ANISHINABEK
EDUCATION SYSTEM

Special Education
Handbook Series

An Educator's Guide to Professional Assessments and Diagnostics

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Introduction

Each learner has their own individual gifts, as well as areas in which they may require more support. This is especially true for students with special needs. This handbook is designed to help teachers identify and address the unique needs of early learners, promoting success and bimaadziwin. The behaviours and traits discussed in this handbook can be observed in students both with and without disabilities. Additionally, the strategies and supports provided are not only useful for students with special needs but can benefit all students.

Ultimately, this book serves as a quick reference guide to provide direction on 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 as an educator to provide support?

4 

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

This handbook is intended as a supportive resource rather than a comprehensive guide to developmental disabilities, special education, or behaviour support planning. Additional resources and references are provided throughout the handbook for those who wish to explore topics in greater depth.

The book was developed by Surrey Place in collaboration with the Kinoomaadziwin Education Body and is based on a series of professional learning presentations for staff and caregivers. Surrey Place is a non profit organization that supports individuals with developmental disabilities, autism spectrum disorder, and visual impairments. Readers are encouraged to access the Kinoomaadziwin Virtual Learning Environment for more in depth learning.

The content reflects current knowledge and practices, which may change over time, and is primarily informed by Western perspectives. Readers are encouraged to critically reflect on the material and consider Indigenous knowledge, community values, and culturally relevant approaches when supporting students.

The handbook also emphasizes the importance of avoiding diagnostic overshadowing and encourages a holistic approach to understanding student needs. Educators are reminded to consider physical health and wellbeing, including vision, hearing, and dental care, and to support families in accessing culturally safe healthcare alongside educational and clinical supports.

KEB Virtual Learning Environment (VLE) registration form.

Understanding Diagnoses: An Introduction to Developmental Disability

Understanding Diagnoses: An Introduction to Developmental Disability

Important Terminology and Appropriate Language

When working with students who have neurodevelopmental conditions, there are several helpful terms to understand. These include:

Developmental Disability: A group of lifelong conditions that begin before age eighteen and significantly affect cognitive and adaptive functioning. Although this term is often used interchangeably with intellectual disability in educational settings, its clinical use is broader. Developmental disability may also refer to conditions such as Autism Spectrum Disorder (ASD) and Fetal Alcohol Spectrum Disorder (FASD).

Cognitive Ability: Thinking and reasoning skills such as verbal understanding, visual thinking, memory, problem solving, knowledge recall, and processing speed.

Adaptive Functioning: Everyday living skills that support independence, including cooking, cleaning, navigating the community, budgeting, socializing, and communication.

Developmental Delay: A term used for young children under the age of five who show delays across several areas such as cognition, speech, motor abilities, and social skills. This term is used when a child is too young to be accurately assessed. Once a child is older, usually around age six, reassessment can help provide a clearer diagnosis or description of their developmental differences.

Neurodiversity: Variability in the ways people learn, think, and interact with the world. It refers to differences in neurodevelopment rather than deficits. The term was first used to describe people with Autism Spectrum Disorder, but is now applied more broadly to conditions such as ADHD, FASD, LD, and ID. Neurodiverse people may find it harder to reason and problem solve, understand social rules, communicate, and manage changes in routine because standard expectations and environments created by society may not be a good fit for their brain development.

Neurotypical: A term used to describe individuals whose brain functions and processes work in ways that align with what society considers typical or expected. Neurotypical people generally find it easier to reason and problem solve, understand social rules, communicate, and handle changes in routine because their brain development aligns well with the environments and expectations around them.

Diagnostic Overshadowing: This occurs when physical and mental health symptoms are mistakenly attributed to a person's developmental disability rather than another underlying cause. As a result, important health concerns may be overlooked or left undiagnosed.

Cloak of Competency: This occurs when a person's strengths overshadow their areas of difficulty, leading others to overestimate their abilities or overlook the validity of challenges experienced by neurodiverse individuals.

Brief Summary of Diagnoses

The information below provides a brief introduction to common neurodevelopmental conditions you may encounter in the classroom. Later sections of this book will explore each condition in more depth, along with speech and language disorders, motor disorders, and sensory differences.

Intellectual Disability (ID): A condition that begins before the age of 18 in which a student has substantially below average cognitive abilities. This results in difficulties across many areas of everyday functioning, including learning, problem solving, and daily living skills.

Down Syndrome: A genetic condition caused by an extra copy of chromosome twenty one. This can lead to differences in physical traits, learning abilities, and sometimes health. Students with Down syndrome often experience a mild to moderate range of intellectual disability and typically benefit from extra support with learning, communication, and daily activities.

Fetal Alcohol Spectrum Disorder (FASD): A condition caused by exposure to alcohol during pregnancy. It can affect a student's learning, behaviour, cognitive abilities, and physical development. There is a wide range of variability across students with FASD. Common areas of support need include scattered cognitive profiles, managing emotions, attention and executive functioning, memory, and language.

Autism Spectrum Disorder (ASD): A condition that involves differences in a student's social communication preferences and abilities. Students with ASD may have repetitive, restricted, or stereotyped interests and behaviours, along with sensory sensitivities. ASD affects how a student communicates, interacts, and processes information.

Learning Disability or Specific Learning Disorder (LD): A condition in which a student has overall intellectual ability within the average range but experiences difficulty with specific cognitive skills needed to understand or use certain types of information. This leads to challenges in one or more academic areas, such as reading, writing, or math.

Attention Deficit Hyperactivity Disorder (ADHD): A condition characterized by inattention, hyperactivity, and impulsivity. Students may have difficulty focusing, staying on task, and managing impulses. This can make it challenging to follow instructions, complete assignments, and regulate behaviour. Some students primarily show inattentive traits, some show hyperactive and impulsive traits, and some show a combination.

General Support Strategies

Specific strategies will be discussed in later sections of this book. Below is a list of general approaches that support all students, especially those with exceptional needs. These strategies can be remembered with the acronym "BE CURIOUS," which reminds us to keep an open mind about the perspectives and experiences of the students we support and the reasons behind the behaviours we observe.

- **Build genuine relationships**: Relationships form the foundation for trust and support. Learn about student interests and strengths, engage with what they enjoy, and appreciate them for their unique qualities.
- **Empower them to educate others**: Help students understand and accept their support needs. Normalize that everyone needs different kinds of support, and encourage students to self advocate for what helps them succeed.
- **Consider what is most important to them**: Use student interests, preferences, and goals to support motivation and engagement. Offer options and choices whenever possible so they can select what feels meaningful to them.
- **Use routine and clear expectations**: Predictability reduces distress that comes from uncertainty or confusion. When expectations are clear, students are better able to listen, participate, and learn.
- **Regulate your own emotions:** Students rely on the adults around them for co regulation. When teachers are stressed or dysregulated, it becomes harder for students to stay calm. Take time to regulate yourself before supporting a student, and take breaks when needed to reset.
- **Investigate purposes for behaviour**: All behaviour communicates a need. When you understand what a student is trying to express or achieve, you can respond with strategies that help them meet that need in a more effective way.
- **Offer praise and validation**: Learning and navigating the world can involve significant effort for students with special needs. They often face repeated hurdles and may tire easily from the extra work required. Provide generous praise and validation for their efforts and successes, even when they seem small.
- **Understand their perspective**: Students with special needs may experience the learning environment differently from their neurotypical peers. Taking time to understand their point of view will help you communicate more effectively and respond in ways that feel supportive and meaningful.
- **Show patience**: Many students with special needs require more repetition, more time, and a slower pace. Rushing tasks or moving on too quickly can lead to frustration and create additional challenges. Work at a pace that fits the student.

Supporting Discussions with Parents Through a Culturally Informed Lens

- Developmental differences that require extra support are often first noticed in schools, where teachers compare a student's abilities to peers and grade level expectations. Teachers may then need to discuss concerns with caregivers, suggest support strategies, and recommend further assessment or clinical follow up. It is essential that these conversations are approached with cultural sensitivity.
- Many Indigenous teachings view disabilities as unique gifts and special connections to spirit, purpose, and community. For example, the Anishinaabemowin translation for developmental disabilities can be understood as "beautiful difference," which reflects a strength-based and positive view of neurodiversity. The Cree term for autism, "pîtoteyihtam," translates to "he or she thinks differently." At the same time, colonization and discrimination have created barriers that have separated Indigenous peoples from traditional knowledge, contributing to misconceptions about developmental disabilities both within Indigenous communities and among Western support providers.
- The impacts of colonization have also contributed to shame and insecurity around differences, along with fears about what it means to develop or learn in a way that is not typical. This can lead to neurodiversity being hidden rather than embraced, which affects how neurodiverse individuals are viewed, how they access services, and how they come to understand themselves.
- When discussing developmental differences with caregivers, the following strategies may be helpful:
- Begin by building trust and clearly expressing that your intention is to support the student, not to criticize.
    - Reassure caregivers that no actions will be taken without their consent.
    - Invite caregivers to share their views and experiences.
    - Frame the conversation around differences in development and learning styles rather than deficits.
    - Provide concrete examples of your observations.
- Invite caregivers to share how they understand your observations, and to offer any examples from home that feel relevant.

What To Do If You Suspect a Neurodevelopmental Condition

The following sections of this book outline traits of different neurodevelopmental conditions and provide recommendations for supporting behavioural and learning style differences. When you notice that a student may require extra support, a good first step is to try the strategies outlined in the Handbook on Guiding Growth: Responsive Strategies for Diverse Learners, along with other resources available at your school, to help reduce barriers to learning. If additional support is still needed, you may also consider the following:

Individualize Programming

It may be helpful to implement strategies such as independent activity schedules or a behaviour support plan. These strategies are described in other handbooks in this series. It may also be appropriate to consider formal modifications or accommodations to learning, even without an official exceptionality designation.

Consider Clinical Supports

Involving an allied health professional, such as a behaviour therapist, speech language pathologist, or occupational therapist, can help develop individualized supports or provide more intensive interventions. Introducing technology to reduce learning barriers may also be beneficial—for example, speech-to-text or text-to-speech tools, calculators, gamified learning, or idea-mapping software. Refer to the clinical services section of this handbook for more information about available service options.

Referring for Psychological Assessment

If the student continues to show significant difficulties with learning, behaviour, or social interactions that are not resolved through typical classroom interventions, it may be appropriate to refer the student for a psychological assessment. Specific recommendations for when an assessment may be helpful are included for each neurodevelopmental condition discussed in the following sections.

Cognitive Diagnoses

Intellectual Disability (ID)

What am I observing?

When working with students with Intellectual Disability (ID), you may notice some of the following:

- ☐ Behaviours, social interactions, emotional responses, and thinking skills that appear younger than their chronological age
- ☐ Learning delays across multiple subjects and life skills
- ☐ Difficulty with verbal reasoning
- ☐ Difficulty with nonverbal reasoning
- ☐ Challenges with cognitive proficiency skills
- ☐ Behaviours that can be difficult to support in the classroom, such as elopement, aggression, or difficulty completing tasks independently

Please refer to the handbook **Guiding Growth: Responsive Strategies for Diverse Learners** for more detailed information about behavioural observations that may be associated with each area of difficulty.

What Does a Diagnosis of Intellectual Disability Tell Me About a Student?

Intellectual disability is a lifelong condition that begins before the age of 18, characterized by substantially below-average cognitive abilities. As a result of their cognitive profile, students with ID may experience difficulties across many domains of everyday functioning, including learning, problem-solving, and daily life skills.

Students with ID can learn, develop skills for independence, and achieve meaningful goals; however, they require additional support to do so. There are three core diagnostic features of intellectual disability, which include:



Intellectual abilities significantly lower in comparison to average abilities for one's age

Intellectual abilities roughly in the bottom 2% of people their age as measured by intelligence testing; for more information about scores and percentiles used to make these decisions, refer to the psychology assessment section of this book.



Adaptive functioning significantly lower in comparison to average abilities for one's age

Adaptive functioning refers to a person's capacity to gain personal independence, and is based on their ability to learn and apply conceptual, social and practical skills in everyday life (e.g,. self-care, cooking, cleaning, communication, budgeting).



Differences start during the **developmental period**

Significant cognitive and adaptive differences are apparent starting *before the age of 18.*

Intellectual disabilities are typically categorized according to the level of support required for activities of daily living. IQ levels are also considered to some extent when determining level of disability. Descriptive categories for the level of support need are discussed in the table below (as outlined in the DSM-5-TR; APA, 2022). Notably, most people with intellectual disabilities have support needs in the mild range.

	Mild	Moderate	Severe	Profound
IQ Score	50-70	40-50	25-40	<25
Description	Build foundational academic skills but require learning support; More difficulty with problem-solving, reasoning, and conceptual learning demands; Immature and vulnerable in social relationships; Fairly independent with most practical skills.	Require ongoing assistance on daily basis; Speech may be less complex and use simple sentences; Increased social limitations; Require more teaching /support with practical skills; may require supervision in unfamiliar or less-structured settings.	Extensive support for most skills; Limited spoken language; Likely to require supervision at all times.	Conceptual skills limited to physical rather than symbolic world; Limited verbal communication; Dependent on others in all areas of daily living.

Borderline Intellectual Functioning:

You may have a student who does not have a diagnosed intellectual disability but is identified as having borderline intellectual functioning. This refers to students with intellectual abilities ranging from the 2nd to 8th percentile (or a standard score of 70 to 79) on intelligence testing. Their intellectual abilities are stronger than those of students with intellectual disability, but they are still significantly below age expectations, which can result in difficulties with learning and developing daily living skills.

Although this is not a clinical diagnosis, it is a useful designation for students who still require extra support similar to that provided to students with ID.

What strategies can I try?

It is always important to consider each student's individual strengths and support needs, using information from classroom assessments and clinical reports to inform support strategies. That said, because students with intellectual disability may process information differently and often have cognitive abilities well below age expectations, they may experience difficulty with verbal reasoning, nonverbal reasoning, and cognitive proficiency skills.

In general, they benefit from:

- **Simplified communication**
- **Integration of clear visuals and demonstrations**
- **More time to learn and work at their own pace**
- **Reduced information to make it easier to remember**

Students with intellectual disability may also be considered for an exceptionality designation and placement decision for additional learning support, such as:

- **Assignment of an education assistant**
- **Withdrawal for resource support**
- **Part-time or full-time placement in a special education classroom**

Please refer to the handbook on **Guiding Growth: Responsive Strategies for Diverse Learners** for more detailed information about specific behaviours and classroom support strategies associated with verbal reasoning, nonverbal reasoning, and cognitive proficiency, as well as behaviours that may be especially challenging in the learning environment.

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

You may have students in your classroom who have not yet been identified with intellectual disability. Importantly, mild levels of disability may not become apparent until later in childhood. The following are signs to watch for that might indicate a student is having difficulties with learning and cognition:

Academics	Behaviour	Mood
Difficulty learning new skills, even with extra support	Avoids or resists doing work; especially independent work	Quiet or withdrawn
Requires intensive individual support to build skills	Disruptive when faced with demands	Emotionally dysregulated
Performing below grade-level across most areas	Lower levels of daily living skills in comparison to peers	Easily upset or frustrated

If the student exhibits significant difficulties with learning, behavior, or social interactions that aren't resolved with typical classroom interventions and supports, it may be appropriate to refer the student for a psychological assessment.

Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD)

What am I observing?

When you are working with students with Autism Spectrum Disorder (ASD), you may notice some of the following observations:

- ☐ Overall difficulties with social communication skills and social or sensory information processing that impacts relationships with peers, getting along with others, or making friends
- ☐ Differences in how they use nonverbal communication compared to same-age peers
- ☐ Differences in how they engage in social interaction, such as conversation, greetings, help seeking, and play
- ☐ Differences in the types of relationships they prefer or how they relate to others
- ☐ Highly enthusiastic and/or specific interests
- ☐ Strong preferences for routine and predictability
- ☐ Repetitive speech, play, or behaviours that support self-regulation
- ☐ Sensory interests and sensitivities
- ☐ Presents with behaviours that are challenging to support in the classroom, such as elopement, aggression, or difficulty engaging in independent work

Please refer to the handbook on **Guiding Growth: Responsive Strategies for Diverse Learners** for more detail about behavioural observations that may be associated with each area of difficulty.

What does a diagnosis of Autism Spectrum Disorder tell me about a student?

ASD is characterized by differences in information processing which manifest in social communication differences and restricted and repetitive behaviours, activities and interests. These differences make it challenging to participate in social interaction and engage in the world in a way that is consistent with neurotypical expectations. Many people have some traits of ASD, but do not meet diagnostic threshold. Individuals with ASD present with a consistent pattern of traits that fall into two categories:

Differences in Social Communication abilities

There are many ways that students with ASD will show difference in social communication abilities. These skills will present somewhat differently in each student, but broadly include differences in each of the following three areas:

- **Nonverbal Communication**: eye contact, body language, gesturing, facial expression, and tone of voice
- **Social-Emotional Reciprocity**: initiating and responding to interactions, engaging in conversation, expressing/recognizing emotions, and sharing interests
- **Understanding Relationships**: making/maintaining/developing/relationships, understanding the nature of different relationships, engaging in social play and leisure activities, adjusting behaviour for different social contexts.

Restricted and repetitive behaviours, activities, and interests

Students use restricted and repetitive behaviours, activities, and interests to help them process information, cope with their environment, self-regulate, and create predictability. These traits will present somewhat differently in each student, but broadly include differences in at least two of the following four areas:

- **Repetitive Behaviour**: Repetitive motor movements *(e.g., hand flapping)*, use of objects *(e.g., organizing)*, question asking, and speech *(e.g., echoing back)* that are used to help with self-regulating, managing emotions, and increasing predictability in their environment.
- **Adherence to routine**: Strong preferences for routine, which helps to increase predictability and reduce stress. May include difficulty with transitions, rule following, inflexible thinking, insistence on sameness, or other traits.
- **Enthusiastic Interests**: Strong interests that are often very intense and highly specific. May have extensive knowledge on topics of interest, have difficulty disengaging from their interests, and use their interests to support social connections.
- **Sensory sensitivity**: Over- and under-responsive to various sensory stimuli. Students may become dysregulated by sensory input or seek our sensory input for stimulation and regulation.

You may refer to the handbook on **Guiding Growth: Responsive Strategies for Diverse Learners** for more detail about these social communication skills, self-regulation (including use of repetitive behaviours and routines), and sensory sensitivity.

The ASD diagnosis is separate from intellectual functioning. Approximately one-third of individuals with ASD will also have an intellectual disability (Maenner et al., 2023). In other words, the majority of autistic students will have average to above-average intellectual abilities. Nonetheless, traits associated with ASD may still interfere with learning and demonstrating their knowledge or abilities.

An ASD diagnosis will typically be categorized according to the level of support required for the domain of social communication differences and the domain of repetitive and restricted behaviors and interests. Most individuals with ASD have Level 1 support needs in both domains. Support needs describe current needs and may fluctuate over time and context. Understanding the level of support needed can help with planning for student success. The following table provides a general description of abilities that would be expected for each level of support need, as outlined in the DSM-5-TR (APA, 2022).

	Level 1	Level 2	Level 3
Social Communication	e.g., a person who can speak in full sentences and engages in communication but struggles with back-and-forth conversation, and whose attempts to make friends are often unsuccessful.	e.g., a person who speaks in simple sentences, whose interactions are limited to narrow or special interests, and who has markedly different nonverbal communication.	e.g., a person with few words of intelligible speech, who rarely initiates interaction and, when they do, makes unusual approaches to meet needs only, and responds only to very direct social approaches.
Restricted and Repetitive Behaviours, Interests, and activities	e.g., inflexibility of behavior causes significant interference with functioning in one or more contexts; Difficulty switching between activities; Problems of organization and planning hamper independence	e.g., inflexibility of behavior, difficulty coping with change, or other restricted or repetitive behaviors that occur frequently enough to be obvious and interfere with functioning in a variety of contexts; distress and/or difficulty shifting focus or actions.	e.g., inflexibility of behavior, extreme difficulty coping with change, or other restricted or repetitive behaviors markedly interfere with functioning in all spheres; great distress/difficulty changing focus or action.

What strategies can I try?

It is always important to consider each student's individual strengths and support needs identified through classroom assessment and clinical reports to inform support strategies. That said, students with ASD often require support for social interactions, relationship building, comfort in social settings, self-regulation, sensory sensitivities, and managing the predictability of their environments.

In general, they may benefit from:

- Clear and warm nonverbal communication from educators and support providers
- Skill building for social communication and relationship development
- Structured and scaffolded social activities to foster relationship development
- Alternative methods for communication (in minimally verbal students)
- Integrating student's topics of interest into learning and social activities to enhance motivation and engagement in learning, and to foster relationship building
- Consistent classroom routines and expectations that are clearly communicated
- Quiet spaces to recover from social fatigue and sensory overstimulation
- Avoiding interfering with repetitive behaviours and working to normalize this as an adaptive strategy for the student
- Sensory environments that support regulation

Students with ASD may also be considered for an exceptionality (such as a communication exceptionality or multiple exceptionality) and placement decision for more supported learning options, such as:

- Assignment of an education assistant
- Withdrawal for resource support
- Part-time or full-time placement in a special education classroom.

Please refer to the handbook on **Guiding Growth: Responsive Strategies for Diverse Learners** for more details about specific behaviour and classroom support strategies associated with social communication, self-regulation (including routines and repetitive behavior), sensory sensitivities, as well as behaviours that are especially challenging in the learning environment.

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

You may have students in your classroom who have not yet been identified with ASD. Importantly, mild traits of ASD may not become apparent until well into childhood, adolescence, or even adulthood. The following are signs to watch for that might indicate a student is having difficulties associated with ASD:

- **Pattern of social difficulties combined with restricted and repetitive behaviours**
- **Significant delays in language development**
- **Apparent age-appropriate cognitive skills and academic knowledge, but difficulties completing work independently**
- **Students may also show emotional dysregulation or executive functioning difficulties**

If the student exhibits significant difficulties with learning, behavior, or social interactions that aren't resolved with typical classroom interventions and supports, it may be appropriate to refer the student for a psychological assessment.

Further, if you are struggling to support the learning needs of a student already diagnosed with ASD, comprehensive psychological assessments or psycho-educational assessment can help clarify cognitive strengths, support needs, and learning profile. It may also be relevant to consider audiology and vision assessment if these have not been done.

Fetal Alcohol Spectrum Disorder (FASD) & Prenatal Substance Exposure

Fetal Alcohol Spectrum Disorder (FASD) & Prenatal Substance Exposure

What am I observing?

When you are working with students with Fetal Alcohol Spectrum Disorder (FASD), you may notice some of the following observations:

- ☐ Highly variable skills, with significant strengths may mask substantial difficulties
- ☐ May appear lazy, unmotivated, when underlying skill difficulties are not recognized
- ☐ Difficulty with understanding, using language, or remembering verbal information
- ☐ Easily frustrated by excessive talking
- ☐ Confabulation (*e.g., making up stories*)
- ☐ Forgetfulness; requires frequent repetition
- ☐ Struggles to learn from mistakes or consequences
- ☐ Poor balance or coordination; clumsy
- ☐ Academic and daily living skills below age expectations
- ☐ Work avoidance; easily tired or frustrated during tasks
- ☐ Inattentive, easily distracted, and impulsive
- ☐ Highly active, fidgety, and disorganized
- ☐ Difficulty starting or completing tasks independently
- ☐ Highly reactive to emotional triggers; struggles with emotional regulation
- ☐ Development appears younger than expected for their age

What does a diagnosis of Fetal Alcohol Spectrum Disorder tell me about a student?

FASD is an umbrella term referring to the range of physical, medical, behavioural and cognitive differences that can result from prenatal alcohol exposure (PAE). There are three diagnostic features of FASD:

- **Prenatal Alcohol Exposure (PAE)**: Most diagnostic clinics require confirmation of prenatal drinking during pregnancy *(i.e., PAE)* to complete a FASD assessment; however, a diagnosis can be made if PAE is only suspected AND the student has both the facial features of FASD and central nervous system impairment. It is often worth inquiring about assessment even if PAE is not confirmed.
- **Facial Features**: Sometimes students with FASD will have facial features commonly associated with FASD, including small palpebral fissures, a smooth philtrum, and a thin upper lip. However, most students with FASD will not have these facial features.

Importantly, there is lots of variability in how each individual with FASD will present depending on how many and which domains of functioning are impacted.

- **Central nervous system impairment**: Students with FASD show performance well below age expectation *(e.g., in the bottom 2% of people their age)*, in at least three of the following domains:
  - **Cognition** *(e.g., overall intelligence, verbal reasoning, nonverbal reasoning)*
  - **Language** *(e.g., understanding and using written or spoken language)*
  - **Motor skills** *(e.g., fine/gross motor, graphomotor, visual-motor integration)*
  - **Academics** *(e.g., in one or more academic domains)*
  - **Memory** *(e.g., working memory, visual/verbal recall or recognition)*
  - **Attention** *(e.g., orienting attention, sustaining attention, ignoring distraction)*
  - **Executive Function** *(e.g., planning, organization, cognitive flexibility, impulsivity)*
  - **Affect regulation** *(e.g., reactive to triggers, anxiety, depression)*
  - **Adaptive Behaviour** *(e.g., social, conceptual, and practical skills for daily living)*
  - **Neuroanatomy** *(identified through neuroimaging)*

FASD, which is specific to maternal alcohol use during pregnancy, is currently the only neurodevelopmental diagnosis used to explain the impact of a substance on development. There are no formal neurodevelopmental diagnoses for in utero exposure to tobacco, marijuana, or opioids. Although scientific literature describes some possible impacts of these substances on learning and behaviour, the research is limited, and the nature and severity of potential effects are not well understood.

- **Tobacco Use in Pregnancy**: There is some research that suggests smoking during pregnancy may be associated with lower intellectual abilities, increased likelihood of sleep problems, and increased rates of ADHD, aggression, and suicidal ideation
- **Marijuana Use in Pregnancy**: The understanding of the impacts of marijuana on learning and behaviour is mixed. The current literature suggests the following may be observed:
  - **Pre-school age**: lower performance with memory and verbal reasoning
  - **School age**: difficulty with attention, impulsivity, hyperactivity, abstract reasoning, visual reasoning, visual memory, executive functioning, and academic achievement
  - **Adolescence and young adulthood**: difficulty with visual reasoning, visual-motor integration, executive functioning, academic achievement, and increased delinquency
- **Opioid use in pregnancy**: Opioids come in various forms *(e.g., heroin, morphine, oxycodone)* and include substitution treatments *(e.g., methadone, buprenorphine)*. Research on the in-utero effects of opioids is limited and complicated by the different forms of opioid use. Extremely limited research is available, but suggests potential impacts on psychomotor skills, language development, behavior, attention and executive functioning that persist into later childhood.

What strategies can I try?

It is always important to consider each student's individual strengths and support needs identified through classroom assessment and clinical reports to inform support strategies. Each student with FASD will have a unique learning profile and may require support in many skill areas. In general, they may benefit from the following:

- **Patience**
- **Allow time to calm down before problem-solving**
- **Providing lots of repetition**
- **Modifying the environment to reduce triggers**
- **Helping the student redirect when they begin to escalate**
- **Increasing positive reinforcement and supportive strategies**
- **Building habits and providing structure** *(e.g., break work into small chunks, use visual timers, use checklists, use visual schedules, keep routine as consistent as possible)*
- **Using many different methods of reminding and teaching** *(e.g., visual reminders, verbal reminders, teach in small parts, increase visual or hands-on learning)*
- **Teaching memory skills** *(e.g., mnemonic devices such as chunking, using acronyms, or creating stories to remember information)*
- **Using memory aids** *(e.g., visual reminders and lists)*
- **Modelling positive coping instead of disciplining challenging behaviour**
- **Helping students make a plan and practice it** *(e.g., what can they do next time they get upset, where can they calm down?)*
- **Using simple, brief, and concrete language**
- **Regularly checking the student's understanding**

Students with FASD may also be considered for an exceptionality (such as a behaviour exceptionality or multiple exceptionality) and placement decision for more supported learning (e.g., assignment of an education assistant, withdrawal for resource support, part-time or full-time placement in a special education classroom.

Please refer to the handbook on **Guiding Growth: Responsive Strategies for Diverse Learners** for more detail about behaviour and classroom support strategies associated with specific skills (e.g., executive functioning, attention, hyperactivity, verbal and nonverbal reasoning, cognitive proficiency, self-regulation, sensory needs), as well as behaviours that are especially challenging in the learning environment.

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

You may have students in your classroom who have not yet been identified with FASD. Importantly, mild traits of FASD may not become apparent until well into childhood, adolescence, or even adulthood. The ALARMS acronym (Conry & Fast, 2000) is a useful strategy for remembering signs to watch for that might indicate a student is having difficulties associated with FASD:

- **A = Adaptive functioning difficulties; appear younger than their age**
- **L = Language; difficulty understanding and using language, talks a lot but may struggle to make sense or understand others**
- **A = ADHD traits; attention, hyperactivity, impulsivity, and executive functioning**
- **R = Reasoning difficulties; challenges with applying skills and knowledge to problem-solve or complete tasks**
- **M = Memory challenges**
- **S = Sensory processing; hyper- and hypo-sensitive to sensory stimuli**

If the student exhibits significant difficulties with learning, behavior, or social interactions that aren't resolved with typical classroom interventions and supports, it may be appropriate to refer the student for a psychological assessment. Comprehensive multidisciplinary assessments are the best practice.

If prenatal alcohol exposure cannot be confirmed, or if you are concerned about development due to in utero exposure to a different substance, a comprehensive psycho-educational assessment can still be helpful for understanding the student's strengths and needs.

Attention-Deficit Hyperactivity Disorder (ADHD)

Attention-Deficit Hyperactivity Disorder (ADHD)

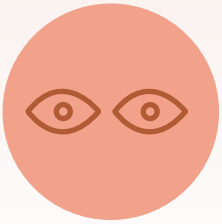
What am I observing?

When you are working with students with Attention-Deficit Hyperactivity Disorder (ADHD), you may notice some of the following observations:

- ☐ Creativity and silliness
- ☐ Constant movement, such as fidgeting, tapping, or leaving their seat when it's inappropriate
- ☐ Speaking out of turn, interrupting others, and difficulty waiting for their turn
- ☐ Struggling to start or complete tasks on time, procrastinates, and underestimates the time required for assignments
- ☐ Frequently forgets homework, instructions, or materials needed for class.
- ☐ Trouble keeping track of personal belongings, assignments, and a messy workspace
- ☐ Difficulty regulating emotions.
- ☐ Difficulty forming and maintaining friendships due to impulsive or disruptive behavior
- ☐ Inconsistent academic performance with strong bursts of effort followed by periods of low productivity.

What does a diagnosis of Attention-Deficit Hyperactivity Disorder tell me about a student?

ADHD is a condition characterized by inattention, hyperactivity, and/or impulsivity. Students may have trouble focusing, staying on task, and controlling impulses. They often also have many strengths, such as creativity, generating ideas for problem solving, having the ability to hyperfocus, being energetic, and being empathic or sensitive. There are three presentations of ADHD:



Inattentive Type: This is the student who may appear to have their "head in the clouds." They may daydream, appear to not be listening, forget things, and need lots of reminders to stay on task or focus. They will not be especially hyperactive.



Hyperactive-Impulsive Type: This is the student who appears to be "driven by a motor." They struggle to sit still, often interrupt, and are constantly fidgeting or on the go.



Combined Type: Students will present with notable traits of both inattention and hyperactivity-impulsivity.

Please refer to the handbook on **Guiding Growth: Responsive Strategies for Diverse Learners** for more detail about attention, hyperactivity, and impulsivity.

Symptoms of ADHD may appear at a very young age, but they are not usually obvious until after the age of 4, or much later for milder presentations. Often inattentive symptoms become more prominent with age while hyperactivity may diminish with age. Importantly, when considering ADHD, characteristic traits need to be apparent across different settings. If you are only seeing these traits in the classroom setting, this may be more indicative of the specific learning environment or difficulty with learning and/or cognition.

What strategies can I try?

It is always important to consider each student's individual strengths and support needs, identified through classroom assessments and clinical reports, to inform support strategies. That said, students with ADHD often require support for maintaining focus, managing impulses, energy levels, and persisting through tasks.

In general, they may benefit from the following:

- **Create a calm and non-distracting work environment**
- **Work in short bursts and allow frequent breaks**
- **Engage in movement or high-activity tasks before work periods**
- **Modify classroom demands so students can be physically active while learning or working**
- **Incorporate interests into learning activities to increase motivation**
- **Gamify work and provide opportunities for reward to increase motivation**
- **Implement structure, organization, and routine, including visual supports**
- **Support planning, breaking tasks into steps, getting started, and staying on task**

Please refer to the handbook on **Guiding Growth: Responsive Strategies for Diverse Learners** for more detail about specific behaviour and classroom support strategies associated with attention, hyperactivity, executive functioning, and self-regulation, as well as behaviours that are especially challenging in the learning environment.

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

You may have students in your classroom who have not yet been identified with ADHD. Importantly, mild traits of ADHD may not become apparent until well into childhood, adolescence, or even adulthood. Caregivers and educators can watch for signs such as:

- **Avoidance of school or classwork**
- **Fatigue, frustration, emotional dysregulation, or executive functioning challenges**
- **General presentation of inattention, hyperactivity, and impulsive behaviour**

If the student exhibits significant difficulties with learning, behaviour, or social interactions that aren't resolved with typical classroom interventions and supports, it may be appropriate to refer the student for a psychological assessment. A psychoeducational assessment can provide more information about strengths, challenges, learning profile, and formal diagnoses. In some cases, a physician may also be comfortable making the diagnosis of ADHD and exploring treatment options without a psychological assessment. It is recommended that caregivers contact their child's physician to determine whether a psychological assessment is required.

Learning Disorders (LD)

Learning Disorders (LD)

What am I observing?

When you are working with students with Learning Disorder (LD), you may notice some of the following observations:

- ☐ Difficulty with reading, writing, and/or mathematics
- ☐ Frustration/anxiety with or avoidance of classwork
- ☐ Student requires significant support to perform at grade level
- ☐ Difficulty decoding words or sounding out unfamiliar words
- ☐ Poor reading fluency, with slow, choppy, or inaccurate reading
- ☐ Limited comprehension, even after reading a passage multiple times
- ☐ Difficulty recognizing or recalling sight words
- ☐ Poor spelling, with frequent errors even in familiar words
- ☐ Illegible or inconsistent handwriting
- ☐ Difficulty organizing ideas and thoughts when writing
- ☐ Struggles with grammar, punctuation, or sentence structure
- ☐ Trouble understanding basic math concepts, such as number sense or place value
- ☐ Difficulty memorizing math facts, like multiplication tables
- ☐ Problems with sequencing or following multi-step math procedures
- ☐ Struggles with visual-spatial tasks, such as interpreting graphs or geometric shapes

What does a diagnosis of Learning Disorder tell me about a student?

Specific Learning Disorder *(also commonly called a learning disability)* refers to a condition where a student has overall intellectual abilities that are roughly average, but they have difficulty with specific cognitive skills that make it hard to understand or use specific types of information. This results in difficulty in one or more areas of academic achievement, including reading, writing, and math. This is different from an intellectual disability in which a student's intellectual abilities are consistently well-below age expectation. Some examples of cognitive skills *(or psychological processes)* that may be impaired and interfere with learning include:

- **Phonological or orthographic processing**
- **Memory**
- **Processing speed**
- **Expressive or receptive language**
- **Visual-spatial or visual-motor abilities**
- **Executive functioning**

Learning disabilities are characterized by current and long-standing academic difficulties, or the need for excessive time and support to help a student maintain typical levels of achievement. Further, for a student to have a learning disability, difficulties in learning cannot be due to impaired hearing or vision, a motor disorder, inadequate educational instruction, or speaking a different language.

There are three separate domains

- **Specific Learning Disorder in Reading**: Reading disability is often referred to as dyslexia, which is defined by difficulties with phonological processing or letter sound connections. However, not all reading disabilities are associated with phonological difficulties and thus are not all synonymous with dyslexia. Cognitive processes that contribute to reading disabilities commonly include (but are not limited to) phonics and word decoding, verbal comprehension, abstract reasoning, memory, and processing speed. Students with reading disabilities may show difficulties in one or more of the following areas: *word reading accuracy, reading rate or fluency, reading comprehension.*
- **Specific Learning Disorder in Written Expression**: Writing disabilities are also commonly referred to as dysgraphia, which involves difficulties with handwriting, spelling, and organizing written expression. Cognitive processes that contribute to writing disabilities commonly include (but are not limited to) visual-motor integration, fine motor control, phonics and word decoding, and verbal comprehension. Students with writing disabilities may show difficulties in one or more of the following areas: s*pelling accuracy, grammar and punctuation, and/or organization of written expression.*
- **Specific Learning Disorder in Mathematics**: Math disabilities are also commonly referred to as dyscalculia, which involves difficulties understanding and working with numbers and mathematical concepts. Cognitive processes that contribute to math disabilities commonly include (but are not limited to) quantitative or fluid reasoning, working memory, visual-motor integration, fine motor control, and processing speed. Students with math disabilities may show difficulty in one or more of the following areas: *understanding number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning.*

Please refer to the handbook on **Guiding Growth**: **Responsive Strategies for Diverse Learners** for more detail about each area of academic skill, as well as the cognitive processes that might impact development of these skills.

What strategies can I try?

To best support students in their success at school and in daily life, it is essential to understand the needs of each student on an individual level, and to implement individualized supports that will help match the learning environment to the student's learning style. Saying that, students with LD may generally benefit from:

- **Technology** *(e.g., speech-to-text, text-to-speech, calculators, word processing, spell check)*
- **Opportunities for gamified learning**
- **Modification to level of reading, writing, and math**
- **Intervention programming**
- **Withdrawal for individual or small group learning support**
- **Graphic organizers**
- **Providing work samples as a template for expectations**
- **Hands-on and applied learning activities**
- **Working in short bursts with frequent breaks**
- **Quiet space for independent work and test taking**
- **Extra time on test and assignments**
- **Students with LD may also be considered for an exceptionality and placement decision for more supported learning, such as:**
  - **Assignment of an education assistant**
  - **Withdrawal for resource support**

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

You may have students in your classroom who have not yet been identified with a LD. Often, learning disabilities may become more apparent when students move between grades that involve a large jump in demands for academic capacity and independent learning *(e.g., Kindergarten to grade 1, around grade 3, elementary school to middle school, or into high school)*. Caregivers and educators can watch for signs such as:

- **Low grades or performance consistently below the class average (in one or more subjects)**
- **Difficulties with academic performance despite presenting as competent and capable**
- **Avoidance of school or classwork**
- **Fatigue, frustration, emotional dysregulation in class**

If the student exhibits significant difficulties with learning that aren't resolved with typical classroom interventions and supports, it may be appropriate to refer the student for a psychological assessment. A general psychoeducational assessment can provide more information about strengths, challenges, learning profile, and formal diagnoses. It can also help determing whether a psychological assessment is required.

Giftedness

Giftedness

What am I observing?

When you are working with gifted students, you may notice some of the following observations:

- ☐ Strong verbal skills and a large vocabulary
- ☐ May become bored and disengaged which can lead to underachievement
- ☐ Perceptive and observant
- ☐ High level of insight and intellectual curiosity
- ☐ Strong reasoning ability and abstract or critical thinking
- ☐ Creativity and originality with a good sense of humor
- ☐ Can sustain focus on areas of interest for long periods of time
- ☐ Advanced reading ability
- ☐ Learns and masters skills quickly
- ☐ Special ability in one or more areas such as music, art, or STEM subjects
- ☐ May be emotionally sensitive or have strong emotional reactions to their environment
- ☐ May avoid challenging situations that are actually within the scope of their abilities due to fear of failure or a threatened self concept

What does a designation of giftedness tell me about a student?

Giftedness is not a psychological diagnosis but rather a descriptive term to identify students with exceptional ability and potential in intellectual, creative, artistic, and leadership capacities that require differentiated instruction to meet the child's unique learning needs and to perform to their potential. There are different definitions of giftedness, and different school boards have different criteria for identifying a child for gifted programming. Saying that, there are four categories of traits that are commonly associated with gifted students (although each individual gifted learner may not display all traits).

These include:

Intellectual abilities: The gifted designation is typically used for students who have very superior intellectual functioning *(i.e., at or above the 98th percentile, or in the top 2% of students their age)*. As a result, students typically also show high academic achievement or high potential for learning.

Creativity: Gifted students are often creative thinkers and flexible problem solvers. In the learning setting, they may have strong abilities for generating novel ideas and seeing the connections between different concepts. They are often open to unconventional approaches to competing tasks.

Motivation and Persistence: Gifted students are often curious and enjoy challenging tasks that require critical inquiry, showing persistent motivation to complete such tasks. They can often sustain working on projects of interest for long periods of time.

Emotional Sensitivity: Gifted students may also have emotional support needs beyond what is typical for their peers. Often gifted students experience deep and intense emotion. They also tend to have a heightened self-awareness and a sense of being different from their peers, which can contribute to frustration and sensitivity.

It is important to note that some gifted students may be twice exceptional. That is, in addition to being gifted, they may also have learning disabilities, ASD, ADHD, anxiety or another diagnosed condition that indicates additional support needs.

What strategies can I try?

To best support students in their success at school and in daily life, it is essential to understand the needs of each student on an individual level, and to implement individualized supports that will help match the learning environment to the student's learning style. Saying that, gifted students may generally benefit from:

Presenting stimulating and challenging work, such as:

- Using inquiry-based learning with abstract or open-ended tasks that encourage critical thinking and creativity
- Assigning work that challenges students without being discouraging
- Using frequent evaluation to identify progress and determine the appropriate level for assigned work
- Encouraging students to take risks and supporting them when attempts do not go as planned
- Providing a range of reading materials to broaden their knowledge
- Integrating the use of technology into lessons and assignments
- Encouraging participation in academic competitions

Creating opportunities for students to show autonomy in directing their learning, such as:

- Allowing students to set their own goals
- Offering choice in assignments
- Assigning independent study projects to enrich classroom learning
- Incorporating student interests into lessons, assignments, and activities
- Allowing free time to engage in interests they are passionate about
- Ensuring additional activities are available so students can work ahead when they finish assignments early

Considerations for group based learning, including:

- Creating opportunities for students to learn with peers who have similar ability levels to support learning and a sense of community.
- Providing leadership opportunities for students.

Attend to social and emotional needs, such as:

- Introducing self regulation strategies (see the section on Self Regulation in the handbook on **Guiding Growth: Responsive Strategies for Diverse Learners**).
- Teaching students to cope with failure and manage perfectionism.
- Encouraging a growth mindset.

Consider adjusting teaching style to best support gifted learners, such as:

- Showing interest in students' areas of interest.
- Demonstrating enthusiasm and excitement for learning and problem solving.
- Using a sense of humor.
- Using varied and unconventional teaching methods.

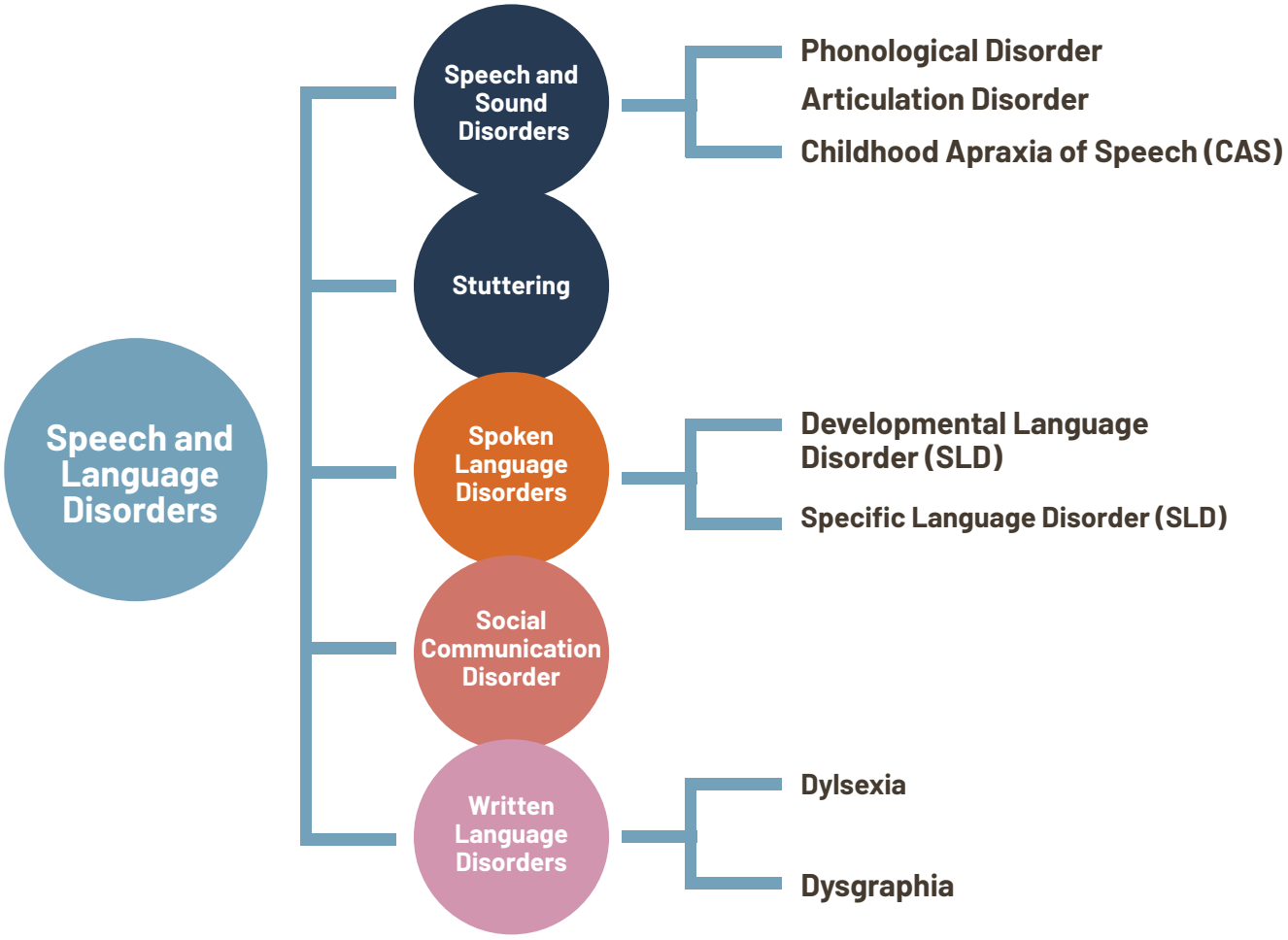
When should I seek professional input and who should I contact?

You may have students in your classroom who you suspect to be gifted, but who have not yet been identified. You may also have a student who has been identified as gifted but whom you are struggling to support with typical classroom interventions and supports. In these cases, it may be appropriate to discuss the student's learning needs in consultation with a psychologist, and to consider the possibility of obtaining a psychoeducational assessment. Psychologists can conduct formal assessments to evaluate a child's intellectual and academic abilities and assist in determining appropriate programming.

Speech and Language Diagnoses

Speech and Language Diagnoses

As a classroom teacher, you are in a unique position because you work with students who have a wide range of academic, social, and functional language skills. You may see many different descriptions of language needs in formal assessment reports, IEPs, and other school documents. In Ontario, Speech-Language Pathologists do not have diagnostic privileges, so their reports describe areas of difficulty and may point toward possible disorders without giving a formal diagnosis. Speech and Language disorders are often grouped into those with a known cause or genetic component, such as Down syndrome, Autism Spectrum Disorder, or hearing loss, and those with no clearly identified source. The information below is taken from the practice portal for Speech-Language Pathologists on the American Speech-Language-Hearing Association (ASHA) website.



Speech Sound Disorders

Stuttering

Stuttering is the most common fluency disorder, where the speech flow is interrupted. You may also see the term dysfluency when professionals discuss fluency. Stuttering can include repetitions (y-y-y-you), prolongations (sssssssss-snake), and blocks (silent inability to say the sound). More severe stuttering episodes are often accompanied by avoidance behaviours (lack of eye contact, avoiding words or situations), secondary behaviours (blinking, head nodding, arm movements), or visible physical tension in the face or body.

Spoken Language Disorders

Disordered language has been referred to by many different terms, often used interchangeably. Spoken language disorders are a persistent difficulty with one or more aspects of listening or speaking across the five domains: phonology, morphology, syntax, semantics and pragmatics. This is a common developmental disorder and is estimated to impact 7%–10% of 4- to 5-year-olds (Norbury et al., 2016). Language disorders can continue through adulthood, however, an individual's language skills can be supported and improved in school and with professional intervention. There are many different names you may see that are either currently accepted or previously accepted.

- **Developmental Language Disorder (DLD)** – DLD is used when an individual has language deficits that aren't caused by any genetic disorder or medical condition. This can include any aspect of expressive or receptive language, including vocabulary, grammar, narrative, and conversation skills.
- **Specific Language Disorder (SLI)** – SLI is used interchangeably with DLD and is also currently recognized as a label for language disorders. An individual may have difficulty in morphology or syntax, semantics, narratives (storytelling), and/or pragmatics (Girolamo, 2022).
- **Language Disorder**– This is used when a child has a language disorder but there is a medical cause for their language deficits such as Down syndrome, traumatic brain injury (TBI), Intellectual disability (ID) and/or hearing loss.
- **Expressive Language Disorder** – this is an outdated term for language deficits only found in spoken or expressive language. This could include vocabulary and grammar use.
- **Receptive Language Disorder** – this is an outdated term for language deficits that are primarily receptive in nature, or the ability to process and understand information.
- **Receptive-Expressive Language Disorder** – an outdated term for language deficits in both receptive and expressive language skills.

Written Language Disorders

These consist of a significant deficit in word reading (decoding and sight words), reading comprehension, spelling and/or writing. Usually associated with a diagnosis of a Learning Disability.

Dyslexia – a word reading disorder, encompasses any difficulty with reading at the word, sentence or paragraph level.

Dysgraphia – a written expression that involves difficulty writing at age and grade level, difficulty turning thoughts into writing, matching sounds to letters, organizing writing and/or forming the letters.

Social Communication Disorder

This term refers to disordered verbal and non-verbal language in social interactions. This includes disordered pragmatic skills, social interactions, social awareness, and language processing. This could consist of an inability to read social cues, difficulty making friends, difficulty turn taking and/or difficulty with abstract language (sarcasm, inferencing, idioms, figurative language). Social communication deficits are a well-known aspect of Autism but may also be present due to a diagnosis of ADHD or alongside other language difficulties. An outdated term for this disorder is Pragmatic Language Disorder.

Selective Mutism

Selective mutism is an anxiety disorder, not a speech and language disorder. Individuals who have selective mutism will speak freely at home, in specific situations or with specific people but not others. It is difficult for a child with selective mutism to speak and engage in school. Talk to parents about their child's language use at home and discuss with the family how to best engage their child in classroom participation in ways that makes them feel comfortable and refer to a psychologist or speech-language pathologist.

Language Differences and Bilingualism

- Language Difference is NOT a Disorder

Students in your class may speak languages other than English at home, and English may be their second language. It is important to determine whether a child is showing a language difference or a language disorder.

A language difference refers to skills that look different from same-aged peers because the student is learning English as an additional language. Some students only use English at school, while others are learning two or more languages at the same time. Sequential and simultaneous bilingual learners often develop uneven skills across their languages. Each language has its own vocabulary, grammar, and social rules, so variations across languages are expected. A language difference is caused by limited exposure to the language and is a normal part of learning a new language. For a child to have a true language or speech disorder, difficulties must occur across all languages the child uses. A child who speaks their home language well cannot have a disorder that appears only in English (Pert, 2022).

Formal assessments can be biased for bilingual and multilingual students and for students who are not members of the dominant culture. In Canada, standardized tools are often based on norms from American children who are neurotypical and monolingual English speakers. Research has shown that bilingual children often perform poorly on assessments created for monolingual speakers from different communities (Bedore, Peña, García, and Cortez, 2005; Hemsley, Holm, and Dodd, 2010). Children from Indigenous communities also bring unique cultural knowledge and ways of understanding the world that are not well reflected in cognitive assessments (Mushquash and Bova, 2007).

Encouraging families to only speak English at home not only goes against the current research in the field of bilingualism but can also lead to isolation in the family unit, loss of culture, identity and community belongingness. Raising a child in a bilingual environment does not cause a language disorder, nor does it make language difficulties worse (Korkman et al., 2012). Discouraging a child from speaking their Indigenous languages at home also goes against several Calls to Action of the Truth and Reconciliation Commission.

Where to start?

Figuring out whether a referral is needed for a bilingual child begins with a conversation with the family about language use at home. Understanding whether the child experiences difficulty in their home language is essential when distinguishing between a language difference and a language disorder. Some helpful questions to ask families include:

- **What languages are spoken at home?**
- **Who speaks which language with the child?**
- **What percentage of each language does the child hear and use at home?**
- **In your home language, does your child speak in a way that is similar to other children their age?**
- **Does your child ever struggle to remember a word or use correct grammar in your home language?**
- **How many words does your child typically use in a sentence? Is it longer, shorter, or about the same as in English?**
- **Are there specific situations where your child has difficulty expressing themselves? If so, when?**
- **Can your child tell a story about their day or retell a favourite story?**

What strategies can I try?

To best support students in their success at school and in daily life, it is essential to understand the needs of each student on an individual level, and to implement individualized supports that will help match the learning environment to the student's learning style. Saying that, multilingual students may generally benefit from:

What strategies can I try?

- Encourage the use of nonverbal communication to support your students as they communicate their ideas.
- Use a multimodal approach when introducing new vocabulary.
- If you can speak the heritage language of your students, using a sandwich method, where you place the English word between translations in the student's home language, will help support their acquisition of English as an additional language.
- If you do not speak their home language, encouraging them to use it in class and teach you some words is also beneficial for their learning. This approach also supports the incorporation of Anishinaabe Gikendaasowin, or cultural knowledge, into the classroom.

How to Discuss with Families

- If a child is struggling with English academically, do not encourage the family to stop speaking their home language.
- If there are vocabulary items or concepts a student is struggling with, see if the family can help support their comprehension at home in their own language or an example of the word or concept for you to link the academic language to (for example, beadwork and patterning)

Physical Diagnoses

Physical Diagnoses

Motor Disorders

- **Neuro motor disorders**: stem from structural, anatomical, biochemical, or electrical differences in the brain, spinal cord, or nerves. For example: gene or chromosomal differences *(e.g., Down Syndrome)*, seizure disorders, cerebral palsy
- **Developmental Coordination Disorder (DCD)**: motor and coordination difficulties without an identifiable medical or neurological explanation.
- **Motor differences associated with Neurodevelopmental conditions**: motor skill development can be variable for children with neurodevelopmental differences. Children with neurodevelopmental differences such as autism spectrum disorder or ADHD have been found to perform more poorly than neurotypical age-matched peers on tasks that involve fine and gross motor skills. Research shows that children who were exposed to opioids and/or alcohol before birth tend to have weaker motor skills and develop motor abilities differently compared to peers of the same age.

Sensory Processing Challenges

Sensory processing challenges occur when the central nervous system processes sensations inefficiently or inaccurately. For some individuals, these challenges may lessen as they age and their nervous system matures. For others, sensory challenges may persist throughout life but present differently at different ages. In some cases, differences in sensory processing can significantly interfere with a person's ability to participate in daily living, social, or academic activities, and can impact overall quality of life. Following an occupational therapy assessment, these individuals may be described as having sensory processing disorder.

Sensory Modulation Difficulties

- **Difficulty regulating responses to sensory stimuli**
- **Includes sensory over-responsivity, sensory under-responsivity and sensory seeking**

Sensory modulation difficulties are defined as challenges with organizing and responding appropriately to incoming sensory input. These difficulties can significantly impact a child's ability to participate in a classroom environment.

Individuals with sensory modulation difficulties may perceive sensory input more or less intensely than their peers, and their threshold for registering this input may be higher or lower. This is referred to as being hypersensitive or hyposensitive. People who are hypo- or hypersensitive are often perceived as overreacting or underreacting to certain types of sensory input. This is described as being hyper-responsive or hypo-responsive.

The chart below provides a summary of the terminology used to distinguish between hyper- and hyposensitivity.

Hypersensitive	Hyposensitive
Increased sensitivity to sensory information. May feel input more intensely.	Decreased sensitivity to sensory information. May feel input less intensely.
Has a lower threshold for registering of sensory input *(i.e. may notice or be bothered by sensory input at lower levels of intensity than others*)	Has a higher threshold for registering sensory input *(i.e. may not notice incoming sensory information or may require more intense input before noticing*)
May avoid or react behaviourally to certain types of input they experience as being painful or uncomfortable. May seek out additional sources of input that bring them joy.	May be observed to miss certain types of input. May seek out additional sensory input that their body requires.

Note: someone can be hypersensitive to one type of sensory information, and hyposensitive to another.

Sensory-based Motor Challenges

- **Sensory-based motor disorders or challenges**: stem from sensory processing differences.
- **Praxis**: a term used to describe the process of imaging a task (ideation), organizing the sequence (motor planning), and carrying out the motor sequence (execution).
- **Dyspraxia**: a sensory-based motor disorder in which difficulties processing sensory information result in challenges with imagining, planning, or executing new motor actions.
- **Postural disorder**: a sensory-based motor disorder where difficulties processing sensory information can result in decreased core strength and endurance.

Sensory Discrimination Disorder

- Difficulty interpreting and differentiating sensory stimuli in the affected system. Individuals may be aware that sensory stimuli are present but unable to identify where or what the stimuli are.
- Can be further broken down into additional subtypes for each of the eight sensory systems.

Clinical Services in the Education Setting

Clinical Services in the Education Setting

Understanding Clinical Services

What are Clinical Services? Clinical services are specialized supports intended to address a range of physical, emotional, and/or behavioural concerns that go beyond what can be supported by school staff. Often, schools can implement many supports internally before deciding to access clinical services. Remember, children develop at their own pace; just because a student is experiencing difficulty does not necessarily mean they require clinical services.

General indicators that it may be time to consider clinical services include:

- Substantial behaviour challenges that present a safety risk, or that the school has difficulty managing
- A student becomes notably withdrawn or stops trying at school
- There is a long history of the student being perceived as "lazy," and attempts to motivate them have been unsuccessful
- Language, motor, or social skills are significantly below grade-level
- Multiple strategies and supports have been tried, yet the student continues to show difficulties, or an exceptional amount of effort is required to maintain grade-level performance
- Preventative supports may be considered when the student faces multiple psycho-social risk factors

When considering clinical support for a student, it is critical to first consider and rule out physical health explanations for difficulties. For example, assess whether the student is getting adequate sleep, nutrition, and exercise. Also consider whether medical, dental, hearing, or vision concerns might be contributing to the presenting issues. Once physical health needs have been addressed, or while waiting on referrals, it may then be appropriate to consider additional services such as physiotherapy, occupational therapy, speech and language pathology, behaviour analysis, social work, and clinical psychology.

Medical Needs

Consider whether the student is taking medication as prescribed, attending regular physical exams, and whether there might be an underlying physical illness that requires treatment. Different professionals can provide medical support, including:

- **Pharmacists**: Can help rule out physical health explanations for difficulties.
- **Nurses**: Including Registered Practical Nurses, Registered Nurses, and Nurse Practitioners, who have advanced education and can make diagnoses and prescribe medications in certain situations.
- **A general family physician provides primary care and is often the first point of contact. They can make referrals to more specialized physicians, such as pediatricians** (specializing in the health needs of children and youth), developmental pediatricians (specializing in the care of children with behavioural and developmental disorders), and psychiatrists (specializing in supporting mental health concerns).

Dental Needs

Consider whether the behaviour you are observing may be arising from tooth pain or infection, and whether the child has had a recent dental check-up. Dental issues may also affect the child's eating and nutrition, which can subsequently interfere with school performance. Dentists and dental hygienists can conduct dental screenings, perform teeth cleaning, and identify the need for more specialized dental services.

Audiology

Consider, for example, whether the student has had a recent hearing test and whether they use hearing aids if prescribed. Audiologists are professionals who specialize in hearing and may prescribe hearing aids.

Signs that a child may be having difficulty hearing include:

- Delayed speech
- Difficulties imitating or producing sounds
- Loud or unclear speaking voice
- Frequently asks others to repeat themselves
- Difficulties with reading or spelling
- Not responding to loud noises or when their name is called
- Difficulty following verbal instructions
- Missing verbal communication in social settings *(e.g., with peers)*
- Withdrawing from peer play or stopping attempts to engage
- Appearing to "check out," especially in busy or noisy environments
- Watching TV, using an iPad, or listening to music at very loud volumes, or putting their ear close to a speaker

While waiting for a hearing assessment, you may consider implementing the following accommodations to support suspected hearing difficulties:

- Recommend that the student visit a doctor or nurse to screen for ear infections
- Seat the student near the front and center of the classroom
- Face the student when speaking to them
- Minimize background noise in the classroom as much as possible
- Support verbal instructions with visuals and modeling for younger students, and written instructions for students who can read
- Support the family in accessing services

Vision Needs

Consider, for example, whether the child has had a recent vision test and whether they wear their glasses if prescribed. Adequate vision is needed for many types of learning to occur, and it is especially important for reading, writing, and activities that require hand-eye coordination. Different vision professionals can support suspected vision difficulties, including:

- **Optometrist**: A health care professional who specializes in overall eye health, including the diagnosis, treatment, and management of some vision problems and eye conditions; often called an "eye doctor."
- **Behavioural Optometrist** (a.k.a. Developmental Optometrist): A specialized type of optometrist who focuses on the visual development and functioning of the visual system. This includes assessing ocular motor difficulties *(e.g., tracking, convergence)* and binocular skills such as depth perception.
- **Ophthalmologist**: A medical doctor who specializes in the diagnosis, treatment, and management of eye disorders and diseases. They can perform eye surgeries, dispense corrective lenses, and prescribe medications. A referral is required from an optometrist, physician, or nurse practitioner.
- **Optician**: An eye care professional who specializes in fitting and dispensing eyeglasses and contact lenses.

The following are signs that a child may be having trouble seeing:

- Frequent squinting or rubbing of eyes
- Comments about things being fuzzy, seeing double or seeing halos around lights
- Moving items closer towards or away from their face, or closing one eye, when reading or trying to focus
- Difficulties learning to read or write
- Eyes watering, red, itchy or hurting
- Headaches

While waiting for a vision assessment, you may also consider trying the following accommodations to support suspected vision difficulties:

- Decrease visual clutter
- Move the student's seat near the front and center of the classroom
- Increase the size of visuals and provide additional text or writing space on worksheets
- For ocular motor concerns, an Occupational Therapist may be able to provide support while waiting for a full vision assessment

Physiotherapy

Physiotherapists (PTs) help individuals improve their physical function, mobility, strength, balance, and coordination. They work with children who have a variety of physical needs, from supporting typical development to addressing challenges caused by injury, neurological differences, or musculoskeletal conditions.

Reasons you might consider referring a child to a Physiotherapist include:

- **Existing mobility equipment**: If a child uses walkers, wheelchairs, orthotics, or other assistive devices that are no longer meeting their needs, a PT can assess, adjust, or recommend new equipment to support independence and mobility.
- **Posture and body mechanics**: If a child shows poor posture, difficulty sitting upright for long periods, or repetitive strain injuries, a PT can provide exercises and strategies to improve posture, core strength, and overall physical comfort.
- **Injury prevention and rehabilitation**: Children who have experienced injuries, surgery, or chronic pain can benefit from PT support to safely regain function, improve mobility, and prevent further injuries.
- **Participation in daily activities**: PTs can help children improve skills needed for everyday activities, including navigating the classroom, participating in playground activities, and engaging in physical education.
- **Motor planning and coordination challenges**: For children who struggle with planning and sequencing movements, a PT can provide activities and interventions to enhance motor planning, bilateral coordination, and overall confidence in movement.

By collaborating with a Physiotherapist, educators and caregivers can ensure children receive individualized strategies to support their physical development and maximize participation in school and recreational activities.

Occupational Therapy

Occupational Therapists (OTs) help individuals participate in activities that they need to do or want to do. These activities are called 'occupations' and typically include self-care activities, productive activities (which for children include play and school), and leisure activities. In school settings, OTs typically assess and work on areas that interfere with participation in the classroom, such as fine motor skills, printing, self-help skills, social skills, sensory integration, and self-regulation.

You may consider referring a student to an occupational therapist if they are:

- Showing delays in motor skills *(i.e., significantly behind their peers)*
- Struggling to engage in daily activities, such as eating, toileting, dressing, etc., and basic teaching strategies have not been successful
- Showing signs of dysregulation at school, including sensory seeking or avoiding behaviours, that are interfering with social relationships, work completion, classroom participation, etc.
- Having trouble learning to hold a pencil, cut with scissors, or print

Prior to making an OT referral, or while waiting for occupational therapy services, you may consider implementing certain class-wide strategies to support students.

These might include:

- Introduce activities in the classroom that build core, arm and hand strength
- Create a calming corner in your classroom
- Provide lots of opportunities for movement and physical activity throughout the day
- Provide different types of seating for students to choose from
- Implement visual supports and routines in the classroom
- Provide opportunities for sensory exploration, especially for younger children

Speech and Language Pathology

Speech-Language Pathologists (SLPs) provide assessment and intervention services. Assessments explore challenges related to understanding and use of language, communication, and reading. They may also be used to identify an appropriate assistive or augmentative communication device for students with significant communication difficulties. Intervention services might include building communication and reading abilities, such as developing articulation skills or knowledge of phonics. Interventions may also support social communication abilities or competency for using assistive and augmentative communication devices. You might consider making a referral to SLP if you are observing:

- Significant delays in language development *(e.g., limited speech, non-verbal or non-speaking)*
- Speech that is difficult to understand *(e.g., pronunciation or stuttering)*
- Difficulty expressing themselves *(e.g., the things they say don't make sense, they have a hard time findings words, they get frustrated with verbally demanding tasks)*
- Student has significant difficulties with reading or sounding out words

While waiting for SLP services, there are a number of strategies that you may consider trying.

Some examples may be:

- Introduce reading intervention programs and literacy support
- Use visuals in the classroom for supporting behaviour *(e.g., visual schedules, first-then boards, reward charts)* and learning *(e.g., multimedia learning, hands on activities)*
- Use simple and clear language
- Make sure hearing has been checked

Behaviour Therapy

Behaviour analysts have specialized training in the science of behaviour and can help adapt environments to promote skill development and reduce the occurrence or impact of behaviours that challenge. Behaviour analysists focus on the context in which behaviours occur as well as the function(s) that a behvaviour may serve. Often, behaviour therapy emphasizes skill teaching to help students meet their needs in more helpful and effective ways. You may consider referring to a behaviour therapist when:

- Behaviours that interfere with learning and fun
- Any time you want to take a functional contextual lens when addressing skill development

While you are waiting for behaviour therapy services, you can refer to different resources and try different classroom strategies on your own, such as:

- Pay attention to what brings joy to your student
- Pay attention to what the behaviour seems to "get more of" or "get rid of"
- Think about how you can engineer an environment so that students want to run to it not away from it

Social Work

Social workers provide service navigation support, which can help identify external supports and services for a student, assist families with completing paperwork to access services, and provide consultation to families about available supports. Social workers also provide psychotherapy, counselling, and consultation support, similar to services offered by a clinical psychologist. This type of intervention may include talk or play therapy and can use different modalities such as Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), or solution-focused models. Therapy may focus on individual or family support.

You may consider referring a student to a social worker if:

- Student has support needs beyond what the school can offer, but school does not know what is available
- Family is struggling to access services and supports *(including funding)*
- A student expresses emotional difficulties *(e.g., anxiety, depression, suicidality)*
- A student seems emotionally affected by personal circumstances (*which may be impacting their behaviour or performance in school*)
- You notice a student is avoiding the classroom or participation in class
- Significant interpersonal difficulties *(e.g., bullying, romantic vulnerability)*

Clinical Psychology

Clinical psychologists provide psychological assessments to understand cognitive strengths and challenges, identify learning profiles, diagnose conditions, and to determine eligibility for certain supports. Psychologists also provide psychotherapy, counselling and consultation supports, similar to a social worker. You may choose intervention with a clinical psychologist over a social worker when there is a significant or complex mental health concern that might require specialized training or further assessment and diagnosis. You may consider referring to a clinical psychologist if:

- Student is performing well below grade-level in one or more subjects
- Academic difficulties persist despite intervention attempts
- Significant difficulties with attention, focus, or executive functioning
- Notable social differences and difficulties forming social relationships
- Student appears behind peers in their cognitive or verbal development
- Any of the same reasons you would refer for psychotherapy with a social worker

Prior to making a referral for psychology, or while waiting for services, you may consider trying several strategies in the classroom, such as:

- Introduce class-wide, small group, and individualized educational interventions to address areas of concern
- Talk with the student: Ask if they would like to talk about what is happening and explore possible solutions together
- Ask the student if they would like to talk to a psychologist
- Develop wellness programming for the class to address social-emotional concerns
- Introduce land-based or traditional practices to connect students to their culture and the land

Culturally Informed Services

Traditional or culturally informed intervention approaches may help address a range of support needs. You may explore whether your community has access to a cultural liaison who can help identify and access culturally appropriate supports and services. Outdoor education can also help create a more accessible learning environment and connect students to their identity through land-based, hands-on, traditional learning. Elders and traditional healers can provide guidance on traditional practices that may support a student, and they can help connect students to their Indigenous culture and identity.

What Is the Psychological Assessment Process?

Once you have ruled out physical health needs as the cause for learning or behaviour difficulties, and have determined that classroom-based support strategies are not able to resolve concerns, you may consider pursuing a psychological assessment. This section will present information to help families make informed decisions about whether they would like to move forward with an assessment. This section will include a discussion of the benefits and consequences of assessment, the types of psychological assessments that might be considered, as well as the process and procedures involved with a psychological assessment.

Risks and Benefits of a Psychological Assessment

The table below outlines some of the potential risks and benefits of a psychological assessment. Understanding these can help address concerns affecting the comfort of students and their families when recommending a psychological assessment. When discussing assessments, acknowledge that families may have different views on the value of an assessment. It's important to clarify any misinformation while respecting diverse perspectives and value systems.

Risks	Benefits
• Stigma associated with diagnosis • Diagnostic knowledge might be used inappropriately to reinforce a problem *(e.g., "It's ok for him to do that because he has a disability")* • Diagnosis can put emphasis on the person & reduces emphasis on other factors *(e.g., family or environment)* • Westernized labels may not consider cultural explanations or be relevant with respect to cultural values	• Diagnosis can provide access to specialized supports and funding • Diagnosis can give a name to the problem and reduce blame placed on the child • Understanding a student's profile helps to inform supports • Shared language about diagnosis and areas of need can improve understanding for support providers • Assessment results can help everyone understand the child • Assessment results can be empowering for the child and help them advocate for what they need

How to Access a Psychological Assessment

The pathways to accessing a psychological assessment will vary between communities.

- **School**: Often assessments are available through a student's school; however, there may be long waitlists depending on the school and the resources available to them.
- **Public Health Services**: Publicly funded assessments may also be available through certain government-supported agencies such as community mental health centers, hospitals, and child development centers. For example, different regions of the province have access to funded ASD and FASD assessments through diagnostic centers.
- **Private Practice**: Psychological assessments may also be accessed through private practice if a family is able to pay or has insurance coverage.

Psychological assessments are most commonly completed in person, but there are some options for telehealth or a hybrid-model assessment that can help to increase accessibility.

Types of Assessment

The table below provides an overview of some common types of psychological assessments, including what information is obtained through each type of assessment, when you might refer for different types of assessments, and the age at which assessments might be most appropriate. It is important to note that different agencies may use some different terminology to refer to assessment types than what is described below.

Type of Assessment	What it tells you?	When to refer?	Typical Age
Developmental Assessment	Identifies developmental progress across motor, visual/perceptual, and verbal domains; flags developmental delays and makes suggestions for intervention; usually no diagnosis	Child appears to be behind in meeting developmental milestones in one or more areas (e.g., delayed in speech, slower to learn compared to same age peers)	6 years and younger
Diagnostic Assessment/ Comprehensive Assessment	Includes focused diagnostic assessment (e.g., ASD assessment only) and/or comprehensive assessment of cognitive, adaptive, and/ or socio-emotional attributes for the purpose of informing supports and making diagnoses such as FASD, ASD, LD, ADHD, ID; might be multidisciplinary and/or through specialized clinic	Child is having difficulty progressing in their learning, is performing behind grade level, or requires substantial support and accommodation to learn/ perform at grade level. There is a specific reason to suspect a particular diagnosis or complex mental health concerns.	Any age
Psycho-Educational Assessment	Assessment of cognitive and academic strengths and areas of need; insight to processes underlying learning difficulties; typical diagnoses include LD, ADHD, ID	Child is having difficulty progressing in learning, is performing behind grade-level, or requires substantial support and accommodation to learn/ perform at grade level	Approximately age 8+
DSO (Disability Services Ontario) Eligibility Assessment	Brief assessment to identify if a student has an intellectual disability (ID) and is eligible for developmental support as an adult.	If a student was flagged with possible ID but last assessment was before adolescence; if you suspect ID but there has been no assessment	Age 16+

What to Expect in a Psychological Assessment?

Assessment Process: Firstly, there are some practical considerations to keep in mind when participating in a psychological assessment. Such considerations include:

- Testing is typically conducted one-on-one with the student, but caregivers or teachers may be permitted or asked to join in certain circumstances
- Clinical interviews and questionnaires may be completed with caregivers, teachers, and/or other support providers
- Assessment may take one or more sessions, with each session lasting 1 to 4 hours. The length of assessment will depend on the purpose of the assessment and the capacity of the student to comfortably engage in the work.
- The average timeline for an assessment is usually 2 to 3 months from start to finish; however, this may vary substantially depending on where the assessment is being completed, the reason for referral, and the method of completing the assessment.

Components of an assessment:

Typical elements of an assessment will include:

Observation: Observations occur during assessment sessions and may also be completed in other environments, such as the classroom, playground, or home.

Clinical Interviews: These interviews are used to collect information about developmental, educational, medical, and social history, as well as spiritual and cultural connections, and finally the current concerns or challenges.

Standardized Questionnaires: Questionnaires may be given to the student, their teachers, and their caregivers to collect information about a range of abilities and behaviours. Often these questionnaires can be completed with paper and pencil, online, or through an interview to support comprehension.

Standardized Testing: Psychologists use specialized tests to understand how a student performs compared to peers their age. This helps identify areas where a child may be excelling or falling behind age expectations and can provide insight into why this is happening. Standardized tests may assess cognitive abilities, language, motor skills, academics, emotions, and behaviours.

Results: When an assessment is completed, the caregiver will receive a written report summarizing the results. The report will commonly include any neurodevelopmental and mental health diagnoses indicated by the results, the student's strengths and support needs (including the level of support need), and recommendations for support. Caregivers may then choose to share the report with the school or other support providers. They may also choose to keep the report private. Typically, the psychologist will meet with the caregiver and the student to talk about the assessment results and recommendations, as well as to discuss who they would like to share the results with.

Next Steps: In the report and during the results feedback meeting, the psychologist will present recommendations. With the caregiver's permission, the psychologist may also discuss these recommendations with the school. The school and caregivers can work with the student to decide which recommendations to implement. They may also choose to make additional referrals for other services and supports based on the results of the assessment.

Interpreting Clinical Assessments

Reading a clinical assessment report can often feel like you are reading a different language. The aim of the following section is to provide a foundational understanding for comprehending and applying the results of a psychological assessment. This section will discuss the meaning and interpretation of assessment scores, the definitions of different domains of ability, and how to understand the support needs of each student based on their assessment results.

Understanding Assessment Scores

Standardized clinical assessments often aim to compare a student's individual performance to other children of a similar age and gender. This provides insight into the areas in which students are performing at, below, or above age expectation. This type of testing also helps clarify the extent to which students differ from their same-age peers (e.g., whether they are slightly below or substantially below age expectation). Four common ways that performance may be described include:

Standard Scores: A standard score indicates how a student's performance compares to a group of same-age peers. It is typically expressed with an average of 100 and a standard deviation of 15, allowing for easy comparison across different tests and populations. Average performance typically includes scores in the range of 85 to 115, or 90 to 110.

Percentiles: Percentile scores indicate the percentage of same-age peers who scored below the student's performance. For example, a percentile score of 75 means the student performed better than 75% of their peers. Another way to think about percentiles if we lined up 100 students of the same age, where 1 represents the student having the most difficulty and 100 represents the student performing the strongest, a student performing at the 2nd percentile would be number 2 in line (with 1 child performing below them and 98 children performing above them).

Descriptive Ranges: Descriptive ranges help clarify what a score means by categorizing it as average, below average, above average, etc. Exact descriptive terms may vary between service providers and different tests.

Age or Grade Equivalents: These scores provide an estimate of the age or grade level at which a student's performance is comparable. For example, a grade 9 student performing in the Extremely Low range or 2nd percentile in reading assessments may have reading skills more similar to an early elementary grade-level student.

The table below is provided to help you better understand how to interpret each of these score types. It is worth noting that there is often slight variability in the descriptive terminology used by different clinicians and the score ranges that terminology corresponds to. In general, the information in the table can serve as a helpful reference.

Descriptive Range	Percentile	Standard Score	Explanation
Very Superior	98th and above	129+	Performance is substantially higher than age expectation; accommodations and modifications to grade-expectations are likely to become necessary to meet advanced learning needs or potential
Superior	91st to 97th	120 - 129	Performance is above age expectation; accommodations and modifications may become necessary to meet advanced learning needs
High Average	77th to 90th	111 - 119	Performance is roughly typical for their age, but may be somewhat above age expectations (especially if above 84th percentile/standard score of 115)
Average	25th to 75th *50th is the mean	90 – 110 *100 is the mean	Performance is typical for their age, most students have similar abilities
Low Average (Below Average)	9th to 24th *Sometimes 16th is used as cutoff for Average and Below Average	80 – 89 *Sometimes 85 is used as cutoff for Average and Below Average	Performance is roughly typical for their age, but may be somewhat below age expectation and may require mild support needs (especially if under 16th percentile/ standard score of 85)
Very Low (Borderline Intellectual Functioning)	2nd to 8th	70 - 79	Performance is below age expectation; the student will have to work harder than their same-age peers and need more support; accommodations and modifications are likely to become necessary
Extremely Low (Intellectual Impairment/ Disability)	Below 2nd	Below 70	Performance is substantially below age expectation; the student will have to work much harder than their same-age peers and need much more support; significant accommodations and modifications to grade-expectation are likely to become necessary

Domains of Ability

Standardized assessment reports may evaluate a few domains of ability, or they may provide a more comprehensive description of multiple domains. Understanding each student's profile is crucial for providing tailored support and optimizing their learning environment. The following sections will specifically explore commonly assessed cognitive abilities, the testing tools typically used to measure each domain, and general support recommendations. Please refer to the handbook on **Guiding Growth: Responsive Strategies for Diverse Learnerss** for more information about behaviours associated with different domains of ability and additional support recommendations. Other handbooks in this series also include more information about domains of speech and language abilities, motor skills, sensory needs, and self-regulation abilities, which may appear in other types of clinical reports.

Importantly, while this guide may be used as a reference for understanding the different domains of functioning and interpreting scores in a student's report, the full conceptualization provided in a psychological report offers individualized interpretations of why a student performed the way they did.

Ability Global Cognitive

Overall scores help determine intellectual disability and are also useful as predictors of overall performance because they reflect how well a student will perform when all their abilities come together. However, these scores don't always recognize strengths and weaknesses in different domains that can be important for support planning. As such, while it can be helpful to know a student's overall intellectual performance, it is also important to consider their pattern of strengths and weaknesses by reviewing performance in other subdomains of ability. Some of the more commonly used global ability scores include:

Full Scale Intelligence Quotient (FSIQ): Provides an estimate of overall intellectual ability, typically determined from a combination of verbal, non-verbal, and cognitive proficiency scores. It is the most commonly used estimate of overall ability and is used when there is no reason to believe that specific domains of ability are unfairly impacting performance.

General Ability Index (GAI): Provides an estimate of combined verbal and nonverbal abilities, limiting the impact of cognitive proficiency skills such as working memory and processing speed. It is often used when there is a significant difference between verbal/nonverbal abilities and cognitive proficiency abilities. For example, it is used when there is a significant strength or weakness in processing speed that is inconsistent with the overall profile.

Nonverbal Index (NVI): Provides an estimate of overall nonverbal intellectual abilities by limiting the impact of language on performance. It is often used when there is a significant difference between verbal and nonverbal abilities. For example, it is commonly used when a student has speech difficulties.

Common psychological measures that assess global cognitive ability include:

Wechsler Intelligence Scale for Children (WISC): A standardized assessment designed to measure cognitive abilities and intellectual functioning in children ages 6–16. It evaluates various domains, including verbal comprehension, visual-spatial problem solving, fluid reasoning, working memory, and processing speed.

Wechsler Adult Intelligence Scale (WAIS): A widely used standardized assessment designed to measure cognitive abilities and intellectual functioning in adults ages 16–90. It evaluates various domains, including verbal comprehension, visual-spatial reasoning, working memory, and processing speed.

Wechsler Preschool and Primary Scale of Intelligence (WPPSI): A standardized assessment designed to measure cognitive abilities and intellectual functioning in children ages 2 years 6 months to 7 years 7 months. It evaluates domains including verbal comprehension, visual-spatial problem solving, fluid reasoning, working memory, and processing speed.

Stanford-Binet Intelligence Scales (SB): A standardized test used to assess intelligence and cognitive abilities in both verbal and nonverbal domains across five key areas: fluid reasoning, knowledge, quantitative reasoning, visual-spatial processing, and working memory. It is suitable for individuals ages 2 to 85 and can be especially helpful when assessing children with verbal difficulties.

Verbal Skills

General verbal ability is one of the most powerful predictors of academic success in Western education, primarily because of the heavy reliance on language skills in school. It impacts a student's ability to listen and understand what they hear, understand what they read, express themselves, and remember verbal information. Importantly, research consistently shows that Indigenous individuals often score lower than the general population on measures of verbal comprehension. This is likely due to several factors, including English as a second-language, differences in language patterns and use in Indigenous communities, and the impacts of colonization. For more information, refer to Mushquash and Bova (2007).

There are many subdomains of verbal ability that are commonly assessed. Some may include:

Verbal Comprehension: Refers to the ability to identify verbal concepts, use language to problem solve and reason, define words, and express acquired verbal knowledge. It is important for understanding what others are saying and what one reads, finding the right words to express themselves, and reading comprehension. Students with verbal difficulties may be more likely to express themselves nonverbally and rely on nonverbal indicators to support comprehension (e.g., gestures, images, contextual cues)

Strategies for supporting verbal comprehension needs may include:

- Simplify language
- Ask questions in different ways
- Offer options to select from
- Use visuals and demonstrations
- Check understanding
- Provide extra instruction
- Offer nonverbal options for students to learn and demonstrate knowledge

Receptive Vocabulary: Refers to one's ability to understand words. It impacts understanding of vocabulary. Students with receptive difficulties may become easily confused. Strategies for receptive vocabulary support needs may include:

- Simplify vocabulary
- Check understanding
- Build vocabulary with visual supports or games
- Provide vocabulary lists

Expressive Vocabulary: Refers to the breadth of one's spoken English vocabulary. It will impact the ability to use vocabulary to express oneself. Students with expressive difficulties may use inaccurate or inappropriate words and may rely on familiar language. Importantly, students may have expressive vocabulary difficulties but still be very talkative; they will just have a smaller bank of words to express themselves with. Strategies for expressive vocabulary support needs may include:

- Model appropriate language use
- Provide options to select from
- Build vocabulary with visual supports or games
- Provide vocabulary list

Listening Comprehension: Refers to the ability to listen to orally presented information, understand oral information, and answer questions about what they hear. It will impact one's ability to listen in class and understand oral lessons. Importantly, listening comprehension is commonly impacted by attention difficulties. As such, some students who struggle with attention may miss information and appear to have difficulties with listening comprehension. Strategies for listening comprehension support needs may include:

- Allow recorded lessons
- Provide written notes or reference material
- Provide additional instruction with visuals or demonstration
- Provide repetition
- Reduce the amount of information shared orally at one time
- Use simple and concrete vocabulary when possible

Oral Fluency: Refers to how quicky and efficiently a student can generate language and verbal ideas. It impacts the ability to provide verbal responses, as well as to talk and read fluently. Strategies for oral fluency support needs may include:

- Allow the student to read and talk at their own pace
- Allow time for the student to think of a response
- Allow for written work instead of oral presentations
- Ask questions that allow for shorter answers

Phonological Processing: Refers to the ability to understand phonics, or to identify and recognize the units of sounds that make up a word. It impacts one's ability to sound out words and read, which can interfere with word reading and decoding, reading comprehension, spelling, and one's comfort reading out loud. Strategies for phonological support needs may include:

- Phonics intervention
- Speech-to-text/text-to-speech technology
- Spell check
- Focus on functional reading (older students)

Nonverbal Skills

Nonverbal skills, sometimes also referred to as perceptual abilities, refer to concrete visual-spatial and motor abilities, as well as more conceptual skills such as inductive and deductive reasoning. Strengths in nonverbal skills lend themselves well to land-based learning and hands-on activities. Nonverbal skills impact a student's ability to build math skills, engage in reasoning for science, develop handwriting and other fine motor skills, perform physical activities in gym, sports, and play, and develop problem-solving for general academic achievement.

There are many subdomains of nonverbal ability that are commonly assessed. Some may include:

Fluid Reasoning: Refers to abstract problem solving, inductive and deductive reasoning, and pattern detection abilities. It is important for conceptual thinking and problem solving, which can especially impact math and science, as well as reading comprehension and written expression.

Strategies for supporting fluid reasoning needs may include:

- Make activities more hands on (instead of mental exercises)
- Use concrete explanations and language
- Provide extra teaching for conceptual learning and reasoning
- Provide work samples
- Break down concepts

Quantitative Reasoning: Refers to fluency with numbers and numerical problem solving, whether with word problems or with pictured relationships. Quantitative abilities especially impact development and application of math skills, such as budgeting, understanding money, measuring, estimation, cooking/baking. Strategies for quantitative reasoning support needs may include:

- Extra teaching (1:1 instruction, small group, tutoring) for math concepts)
- Gamified math programming
- Integrate visuals
- Provide math tables and cheat sheets
- Extra time on tests
- Teach practical skills

Inductive Reasoning: Refers to the ability to identify patterns, recognize relationships, and draw general conclusions from specific examples or information. Inductive reasoning supports problem solving, conceptual learning, predicting outcomes, and understanding patterns within academic tasks. These skills are often used in mathematics, reading comprehension, science, and everyday problem solving. Strategies for supporting inductive reasoning support needs may include:

- Use visual patterns and examples
- Teach concepts using hands on materials and demonstrations
- Break larger concepts into smaller steps
- Use graphic organizers and visual supports
- Encourage prediction and pattern finding activities
- Provide repeated practice with similar example
- Model thinking processes aloud
- Connect new learning to familiar experiences

Deductive Reasoning: Refers to the ability to apply known rules, facts, or information to solve problems and reach logical conclusions. Deductive reasoning supports decision making, following sequences, applying learned concepts, and understanding cause and effect relationships. These skills are important for academic learning, problem solving, comprehension, and completing multi step tasks. Strategies for supporting deductive reasoning support needs may include:

- Provide clear and explicit instructions
- Teach step by step problem solving strategies
- Use structured routines and consistent expectations
- Model logical thinking and reasoning processes
- Use visual cues and checklists to support sequencing
- Provide guided practice before independent work
- Use real life examples to reinforce concepts
- Allow extra processing time for problem solving tasks

Visual-Spatial Reasoning: Refers to one's understanding of visual-spatial relationships, as well as the ability to complete hands-on tasks, create visual designs/objects, and solve mental and physical visual-spatial puzzles. Visual spatial abilities impact the ability to perform hands-on or physical tasks, understand directions, understand spatial relationships, and use visuals to solve problems or communicate. Strategies for supporting visual spatial skills may include:

- Provide verbal instructions
- Provide narration for visual presentations
- Use clear and simple visuals
- Block out irrelevant visuals or text
- Highlight relevant visuals or text
- Provide text-to-speech technology
- Use highlighter when reading
- Use graph paper and wide-ruled paper
- Provide note taking support

Visual-Motor Integration: Refers to visual perception, motor coordination, and the integration of these skills to complete writing and drawing tasks. These skills impact fine motor abilities, hands on tasks, writing and drawing, daily skills such as tying shoelaces and getting dressed, and attention to visual detail. Strategies for visual-motor integration support needs may include:

- Speech-to-text technology
- Provide written notes
- Provide note taking support
- Use of a computer
- Provide training to use any technology
- Allow dictation
- Allow oral presentations for assessment

Cognitive Proficiency and Related Skills

Cognitive proficiency refers to an individual's efficiency and effectiveness in processing information and completing tasks. Cognitive proficiency typically refers to processing speed and working memory abilities, but is also closely related to general memory, attention, and executive functioning abilities. These skills have an impact on one's ability to work quickly, hold information in active memory while completing tasks, retrieving information from memory, organizing information, developing plans and strategies for problem solving, and engaging in problem solving for general academic achievement. Notably, performance on cognitive proficiency tasks in psychology testing can often be impacted by attention. Students with attentional difficulties may miss information or become distracted, which will impact their ability to remember what was presented to them and efficiently complete work.

Some subdomains related to cognitive proficiency that are commonly assessed include:

Working Memory: Refers to the ability to hold information in one's mind and actively use it to solve problems or complete tasks. Working memory impacts the ability to follow through on instructions and complete multi-step tasks, as well as to complete academic work that requires holding information in mind *(e.g., math and reading comprehension).* Strategies for working memory support needs may include:

- Provide instructions 1-2 steps at a time
- Break information and tasks into small parts
- Use visuals and lists
- Provide written instructions
- Give reminders
- Teach students to use lists, agendas, and written reminders
- Provide prompts

Visual Working Memory: Refers to the ability to hold visual information in one's mind and mentally work with or manipulate that information after it is no longer visible. Visual working memory impacts tasks such as remembering visual patterns, recalling the location of objects, copying information, solving visual problems, and completing multi-step visual tasks. These skills are often used during reading, mathematics, puzzles, hands on activities, and written work. Strategies for supporting visual working memory support needs may include:

- Use visual schedules and graphic organizers
- Break tasks into smaller visual steps
- Provide models and visual examples
- Use colour coding and highlighting
- Repeat and review visual information
- Reduce visual clutter and distractions
- Provide checklists and visual reminders
- Allow extra time for visual processing tasks

Auditory Working Memory: Refers to the ability to take in spoken information, hold it in memory, and mentally work with or apply the information. Auditory working memory impacts the ability to follow verbal instructions, remember sequences, complete multi-step tasks, retain classroom discussions, and process oral language. These skills are important for listening, comprehension, problem solving, and classroom learning. Strategies for supporting auditory working memory support needs may include:

- Provide short and clear verbal instructions
- Break multi-step directions into smaller parts
- Repeat and rephrase information when needed
- Pair verbal information with visuals or written supports
- Check for understanding frequently
- Reduce background noise and distractions
- Encourage note taking or use of visual reminders
- Allow extra processing time before responding

General Memory: Refers to the ability to store information in memory, and retrieve it when needed. These skills impact memorization, performance on tests, recall in class, and learning progression from day to day. Strategies for general memory support needsmay include:

- Extra instruction
- Repetition
- Provide instruction in the student's stronger modality (visual or verbal)
- Reduce the amount of information to learn at a time
- Provide prompts
- Teach memory strategies *(e.g., mnemonic devices)*

Memory Recognition: Refers to the ability to recognize information previously taught or presented and retrieve information from memory when cued. Often students benefit from cues that help them recognize and retrieve information from memory; however, when information is not stored effectively then it can be difficult to recall, even with cues. When students have difficulties with memory recognition, it can impact multiple choice test performance, as well as recognizing previously taught information and lessons. Strategies for memory recognition support needs may include:

- Teach information in organized ways to help organize memory (e.g., categorize or colour code information)
- Use cues when teaching to help categorize information in memory and prompt recall (e.g., visuals, multiple choice, options, starting prompts)
- Provide extra teaching
- Practice retrieval with quizzes, flashcards, or quick reviews
- Teach memory strategies
- Foster active engagement in material such as having student summarize information in their own words, teach information to a peer, or apply information to real life scenarios
- Break information into smaller chunks

Processing Speed: Refers to the ability to complete tasks quickly and efficiently. Processing speed impacts how quickly students complete work and provide responses, as well as reading, writing, and math fluency (e.g., reading smoothly and quickly, or completing math drills). Strategies for processing speed support needs may include:

- Allow extra time on tests and assignments
- Reduce the number of items to complete
- Slow down lessons
- Talk more slowly, pause and wait for response
- Provide repetition of instructions

Visual Scanning Speed: Refers to the ability to quickly and accurately locate, identify, and process specific visual information within a busy visual field. Visual scanning speed impacts reading fluency, locating information on a page, copying work, completing worksheets, tracking text, finding materials, and scanning for relevant details while ignoring unnecessary visual information. Difficulties with visual scanning speed may impact task completion, accuracy, attention to detail, and overall work pace. Strategies for supporting visual scanning speed support needs may include:

- Reduce visual clutter on worksheets and materials
- Highlight or colour code important information
- Use visual trackers, rulers, or reading windows
- Break tasks into smaller visual sections
- Allow extra time for scanning and locating information
- Provide organized and predictable page layouts
- Use larger print or increased spacing when appropriate
- Teach visual scanning strategies explicitly

Reading/Writing/Math Fluency: Refers to ability to quickly and fluidly complete reading, writing, and math tasks. This is often related to other difficulties such as phonics, working memory, or visual-motor integration which will interfere with fluency. Students with academic fluency difficulties may be slow and/or jerky in their reading, which can interrupt comprehension. Their writing may be laborious resulting in frustration or limited written work completion. They may also be slow to finish math work and quick to abandon efforts. Strategies for academic fluency support needs may include:

- Extra time on tests and assignments
- Support the underlying skill (e.g., phonics, visual motor skills)
- Provide speech-to-text or text-to-speech technology
- Provide a scribe or written notes
- Access to calculator or math tables

Information about reading, writing, and math fluency abilities is typically derived from academic test batteries previously discussed above (e.g, WIAT, KTEA, SB5)

Executive Functioning and Attention: Refers to a set of cognitive skills that we use to engage in problem solving and complete goal directed tasks. It typically includes skills such as cognitive flexibility, initiation, organization, planning, self-monitoring, inhibitory control, and working memory. Attention is a skill closely related to executive functioning and usually includes components of inattention, sustained attention, and vigilance.

References and Resources

References and Resources

Supporting Educators' Understanding of Psychological Assessments and Diagnoses

This guide was created to support educators in understanding and responding to psychological assessments and diagnoses commonly encountered in educational settings. Grounded in neurodiversity-affirming practices, this resource helps translate clinical information into meaningful, developmentally appropriate support for young children and teens.

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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