# **Skills for Success Curriculum Resource Cover Page**

# Organization

CESBA	
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### **Curriculum Resource**

**Child Development Practitioner Apprentice – Introduction to Understanding Specific Needs** 

# **OALCF Alignment**

Competency	Task Group	Level
Competency A -Find and Use Information	A1. Read continuous text	3
Competency A -Find and Use Information	A2. Interpret documents	2
Competency A -Find and Use Information	A3. Extract information from films, broadcasts and presentations	2
Competency B - Communicate Ideas and Information	B2. Write continuous text	2

Competency B - Communicate Ideas and Information	B4. Express oneself creatively	2
Competency D - Use Digital Technology	N/A	2
Competency E - Manage Learning	N/A	2

# Goal Paths (check all that apply)

⊠ Employment	☑ Postsecondary
□ Apprenticeship	$\square$ Independence
⊠ Secondary School Credit	
<b>Embedded Skills for Success</b>	(check all that apply)
$\square$ Adaptability	☐ Numeracy
$\square$ Collaboration	oxtimes Problem Solving
□ Communication	□ Reading
□ Creativity and	Writing
innovation	
□ Digital	

**Notes: Suggested Milestones 27 or 57** 

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TR Leger's School of Continuing Education, STEP Program's Educational Assistant Curriculum and Skills and Strategies for ECE Assistants Curriculum which were developed in consultation with the Upper Canada District School Board Special Education team and Lanark County Children's Services.

Program link: https://trleger.ucdsb.on.ca/





# Child Development Practitioner Apprenticeship – Introduction to Understanding Specific Needs

Includes Answer Guide

Pathway Pillar – Integration of LBS Services to Support Apprenticeship

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# **Child Development Practitioner – Understanding Specific Needs**

This resource is for learners looking at completing an apprenticeship as a Child Development Practitioner (CDP). When working as a CDP Apprentice, you may work with a variety of children who have different disorders, specific learning needs, physical and intellectual abilities and behavioral goals. This resource will cover some information to help you be a good support to these children.

### **Child Development Practitioner Program**

The Child Development Practitioner
Apprenticeship Program is designed for

individuals that are working in a childcare setting or looking for an apprenticeship sponsor. Being a CDP apprentice allows you to study on a part-time basis while continuing to work in the childcare field.

The Child Development Practitioner Apprenticeship is a voluntary trade that provides an alternate pathway choice to the traditional college pathway for Early Childhood Educators. Apprentices that complete their apprenticeship training and receive a Certificate of Apprenticeship from the Ministry of Labour, Immigration, Training and Skills

Development can choose to continue with formal college studies to receive their Early Childhood Education (ECE) diploma at a community college.

Information taken from

child-development-practitioners\_tea\_jan-22-2016.pdf (skilledtradesontario.ca)

### **Acronyms**

When working in childcare you will come across many acronyms for terms that are used often. An acronym is a word or phrase built from the first letter in each word. Sometimes, an acronym creates another word, but usually people just say the first letters. This happens a lot now with texting. LOL means laugh out loud, ASAP means as soon as possible and BTW is used as a short form for by the way. We



are used to using acronyms for political or government bodies as well. CRA is the Canadian Revenue Agency and UN is used for the United Nations.

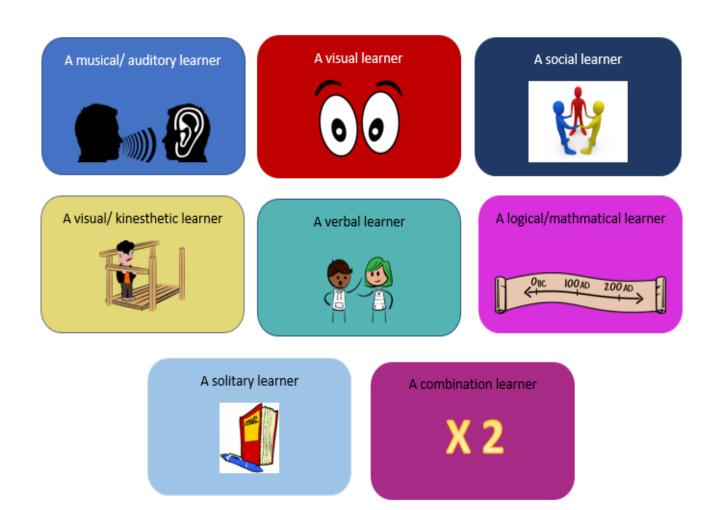
The following chart shows you some of the acronyms that will be used in this resource and that you might come across as a Child Development Practitioner (CDP) Apprentice.

Acronym (short form)	Long form
ASL	American Sign Language
CF	Cystic Fibrosis
СР	Cerebral Palsy
DD	Developmental Disability
DS	Down Syndrome
FASD	Fetal Alcohol Spectrum Disorder
ODD	Oppositional Defiant Disorder
MD	Muscular Dystrophy
MID	Mild Intellectual Disability
SEA	Special Education Amount
TBI	Traumatic Brain Injury

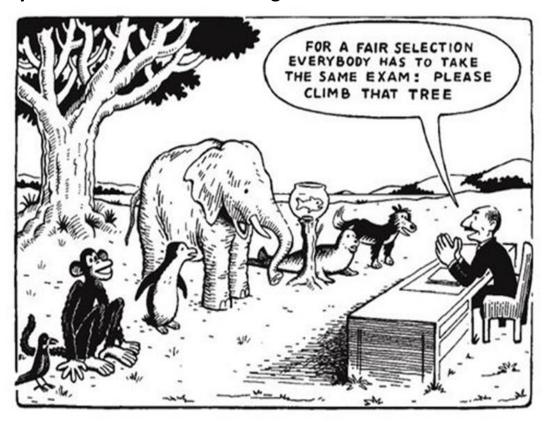
# **Lesson 1: Understanding Learning Styles**

Everyone has a preferred mode of learning: some people learn best by seeing (visual), others by hearing (auditory) and others by touching and moving (kinesthetic). It can be helpful to understand what learning style each child prefers when offering activities.

These three are the main types of learning styles, although more modern teaching and learning theories have split learning preferences into the seven categories shown below.



# **Activity 1: Pre-Lesson Brainstorming**



1. Looking at the	e comic above, y	what do you th	ink this comic is	s trying to
tell us about the	learning proce	ss? Please exp	lain your answe	r.
	0.	·	·	

Tips to help identify children's learning styles:

- Observe what they enjoy doing (types of toys and activities they like).
- Ask them what they liked about the activity and what they found difficult.
- Watch to see what works and what doesn't work when teaching new skills and doing activities.

The theory behind learning styles recognizes that the way we learn best depends on the strengths and interests that we have. A lot of us have two learning styles that we like.

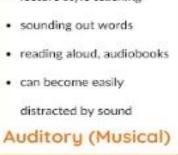
Children will have learning styles from one or more of these categories. Once you get to know their preferred style it will be easier to assist them in daily activities.



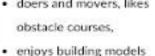
The following infographic shows how to help recognize children's learning styles.











- conducts experiments, does artwork, crafts, projects
- harder time sitting still
   Kinesthetic (Physical)





### All about words, spoken and written

- · writing notes, outlines
- reading about topic,
   researches
- · group discussions
- word games like Scrabble,
   Boggle, or Hangman

Verbal (Linguistic)

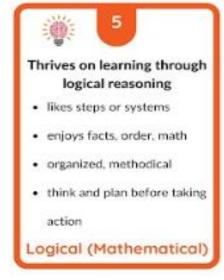








Image Credit: https://pilotparenting.com/7-learning-styles-for-kids-identify-strengths-for-better-learni

The following chart shows ways to help different learning types. Please look it over to see the helpful suggestions it provides.

### Chart was found and copied from the following site:

https://magistersapiens.files.wordpress.com/2013/09/learningchoices-565x800.jpg



# **Activity 2: My Learning Style**

You can learn more about your learning style by answering the questions on this learning self-assessment. Open your browser and type in this web address to complete the assessment or click on the link provided.

# What Is My Learning Style - Learning Style Test 1

http://www.whatismylearningstyle.com/learning-style-test-1.html



1. What was the result of your learning style assessment?				
2. Do you think	this assessm	nent was co	rrect? Why o	r why not?

# **Activity 3: Using What You Have Learned**

Read the examples and use the tables provided to talk about what activities would be best for each child.

about everythi	ng. The childc do you think	are centre is Rosa's learni	doing a themong style is? W	nd loves to sing e day about farm /hat would be a ls?
•	Daniel is learr	ning to print h	nis name. Wha	and look at at do you think aniel to print his

<ol><li>Charlie is 4 years old. He is having trouble learning and remembering</li></ol>
the alphabet. Charlie loves outdoor play time, has trouble sitting still
and likes to play sports and games. What do you think Charlie's
learning style is? What activity would help Charlie learn his alphabet?

## **Person First Language**

Person first language is when we put the person before the disability and we describe what a person has. This language focuses on the person, not the disability. Using this language eliminates labeling and helps to view individuals with respect.

For example, when talking about a child, remember the child is not suffering from or sick with Down Syndrome. The child has Down Syndrome. The child is not a Down kid. The child is an individual with Down Syndrome. This is true of all people who have disabilities. It is something a person has but should not be used as a label to define the child.

Every child is an individual and has their own gifts and personality traits. Autism or Down Syndrome is something that they have but not everything about who they are. A child who has Autism or Down Syndrome can learn, never underestimate that. They may have differences in learning needs and styles, but efforts should always be made to help every child succeed and achieve in a way that works well for them.

# Lesson 2: Autism Spectrum Disorder What is Autism Spectrum Disorder?

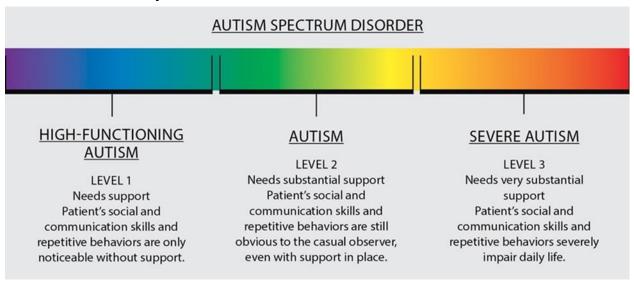


Chart credit: Montana Autism Education Project

Autism Spectrum Disorder (ASD) is a difference in the way a person's brain develops. It influences how an individual learns. Children with Autism may have trouble understanding the world around them and

find social interactions difficult.



# Children with Autism might have trouble:

- talking and learning the meaning of words
- making friends or fitting in
- dealing with changes (like trying new foods, having a substitute teacher, or having toys moved from their normal places)
- communicating with others and making eye contact
- dealing with loud noises, bright lights, certain colours, or crowds

A child with Autism may have a little trouble with these things, or a lot. Some children need only a little bit of help, and others might need a lot of help with learning and doing everyday activities.

Children also might move in an unusual way (like flapping their hands) or do the same thing over and over (like saying the same word or phrase). Children with Autism may have some specific thing that gives them comfort, like collecting clocks or playing with cars. They also may like different textures or pressures.

Sometimes, children with Autism will feel more comfortable hanging upside down, or pressing their palms down on surfaces, or squeezing a stress ball to feel more at ease in a situation. Sensory toys can be helpful.

Children with Autism Spectrum Disorder (ASD) are often good at understanding and working with rules. You can use this strength to help a child develop new skills.

Children with Autism generally respond well to visual cues, photographs and schedules. Social stories can also be very helpful because children with Autism may have trouble making friends.



### What is the DSM and What Does it Stand for?

In some of the readings and videos about the Autism Spectrum you will notice they refer to the DSM Criteria. DSM is the Diagnostic and Statistical Manual of Mental Disorders. It is the handbook used by health care professionals as the guide to diagnose mental disorders. The DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders.

# **How Is Autism Diagnosed?**

There is no medical test for Autism. Doctors check babies and children for signs of Autism at every checkup.

Possible signs of Autism in babies and toddlers may include:

- no smiles or happy expressions
- limited or no eye contact
- not sharing or mimicking vocal sounds
- no response when their name is called (by 12 months)
- no words (by 16 months)

When a doctor thinks a child might have Autism, he or she will work with a team of experts to see if it is Autism or something else. The child will be sent to a specialist for observation where suggestions will be made, and strategies will be considered to help the child.



# **The Spectrum**

There are different conditions of Autism. Children with severe Autism may not speak or may not be good at self-management. Children with higher functioning Autism may be gifted in certain academic areas or have a high IQ. The child's Individual Education Plan (IEP) will have many of these details. Your school staff will also fill you in on the abilities of the child that you are supporting.

Every person is different. We are all individuals. Just because a child has Autism does not mean he/she is the same as every other person with Autism. As you get to know the child you are working with, you will understand what works best for them as an individual.



### **Indicators**

There are many subtypes of autism. Each individual with autism has unique strengths and weaknesses. Autism can be diagnosed as early as 18 months. Some common signs or indicators may suggest that a child is at risk for an Autism Spectrum Disorder.

# Some of these indicators may include:

Age	Indicator
6 Months	Few or no big smiles or other warm, joyful and engaging expressions
O IVIOITLIS	Limited or no eye contact
9 Months	Little or no back-and-forth sharing of sounds, smiles or other facial
3 IVIOIILIIS	expressions
	Little or no babbling
12	<ul> <li>Little or no back-and-forth gestures such as pointing, showing,</li> </ul>
Months	reaching, or waving
	Little or no response to name
16	Very few or no words
Months	Very rew of no words
24	<ul> <li>Very few or no meaningful, two-word phrases</li> </ul>
Months	very rew of no meaningful, two word pinuses
	Loss of previously acquired speech, babbling or social skills
	Avoidance of eye contact
	Persistent preference for solitude
	<ul> <li>Difficulty understanding other people's feelings</li> </ul>
A+ Any	Delayed language development
At Any	Persistent repetition of words or phrases
Age	Resistance to minor changes in routine or surroundings
	Restricted interests
	Repetitive behaviours (flapping, rocking, spinning, etc.)
	<ul> <li>Unusual and intense reactions to sounds, smells, tastes, textures,</li> </ul>
	lights and/or colours

(Retrieved from: https://www.autismspeaks.org/learn-signs on December 10, 2018)



# **Activity 1: Characteristics of Autism**

1. How would you describe a person who has Autism?		
2. What are some of the common characteristics of Autism?		

To learn more, please watch the following video on Autism by typing in this web address:

# https://www.youtube.com/watch?v=RbwRrVw-CRo

Amazing Things Happen - by Alexander Amelines - YouTube



# **Activity 2: Sharing Your Opinion**

1. Do you think this video is helpful in explaining Autism to children?		
Please explain your answer.		
, , , , , , , , , , , , , , , , , , ,		

# **Activity 3: Creating a Poster**

1. Create a poster or brochure for children wanting to learn more about Autism. This might be used for children with friends or classmates who have Autism or for parents within the childcare centre. You can do this on a computer or hand drawn.

Your poster or brochure should:

- Include accurate information
- Have a few diagrams or pictures
- Be colourful and neatly organized
- Have titles or headings to organize the information

The following video may offer useful information for when you are creating your poster.

https://www.youtube.com/watch?v=dUbsyd8Fnyw&t=8s

Fast Facts About Autism For Kids (World Autism Awareness Day) - YouTube



Fast Facts About Autism For Kids (World Autism Awareness Day)

2. Choose two of the twelve facts that you found most interesting in			
the video and explain why.			

# **Lesson 3: Down Syndrome**

Down Syndrome was named for John Langdon Down. He did not have Down Syndrome so there is no 's in the name (no possessive).



Most commonly, a child is

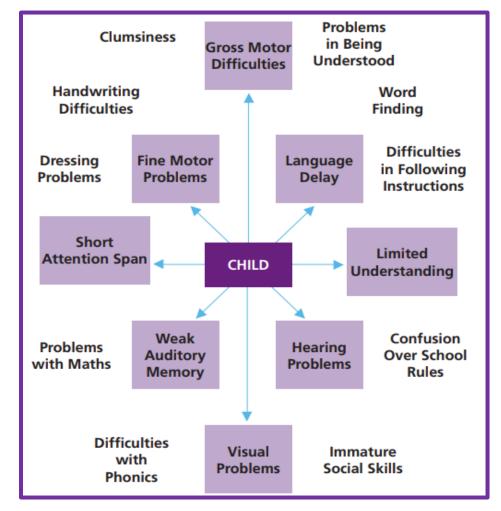
born with Down Syndrome when they are born with an extra 21<sup>st</sup> chromosome. This is also called Trisomy 21 and occurs during cell division in the body.

Down Syndrome can also be caused by a piece of the 21<sup>st</sup> chromosome breaking off during cell division and attaching to another chromosome, most likely chromosome 14.

According to the Canadian Down Syndrome Society it occurs in approximately one in every eight hundred births in Canada.

# Children with Down Syndrome:

- Have strong visual learning skills
- Have the ability to learn and use sign language
- Benefit from the use of visual supports (picture boards)
- Have a strong desire and ability to learn from other children
- Have delayed motor skills (both fine and gross)
- Typically have speech and language delays
- Have poor short term auditory memory



# **How Down Syndrome Can Affect a Childs Learning**

https://downsyndrome.ie/wp-content/uploads/2018/03/Supporting-Children-with-Downsyndrome-in-Primary-School.pdf

Children with Down Syndrome have a big range of abilities. They may need extra time and help with activities and daily routines. As a CDP you need to remember to focus on the individual and assist each child depending on their needs and abilities, keeping in mind any medical concerns the child may have. Encourage children to participate in activities with their peers while supporting them when needed will foster social interactions. Children with Down Syndrome are usually

visual learners. It is usually easier for them to learn from watching others instead of just listening to instructions.

# **Activity 1: Research Down Syndrome**

<ol> <li>Children born with Down Syndrome are likely to have certain defining physical features. Research these features online and list four of them on the lines below. Include the website you used to answer this question.</li> </ol>
2. Looking at the chart "How Down Syndrome Can Affect a Childs Learning" think of 3 activities a child with Down Syndrome may have difficulty with or need extra support with and list them on the lines below.

# **Lesson 4: Fetal Alcohol Spectrum Disorder**

Fetal Alcohol Spectrum Disorder (FASD) is a term applied to anyone affected by alcohol before birth. It is called an umbrella term because it covers many symptoms and issues. Children with FASD may have different results from the exposure and effects can differ widely from one person to another. People with FASD have difficulty with some things because of the damage to their brains. They may act impulsively,

have memory issues, find it difficult to manage their emotions and/or need support with school subjects.

# **How Does a Child Become Diagnosed with FASD?**

To be diagnosed with FASD it must be confirmed that a person was exposed to alcohol before they were born, and the brain of the child must be impacted in at least three of following areas:

- The anatomy of the nervous system
- Motor Skills
- Reasoning and thinking
- Language
- Academic achievement
- Memory
- Attention and focus

- Impulse control and/or hyperactivity
- Social skills and social communication
- Ability to regulate and control emotions
- Executive decision-making abilities



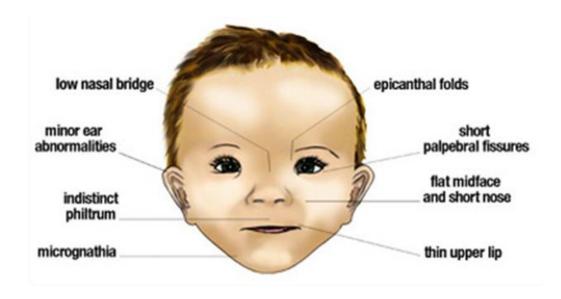
### **How Does a Child Get FASD?**

The only way to get FASD is to have a mother who drinks when she is pregnant. Alcohol causes brain damage in a developing baby. This can happen at any stage. FASD is not genetic (passed on from parent to child). It is caused only by drinking when pregnant. People with FASD cannot be cured. The damage is permanent. They can however be supported and helped throughout their lives.

### **Facial Features of FASD**

There are some possible common features of FASD. Although, some children will not show any or all these symptoms. FASD is sometimes called the invisible injury because it does not show in all children and is confined to the brain and nervous system. With some children however, there are some facial features that can indicate FASD. If someone has one of these facial features, it does not necessarily mean that they are affected by FASD.

- Small head
- Low nasal bridge (part of bridge between the eyes)
- Short eyelid opening
- Flat midface
- Smooth philtrum (groove between mouth and nose)
- Underdeveloped jaw
- Eyelid skin folds
- Thin upper lip
- Short nose



### **How Does FASD Affect Learning?**

In school-aged children, there are numerous ways that Fetal Alcohol Spectrum Disorder might affect a child's ability to learn. Because the symptoms are so different from child to child, a strategy that works for one may not be of any assistance to another.

A child with FASD may have:

- delayed math skills
- difficulty processing information they have heard
- impulse control issues or a short attention span
- clumsiness or lack of athletic ability in gym class due to motor control issues
- problems maintaining friendships or talking to other children
- difficulty remembering information
- more enjoyment playing with younger children or animals than their peers
- difficulty controlling emotions and may respond inappropriately in situations of stress or during challenges
- difficulty following rules, taking turns, being patient, and sharing with others
- issues developing language, and
- trouble respecting the personal space of others

# **Activity 1: Filling in the Blanks**

1. The only way to get FASD is _	
· · · · -	

2. Four possible facial features that children with FASD could have are:		
3. FASD might have an affect on a child's abilities. A child with FASD might have (please name 3 symptoms):		

# **Lesson 5: Oppositional Defiance Disorder (ODD)**

A child who acts out frequently and is prone to having explosive outbursts or tantrums when angry might have Oppositional Defiance Disorder (ODD). Children with ODD may be very challenging and can burst out in disruptive or dangerous behaviour when angry. These children will have a pattern of behaviour that is much more extreme than their peers. Prevention will be an important tool in helping these children daily. As you get to know them and see what situations lead to these reactions.

Children who have ODD have an ongoing pattern of behaviour problems that interfere with the child's day to day functioning.

### Symptoms include:

- Becoming unusually angry and easily annoyed
- Repeatedly losing their temper
- Refusing to follow rules

Some of these behaviours are a normal part of development for two- to three-year-olds. These behaviours become a concern when they become frequent and consistent and begin to stand out when compared with other children of the same age and developmental level.

Dr. Ross Greene wrote a widely regarded novel that was also on the New York Times Bestseller's list. His books are titled "The Explosive Child", "Lost at School", "Lost & Found", and "Raising Human Beings". The "Explosive Child" discussed his Collaborative & Proactive Solutions (CPS), which is an approach to helping children with challenging behaviour. Greene's non-profit organization, Lives in the Balance, is a very helpful site offering advice, resources and videos to assist the explosive child.



https://drrossgreene.com/index.htm

# **Activity 1: Sharing Your Opinion**

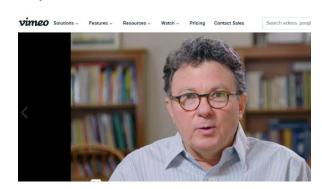
Please watch the following two videos from Dr. Greene that show his approach to helping these children daily.

Consequences:

https://vimeo.com/209413325

Consequences on Vimeo

What to Do During an Explosion: https://vimeo.com/209396869



## What to do in the midst of an explosion on Vimeo

1. In your opinion, does Dr. Greene give good advice for people working with an explosive child? Please explain your answer.

personal opinion	

# **Lesson 6: Cerebral Palsy (CP)**

Cerebral Palsy (CP) is a condition depicted by damage to the brain before, during or after birth. The brain damage can leave a person with a range of disabilities. Although cerebral palsy is often accompanied by other disabilities, it is primarily a motor disorder.

# CP Facts (https://www.cdc.gov/ncbddd/cp/causes.html)

- CP is one of the most common conditions in children
- Approximately 50,000 Canadians have CP
- More boys than girls have CP
- Some risk factors for CP are:
  - Low birth weight
  - Premature birth
  - Multiple births (twins, triplets, etc.)
  - Assisted reproductive technology (ART)
  - Infections during pregnancy
  - Jaundice and kernicterus
  - Medical conditions of the mother (E.g. thyroid problems, intellectual disability, seizures)
  - Birth complications (E.g. detachment of the placenta, uterine rupture, problems with the umbilical cord that disrupt oxygen supply to the baby)



# **Activity 1: Finding Information from a Video**

1. Watch the video "Symptoms of Cerebral Palsy" and discuss the signs of CP you may notice while working as a CDP Practitioner Apprentice.

Symptoms of Cerebral Palsy   Gillette Children's - You	
https://www.youtube.com/watch?v=pm6BnzsqQbQ	Search
	What are the symptoms of cerebral palsy?
	What are the Symptoms of Cerebral Palsy?  ▶ ▶ ◆ 0007.840 × What are the sym. > ● ● ■ ‡ ■ □ ■ ■

# **Lesson 7: Learning Disabilities**

Learning disabilities are brain-based difficulties that have an impact on how a person learns, sees, processes or understands visual and nonvisual information.

Children with learning disabilities may need assistance with learning basic skills such as reading, writing, and math.

People with LDs (learning disabilities) can have above- average skills and thinking abilities. They can be successful.

People with LDs might have different learning needs and require different teaching strategies to learn information.

# **Types of Learning Disabilities and Learning Limitations**

There are many types of learning disabilities and learning limitations that you might see when working as a CDP Apprentice. This next section talks about some of these learning disabilities.

**ADHD** – The initials ADHD stand for Attention Deficit/Hyperactivity Disorder. Individuals with ADHD have trouble maintaining focus and staying on task, may be impulsive, have trouble sitting still or are unable to pay attention. ADHD is considered more of a learning limitation than a learning disability, but research indicates that from 30 to 50 percent of children with ADHD also have a learning disability. This dual diagnosis can make learning very challenging.

**Dyscalculia** – If a child struggles with mathematical formulas, shapes, and spatial awareness, it could be dyscalculia. It is a learning disability that makes it challenging to process math. People with this LD may have trouble understanding math facts, organizing numbers and knowing math symbols. Even basic math skills like counting and telling time can be a challenge.

**Dysgraphia** – Dysgraphia is a learning disability that affects a person's handwriting ability and fine motor skills. Problems may include difficulty with handwriting, not spacing words or putting in too much spacing, difficulty with graphing, as well as difficulty thinking and writing at the same time. It can make the writing process a big challenge for children.



**Dyslexia** — This is a specific learning disability that affects reading. It is one of the most known LDs. It is not always just seeing letters backwards or upside down. It can show up in other ways. The severity can differ in each individual but can affect reading fluency, decoding, reading comprehension, recall, writing, spelling, and sometimes speech. It can exist along with other related disorders. Dyslexia is sometimes referred to as a Language-Based Learning Disability.

Language Processing Disorder – Having difficulty understanding what you hear and expressing what you want to say. A type of Auditory Processing Disorder (APD). While an APD affects the understanding of all sounds coming into the brain (e.g., processing sound in noisy backgrounds or the sequence of sounds or where they come from), a Language Processing Disorder (LPD) is more a difficulty understanding language.

#### **Activity 1: Match the Learning Disabilities to the Symptoms**

Draw a line from the Learning disabilities to the matching symptoms below.

ADHD	Shows difficulty expressing thoughts in verbal form Can describe an object and draw it, but can't think of the word for it
Dysgraphia	Reads slowly and finds it challenging Has trouble with spelling
Dyslexia	Makes impulsive decisions Has trouble sitting still in class
Dyscalculia	Difficulty copying words or letters Missing letters in words or makes large spaces between words
Language Processing	Shows difficulty understanding fractions Is challenged making change and handling money

#### **Activity 2: Interpreting Examples of Learning Disabilities**

Read the following classroom examples and identify which LD the child might have.

**Example 1:** Larissa, is a five-year-old child who often disrupts story time by getting up and moving around. She sits on her knees in her chair and moves around causing distractions during craft time. She gets easily distracted and likes to chat a lot with the children at her table. When it is snack time, Larissa rushes right to the fruit tray without waiting for the other children to have a turn.

Larissa might have

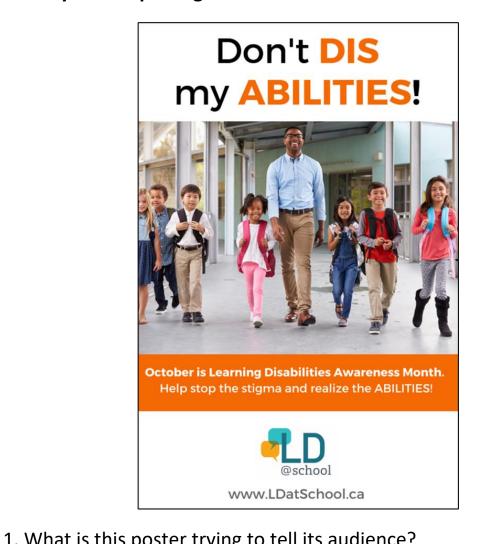
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**Example 2:** Aaliyah uses an abacus to count and is having a very difficult time with patterning exercises. She writes numbers out of order when counting.

Aaliyah might have



# **Activity 3: Interpreting a Poster**



2. What doe	s the word s	tigma mea	n in this po	ster?	

#### **Lesson 8: Assisting Children with Specific Needs**

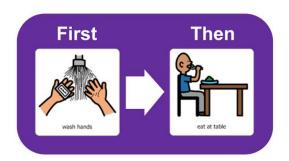
Every child is an individual and there will be both challenges as well as positive skills, interests and abilities present in each child. The goal is to help every child be as independent as possible by supporting their challenges and encouraging their skills. It is important to empower each child whom you support.

There are many tips for assisting a child that has specific needs. Some will work well for most children and others will only apply to some.

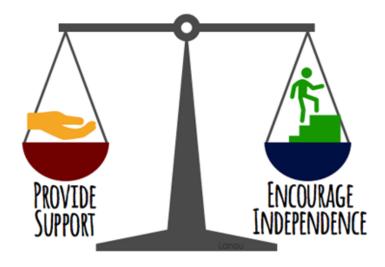
Read the section below for some advice on working with these children.

You can prepare the child for transitions from one class or activity to another. These times can be chaotic and being prepared may limit the feeling of stress or anxiety during this time. Let them know beforehand

the change is coming and use visual aids, if possible, to help make that transition easier. Constant reminders will benefit the child and may help with a child struggling to remember daily details.



You should study the child's developmental level and work with them at that level. Remember to follow the childcare's strategies. It is important to not just assume that each child will be able to do what other children their age can do. Find out what the child likes and use these interests as often as you can to help them learn. Understand that skills and responses might be due to their disorder or medical conditions. These children are not trying to be unfocused or to misbehave on purpose. You can, however, be a positive role model and show the child appropriate behaviours, so that they have a visual, real example of how something should be done.



Keep instructions simple and give them one at a time to help a child with memory issues. Study the child to find out what frustrates or upsets them and work with that child to develop a way to deal well with those frustrations on their own. Give the child a supportive environment where their strengths are recognized, so they can experience success.

# **Using Positive Reinforcement**

A behaviorist named B.F. Skinner created the term Operant Conditioning. Operant Conditioning was the belief that actions that are followed by positive reinforcement will be more likely to happen again in the future, while actions that have negative consequences are less likely to happen as time goes on.



Positive reinforcement means providing something desirable (a reward) immediately following the behaviour to encourage the desired behaviour to happen again.

We see this in many ways in our daily life. For example, the player that gets the winning home run gets lifted above the team's shoulders and cheers from the crowd and their teammates. Most adults go to work, so that they can receive a paycheck.

Positive reinforcement can be helpful when assisting a child with

learning. Children who receive positive reinforcement can develop a desire to work hard, so it's important to reward the behaviour you would like to see happening more.



#### **Examples of Positive Reinforcement to Use with Children**

There are many ways to use positive reinforcement for a behaviour or achievement. There are many rewards that are free or no-cost. The reward does not have to be a toy or a treat.

Here are some ways that you can positively reinforce a child's behaviour:

- Giving a high five
- Offering praise to the child
- Clapping and/or cheering
- Giving the child two thumbs up
- Telling someone else in front of the child about how the child succeeded and how proud you are of them (brag about the child)
- Offering a special activity, like a game or doing something they enjoy



#### **Using Positive Reinforcements**

- Have a list of the behaviour(s) you want to positively reinforce. You should make sure you reinforce that behaviour every time it happens (consistently) in the beginning and then space it out as it becomes more of a habit.
- Give the reinforcement as soon as the behaviour happens.
- Focus on the positive behaviour instead of giving extra attention when the child misbehaves.
- Use praise and positive feedback, be specific about the desired behaviour. "Great job at cleaning up the trucks and cars today, Kimmy."



# **Activity 1: Positive Reinforcements Examples**

<ol> <li>A child at the centre has been learning to put their coat and boots on without help. They have been working on this for a long time and today they were able to do this on their own for both outdoor</li> </ol>
playtimes. What would you do to positively reinforce their accomplishment?

2. A child in the toddler playroom has been throwing the blocks every time he plays in the block area. Today he is building houses and towers with the blocks with another child and has not thrown a block while playing for the last 15 minutes. What would you do to positively reinforce this behaviour?
3. Ted, a child in the pre-school playroom has been pushing the other children when it is time to line up for outdoor play. How can you use positive reinforcement to help this behaviour to stop?

#### **Further Studies**

For further study please see CESBA's CDP Apprentice course, "Learning About Growth Mind Set, Self-Regulation and Behaviours". In this course you will learn more about visual aids and schedules, avoiding power struggles and dealing with behaviours.



Congratulations! You have finished this course.



#### **Answer Guide**

**Lesson 1: Understanding Learning Styles** 

**Activity 1: Making Inferences** 

1. Answers will vary. They should express the idea that every person has different strengths and weaknesses. Learning can be different for everyone.

## **Activity 2: My Learning Style**

- 1.Individual work, resulting in a learning style
- 2. Individual work. There should be a reason why they found the result accurate or not.

### **Activity 3: Using What You Have Learned**

Answers will vary, example answers below

- 1. Rosa is a musical/auditory learner. You could help her learn about farms and farm animals by singing songs about farm animals or making up new songs about them.
- 2. Daniel is a visual learner. Using colourful pictures and posters of the letters in his name to help him learn to print his name. Using colour and arrows for Daniel to follow to make the letters in his name.
- 3. Charlie is a kinesthetic learner. Creating letters on pieces of cardboard that he can hop from letter to letter while he is saying or singing the alphabet would help him learn his letters.

# **Lesson 2: Autism Spectrum Disorder**

# **Activity 1: Characteristics of Autism**

- 1. Answers will vary, learner should share their own description of a person with Autism.
- 2. Common characteristics of autism include have difficulty with social interactions/making friends, talking and learning the meaning of words, dealing with change, making eye contact, and communicating with others, dealing with bright lights, loud noises, and crowds.

#### **Activity 2: Sharing your Opinion**

1. Answers will vary, learner should share their opinion on the video (do they think this video is helpful in explaining Autism) and have an explanation for their opinion.

# **Activity 3: Creating Poster**

1. Learner should have created a poster or a brochure for children or parents that are wanting to learn more about Autism. The poster should include accurate information, have a few diagrams or pictures included, be colourful and neatly organized and have titles or heading to organize the information.

#### **Lesson 3: Down Syndrome**

#### **Activity 2: Research Down Syndrome**

- 1. Learner should have at least four facial features of down syndrome listed. List could include flattened appearance of the face, almond shaped eyes (outside corners of the eyes that point upward), small ears, a short neck, tongue tends to stick out of the mouth.
- 2. Answers will vary. Learner should include 3 activities that a child with Down Syndrome may have difficulty with. For example, instructions given only orally, needing assistance with games that require some gross motor skills, getting ready for outdoor playtime, following rules about waiting their turn, playing with others and sharing.

# **Lesson 4: Fetal Alcohol Spectrum Disorder**

# **Activity 1: Filling in the Blanks**

- 1. The only way to get FASD is to have a mother that drank when she was pregnant.
- 2. Some possible facial features are (learner should have at least 4) Small head, low nasal bridge (part of bridge between the eyes), short eyelid opening, flat midface, smooth philtrum (groove between mouth and nose), underdeveloped jaw, eyelid skin folds, thin upper lip

- 3. Learner should include at least three of the following symptoms:
  - delayed math skills,
  - difficulty processing information he/she has heard,
  - impulse control issues or a short attention span,
  - clumsiness or lack of athletic ability in gym class due to motor control issues,
  - problems maintaining friendships or talking to other children,
  - struggle to remember information,
  - more enjoyment playing with younger children or animals than their peers,
  - difficulty controlling emotions and may respond inappropriately in situations of stress or during challenges,
  - difficulty following rules, taking turns, being patient, and sharing with others,
  - issues developing language, and
  - trouble respecting the personal space of others.

# **Lesson 5: Oppositional Defiance Disorder**

# **Activity 1: Sharing Your Opinion**

1. Answers will vary as this is an opinion question. Learner should give their opinion on the video's and if they think Dr. Greene has good advice when dealing with an explosive child.

# **Lesson 6: Cerebral Palsy (CP)**

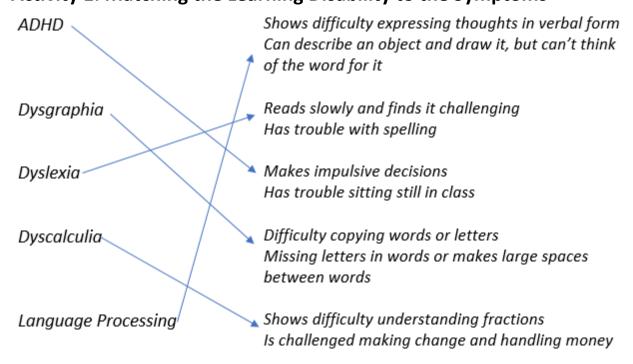
# **Activity 1: Finding Information from a Video**

1. Answers will vary, learner should have discussed the indicators of CP that you may notice while working a CDP Practitioner Apprentice. Answer could include stiff limbs or lower muscle tone, inability to use one side of the body, asymmetry or when one side of the body moves differently than the other side, inability to hold up their head on their

own, difficulty holding and using objects, clumsiness, and frequent falling, loosing previously acquired skills, toe walking, inability to sit on their own.

Lesson 7: Learning Disabilities

Activity 1: Matching the Learning Disability to the Symptoms



# **Activity 2: Interpreting Examples of Learning Disabilities**

- 1. ADHD
- 2. Dyscalculia

# **Activity 3: Interpreting a Poster**

- 1. The poster is telling us that everyone has strengths and abilities.
- 2. The word stigma means seeing something as all bad or wrong. Stigma is the negative attitude that people feel towards a certain person or people. Stereotyping or having a bias. Being uninformed or uneducated about a topic and just basing it on what you feel you know.

# Lesson 8: Assisting Children with Specific Needs Activity 1: Using Positive Reinforcement

- 1. Answers will vary, learner should recommend a positive reinforcer for a child that has learned to put her coat and boots on by herself. This may include praise and telling her how proud you are of her, a special sticker, clapping and cheering for her.
- 2. Answers will vary, learner should recommend a positive reinforcer appropriate for a toddler that is playing with another child appropriately and not throwing the blocks. This could include praise and telling them how much you like his tower. Emphasizing the appropriate behaviour (building wonderful towers with the blocks) rather than praising for 'not throwing'.
- 3. Answers will vary, learner should recommend a positive reinforcer appropriate for a pre-school aged child. For example; setting up a program where he gets a sticker every time he is in line and not pushing, suggestion should be putting emphasizes on the positive behaviour (standing in line quietly).