, or certain textures because their sensory systems are more sensitive than usual. As a result, they may avoid or be drawn to sensory input that others are not even aware of.
- **Hyposensitivity**: Some students have a significantly reduced response to sensory input. They might not notice things like sounds, touches, or movement as much as others do. Additionally, they may seek out intense sensory experiences to feel regulated.

These types of sensory differences may occur in one or more of the eight main sensory systems. A person can be hypersensitive to one type of input and hyposensitive to another. The following chart provides examples of signs, organized by sensory system, that may indicate hypo- or hypersensitivity. This is not an exhaustive list and does not replace a formal sensory processing assessment. It should only be used to identify children who might benefit from a referral to an occupational therapist.

Sensory System	Hypersensitive	Hyposensitive
Tactile Touch	May be uncomfortable having dirty hands, be bothered by tags or seams in clothing, or avoid certain food textures. May seek out items in their environment that they like to touch. May dislike or avoid self-care tasks such as toothbrushing or nail cutting.	May not notice when hands or face are dirty, may be a messy eater, and may not notice if clothes are on backwards or twisted. May seek out additional opportunities for touch from their environment.
Visual Sight	May dislike or have trouble concentrating with certain types of lighting (e.g., fluorescent lights), may look very closely at items, often prefer sameness in their environment, and can get overwhelmed in busy or disorganized environments.	May seek out additional visual input (e.g., flickering lights, twirling strings, performing hand movements near their face, looking at items out of the corner of their eye, etc.). May respond slowly to, or miss, visual input, such as not noticing when someone walks into the room.
Auditory Hearing	May dislike crowds and noisy environments and may be bothered by sounds that others do not notice (e.g., chewing, air conditioning fans, buzzing from fluorescent lights). May have difficulty tolerating household appliances (vacuums, blenders, etc.) or competing sounds (e.g., paying attention to one voice when other people are talking). May create their own noise or vocalizations to help regulate or block out external auditory stimuli.	May miss verbal cues, such as their name being called. May enjoy listening to music or seek out items or games that make sound.
Olfactory Smell	May react strongly to certain smells (e.g., start gagging) or have difficulty tolerating crowded settings where people are eating. May be a picky eater.	May prefer highly seasoned foods (e.g., extremely tangy, salty, sweet, spicy, sour, etc.).
Gustatory Taste	May eat primarily bland foods or have a limited variety of foods. May have a limited range of preferred foods.	May prefer highly seasoned foods (e.g., extremely tangy, salty, sweet, spicy, sour, etc.).

Sensory Systems	Hypersensitive	Hyposensitive
Proprioception Body position, feedback from muscles and joints	May avoid effortful activities that require strength.	May slouch or lean when sitting, have poor body awareness, or may have difficulty maintaining appropriate personal space. May seek out deep pressure, have difficulty remaining still when expected to be stationary, and seek out items to chew on (e.g., pens, clothing). May jump, climb, crash, or pretend to fall to get the input their body is seeking. May require more sensory input to achieve regulation.
Vestibular Movement of head, balance and reactions to gravity	May avoid swings and playground equipment or appear anxious when their feet leave the ground. May appear stiff in movements and/or cautious when moving around. May get motion sickness easily.	May have poor balance and/or difficulty remaining still when expected to be stationary. May not appear to get dizzy and may seek out additional movement, such as swinging, rocking, swaying, jumping, spinning.
Interoception Internal sensations (from organs or associated with feelings)	May experience body signals as more intense (e.g., hunger as pain or frequently feeling the need to urinate). May become easily overwhelmed by their own feelings and may have difficulty interpreting and labeling sensations and emotions	May have difficulty noticing, identifying, interpreting body sensations (e.g., thirst, hunger, body temperature, emotions). May need reminders for self-care (e.g., not noticing when tired or needing a break, forgetting to eat or drink throughout the day). May miss early signs of their own escalation.

What strategies can I try?

Educators often need to accommodate a variety of sensory preferences and needs within the classroom. For some individuals, sensory support needs may lessen over time as the nervous system matures. For others, sensory differences may persist throughout life but may present differently at various ages.

The following strategies can be beneficial for most children and may be used as classroom-wide supports or tailored to individual students as needed.

Increase Opportunities for Sensory Input

- Provide access to activities that offer rhythmic, repetitive movement, as this is calming for most nervous systems.
- Provide a variety of seating options for children to choose from (e.g., rocking chairs, wiggle cushions, standing desks, bean bag chairs, etc.).
- Provide access to fidget tools and teach students how to use them appropriately to support attention and movement needs.
- Break up periods of sedentary learning with opportunities for movement throughout the day. Integrate action songs, stretches, or simple games before or during carpet learning. Offer helper jobs (e.g., taking attendance, handing out materials, erasing the board, picking up supplies from the office, etc.).
- Protect recess time to ensure students have regular opportunities for movement and structured breaks from the classroom.
- Provide opportunities for activities that involve pushing, pulling, lifting, carrying, or climbing (often referred to as "heavy work"). These activities provide the body with deep pressure input, which helps organize the nervous system and support regulation throughout the day.

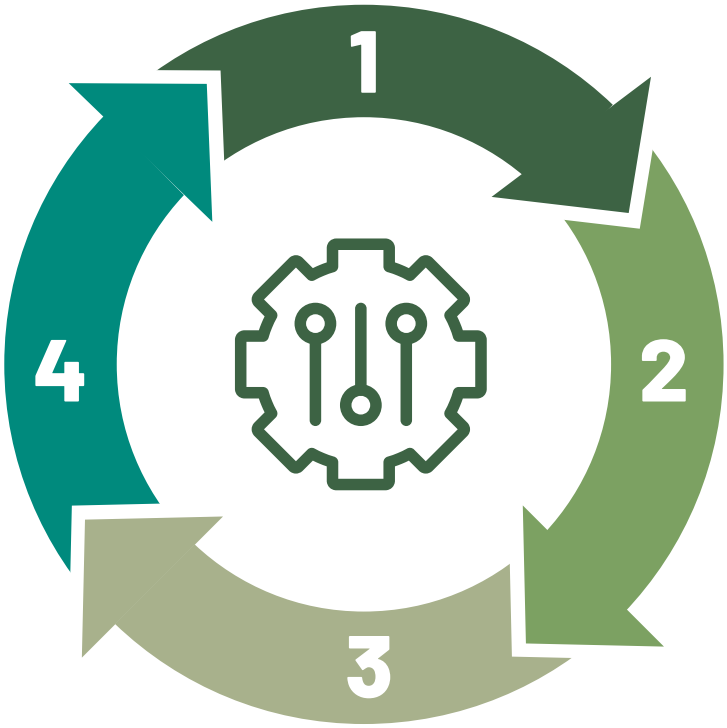
Reduce Potentially Overwhelming Sensory Input

- Consider using natural light or softer lighting options when possible.
- Decrease noise in the classroom that might be distracting or uncomfortable (e.g., lower the volume on speaker systems, monitor overall noise levels in the classroom). Be mindful of noise entering from the hallway or outdoors, as well as from classroom items (e.g., fish tanks, fans, air purifiers, etc.).
- Decrease visual clutter in the classroom (e.g., limit the amount of visual material on walls or hanging from the ceiling).
- Avoid the use of scented products in the classroom.

Create a Break Space Within the Classroom

- Create a designated space in the classroom (e.g., a book nook or quiet corner) where students can decompress. This can reduce the need to leave the classroom for breaks and allows students to practice important self-monitoring and self-regulation skills.
- Make this space visually and physically distinct from the rest of the classroom (e.g., using mats, pillows, or bean bag chairs in a low-traffic corner). Calming tools can be added to the area, such as books, colouring materials, fidget tools, and dim lighting. Involving students in designing the space can encourage engagement and help them reflect on what strategies support their regulation.
- This space should always maintain a positive association. A child should never be sent to this space as a form of discipline, and it should never be used as a "time-out" spot. Teachers can suggest that a child might benefit from using the space, but it should always be the child's choice, and they should be able to enter and leave freely.

Using sensory strategies is like learning a new behaviour or routine - it requires time, repetition, consistency, and support. Consider using the **Sensory Strategy Learning Model** to help introduce new strategies in the classroom or to individual students. This model supports a gradual and student-centered approach to introducing sensory tools and strategies.



1 Observe

Use your observation skills to notice what tools and strategies support for the class or individual. Then use those observations to choose a new tool you think would suit them.

2 Expose

Make the tool available for the class or individual to explore. They will decide if it is something they want to try.

3 Model

Use the tool yourself. Talk about what you are doing and how it feels for you.

4 Facilitate

Talk about the tool and how it might feel for them. It may take time before students are ready to try something new.

When do I go get more help?

These strategies are general in nature and may not be sufficient to meet the needs of every student with sensory processing differences. If you have tried implementing these strategies—along with other recommendations or supports available at your school—but difficulties with sensory processing persist, you may consider the following next steps:

Health Concerns:

- Consider ruling out or addressing physical health concerns prior to, or alongside, implementing sensory support strategies. If you suspect that difficulties with hearing or vision are affecting sensory processing, it is recommended to consult the appropriate health care professional (e.g., audiologist, optometrist). It may also be helpful for the student to have a general physical check-up with a physician or nurse practitioner to rule out any medical conditions contributing to sensory sensitivity or discomfort.

Occupational Therapy (OT):

- An OT can assess the child to identify specific challenges and work with you to adapt the environment or daily activities. They may suggest equipment, seating options, or sensory strategies that are tailored to the child's needs. If a student is meeting sensory needs in ways that may be unsafe or disruptive, the OT can help develop safer alternatives. If specific equipment is recommended (e.g., weighted items, noise-cancelling headphones), the OT will provide safety guidelines specific to that child. These guidelines should not be generalized across students, each child requires their own assessment and individualized recommendations.

Mental Health Concerns:

- Emotional or mental health challenges (e.g., anxiety, depression, trauma, psychosis) can interfere with sensory processing and sensitivity. If a student also shows signs of emotional distress (e.g., frequently upset, anxious, withdrawn, or experiencing strong emotional reactions), they may benefit from a referral to a physician or a mental health professional, depending on what services are available in your community.

Neurodevelopmental Conditions:

- Some students may have a neurodevelopmental condition (e.g., ASD, FASD, ADHD, or intellectual disability) that affects how they process and respond to sensory input. If this is suspected, a psychological assessment may be appropriate. For more details, refer to the Diagnosis and Assessment Handbook.

Self-Regulation Support

Self-Regulation Support

Self-Regulation

What am I observing?

These observations may indicate a student is having difficulty regulating their emotions, energy level, or responses to their environment.

- ☐ Physical cues such as flushed cheeks, red ears, dilated pupils, or yawning.
- ☐ Becoming easily agitated, emotionally reactive, or acting impulsively.
- ☐ Appearing shut down, disengaged, or checked out.
- ☐ Appearing defiant or non-compliant.
- ☐ Difficulty using language to describe how they are feeling or being unable to share what has happened.
- ☐ Repetitive questioning or perseverative (or "stuck") thinking.
- ☐ Repetitive motor behaviours such as "stimming," fidgeting, rocking, or making vocalizations.
- ☐ Pacing or expressing a need to leave the room or take a break.
- ☐ Distress in response to change or transitions; requiring support with transitions.
- ☐ Strong preference for sameness (e.g., following the same schedule every day, eating or wearing the same thing daily).
- ☐ Difficulty disengaging from intense interests.

What is this telling me?

While many factors can contribute to the behaviours listed, it may be especially helpful to consider the role of self-regulation as a possible explanation.

Self-regulation is defined in various ways but generally refers to the ability to:

- Identify one's current level of energy or alertness (i.e., state of physiological arousal)
- Understand—based on past experiences or social cues—what state of arousal is appropriate for the situation
- Adjust one's body to reach the desired state (e.g., up-regulating or down-regulating arousal levels)

Being able to self-regulate helps students manage their emotions, behaviours, and thoughts in a way that supports success and long-term goals. When any part of this process is difficult, students may become dysregulated.

A student's ability to self-regulate both affects and is influenced by many of the other skills discussed in this handbook. As such, content from other sections may also be helpful in supporting regulation.

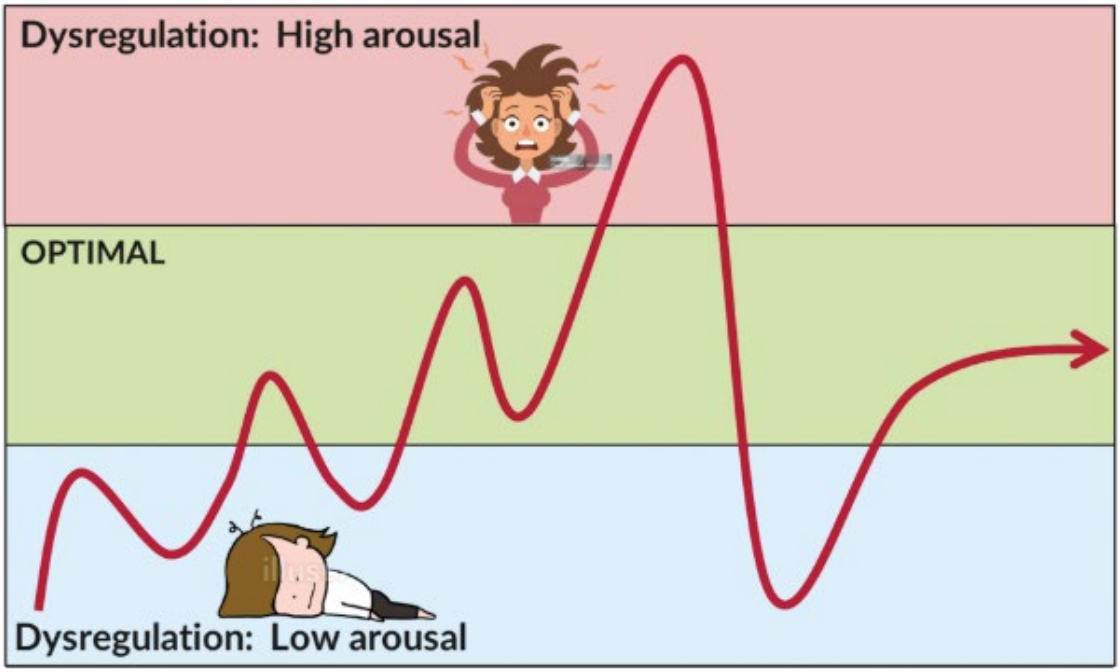
There are also several factors that impact a person's ability to self-regulate. Some of these factors are amenable to change, while others are not. These factors include, but are not limited to:

- Age
- Cognitive level
- Social relationships
- Parenting
- Baseline arousal
- Sensory processing
- Attachment
- Strong emotions or persistent thoughts
- Prenatal exposure to substances
- Trauma
- Specific diagnoses (e.g., anxiety, depression)
- Posture and motor skills
- Stress
- Exposure to positive or negative models of self-regulation (co-regulation)
- Nutrition
- Media consumption
- Stimulants (e.g., caffeine, medication)
- Availability of free leisure time
- Amount of time outside
- Amount of exercise
- Structure and routine
- Sleep
- Substance use

There are several important concepts important to consider when trying to understand how regulation influences to a student's behaviour. Understanding these concepts can help educators adjust expectations in the moment when working with students:

- **Arousal States**: Arousal levels naturally change throughout the day in response to various internal and external factors. Different activities, situations, or environments require different levels of arousal, and we intentionally or subconsciously adjust our own arousal to match what is needed or expected. While higher arousal can be useful for exciting activities (e.g., cheering at a game, participating in gym class) and lower arousal for calming ones (e.g., falling asleep), staying in the optimal zone helps us remain in control, ready to learn, build relationships, perform skills, and engage with our environment.

- **Dysregulation**: Dysregulation occurs when a student moves outside of their optimal zone of arousal into either a high or low arousal state. When dysregulated, a student's ability to manage emotions, feel safe in their body, cope with stressors, learn new information, recall previously learned material, communicate effectively, and perform tasks to the best of their ability may be impacted. Students who have experienced trauma or prolonged exposure to stressors are especially at risk for dysregulation, as they may struggle to shift from survival mode (i.e., high or low arousal) to thinking mode (i.e., optimal arousal). When students are dysregulated, behaviour is often a signal that they need support, not correction.



Students move in and out of their optimal zone throughout the day. Support strategies can help them return to a regulated state.

- **Co-Regulation**: Self-regulation involves and is influenced by executive functioning skills and other closely related abilities. Please see the section of this handbook on Executive Functioning, Attention, and Hyperactivity for more information and support strategies. The parts of the brain responsible for executive functioning do not fully mature until early adulthood, meaning self-regulation skills continue to develop into that time. Children and young adults rely on the individuals around them to model and support regulation. This supportive process, where one person uses their presence, actions, or emotional state to help another regulate, is called co-regulation.
- **Repetitive Behaviours**: Also known as self-stimulating behaviours or "stimming," these behaviours are typically repetitive in nature and vary between individuals. For some, stimming may take the form of rocking, humming or other vocalizations, repetitive speech (e.g., scripting or echoing phrases), or specific hand movements. Students may stim either consciously or subconsciously to regulate their nervous system, seek comfort or pleasure, or block out unpleasant sensory input. Stimming can also be a sign that someone is trying to self-regulate during dysregulation. It is common in young children and in individuals who are neurodivergent, as they may experience or cope with dysregulation differently than their neurotypical peers.
- **Preference to Routine**: A preference for routine refers to the tendency to rely on structured, predictable schedules, and activities. This can support self-regulation by providing a sense of stability and reducing uncertainty, which can feel calming and help manage stress. For many individuals, especially those who are neurodivergent, routines create a predictable environment that supports emotional and behavioural regulation.

What strategies can I try?

No matter the reason for dysregulation, it is important to recognize how it impacts a student's ability to learn. This also helps identify the best support strategies. The strategies below can benefit most children and may be used classroom-wide or with individual students as needed.

Self-care and co-regulate: A dysregulated adult cannot support a dysregulated child effectively. Check in with yourself throughout the day to monitor and attend to your own regulation needs. Reflect on what helps you feel calm and what energizes you when tired, so you can access these tools when needed. Model emotional regulation by labeling your feelings aloud and demonstrating how you manage them. Adapt your verbal and nonverbal communication to co-regulate with students. A loud, enthusiastic voice and exaggerated facial expressions or body language can be alerting, while a softer, quieter voice, slower rhythmic speech, gentle body language, and predictable movements can be calming.

Reframe how you view behavior: Children with self-regulation difficulties risk being mislabeled as uncooperative, lazy, reactive, or unfocused. Consider how challenges shifting arousal levels may interfere with participation. Talk with the student to develop solutions to try together.

Build a relationship: Co-regulation happens within a trusting, predictable relationship. Show genuine interest by engaging in activities or conversations connected to the student's interests. Be mindful of your verbal and nonverbal communication, as children can detect subtle cues and micro-expressions.

Increase movement breaks, exercise, and outdoor play: Integrate opportunities for movement, calming "heavy work," and breaks into the classroom environment and daily routines. See Practical Strategies for Supporting Sensory Processing and Supporting Executive Functioning, Attention, and Hyperactivity sections for more details.

Set up the environment for success: Increased structure, routine, and predictability can support self-regulation. See the Sensory Processing section for classroom setup recommendations.

Match tasks to the student's abilities and arousal state: Tasks that are too easy can lead to boredom; tasks that are too difficult can cause stress. Consider whether expectations are realistic for the student's current arousal level. Adjust duration, timing, difficulty, location, visuals, or level of support to improve participation.

Use calming and alerting strategies: Experiment with strategies to help students learn what supports their bodies in reaching and maintaining an optimal level of arousal for learning.

General Alerting Strategies:

- Put on upbeat music.
- Play a silly game.
- Have a snack (crunchy foods, sour tastes, and cold water can be alerting).
- Provide a class-wide movement break, such as jumping jacks or dancing.

Note: Be careful not to overstimulate sensitive or already dysregulated children with these strategies.

General Calming Strategies:

- Put on rhythmic and soothing music in the classroom.
- Engage students in age-appropriate mindfulness, relaxation, and deep breathing activities.
- Have a snack (chewy foods, warm drinks, or drinking through a straw or sport-top water bottle are generally calming).
- Provide opportunities for art, drawing, or journaling.

Teach self-regulation skills: Encourage children to listen to the cues their body are providing.

- Help children learn to recognize and label emotions in themselves and others, for example, by reading books about feelings.
- Provide children with a framework for recognizing and describing their arousal states. See the additional resources section at the back of the manual for programs that can help with this.
- Use and model effective regulation strategies in the classroom.

Respond to stimming in a supportive way: Stimming should not be discouraged unless it poses a safety risk to the student or others. Be non-judgmental and supportive.

- Do not draw attention to the stimming; instead, offer the child a break or another calming activity.
- Consider sensory modifications that might reduce the need to stim. Please see Practical Strategies for Supporting Sensory Processing.
- If a student expresses a desire to stop or feels embarrassed by their stimming, work with them to find options for engaging in stimming behaviours privately. Students may choose to go to these spaces but should never be sent there without choice, as this can imply that stimming is unacceptable.
- If you are concerned that a child's stimming is creating social barriers, it may be helpful, with the student's permission, to educate the class about individual differences and how different bodies have different needs to feel comfortable and learn.

When do I go get more help?

If a student is engaging in unsafe behaviors that pose a risk to themselves or others when they are dysregulated, it is important to speak with caregivers immediately and consider supports that may include consultation with clinical services specializing in behavior and regulation (e.g., physician, occupational therapist, behavior therapist, or psychologist).

References and Resources

References and Resources

Supporting Students in the Early Years

This resource was created to support educators in meeting the diverse needs of young children across the early years. Grounded in inclusive, trauma informed, and neurodiversity affirming practices, this manual explores a range of topics that support whole child development.

This guide includes practical strategies and real world examples related to sensory processing, fine and gross motor development, toileting, self regulation, communication, and daily routines. It is designed to help educators respond thoughtfully to the varied developmental, emotional, and physical needs of young learners.

Whether you are an early years educator, support staff, or administrator, this manual offers clear explanations and flexible tools that can be adapted to support all learners in your care. Scan the QR code below or visit **aes-keb.com** to access additional resources, printable visuals, templates, and recommended readings that complement this manual.

References and Resources

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