

	Academic Characteristics	Social and/or Behavioral Characteristics	Physical Characteristics	Possible Strengths
Specific Learning Disabilities	<ul style="list-style-type: none"> • Dyslexia= Difficulty with reading and language-based processing. • Dysgraphia= Difficulty with handwriting and fine motor skills. • Dyscalculia= Difficulty understanding numbers and math facts. • Dyspraxia= Problems with movement, coordination, language and speech. • Non-Verbal Learning Disabilities= Has trouble interpreting non-verbal cues. • Oral/Written Language Disorder and Specific Reading Comprehension Deficit= Affect understanding of what was read or of spoken language. Ability to express one’s self may be impacted. • Almost 1 million children 6-21 have some type of LD and receive special ed in school. • -Individuals with Disabilities Education Act or IDEA classifies specific learning disabilities as having difficulty in one or more of the following areas: Oral expression/ Listening comprehension/Written expression /Basic reading skill / Reading fluency skills /Reading comprehension /Mathematics calculation or problem solving. • Dyspraxia students may have problems with fine motor tasks such as coloring between the lines, puzzles, and/or cutting. 	<ul style="list-style-type: none"> • Children with learning disabilities may be high achievers and taught how to overcome the disability. • With the right help, people with learning disabilities can learn successfully. • 1 in 5 people have a learning disability. • Many times, people with learning disabilities are average or above average intelligence. There may be a gap between potential and actual achievement. • Dyspraxia, may also be sensitive to touch, be distressed by loud noises, may break things, or choose toys that do not require skilled manipulation. • Might stand too close to others when listening. • May have behavioral or discipline issues. • Might have difficulty with story retelling and sequencing. (What happens first, second, third and fourth). • May have a need for immediate gratification. • Difficulty developing meaningful relationships. • May show excessive compulsive behaviors. 	<ul style="list-style-type: none"> • There are no signs that a person has a learning disability. • Learning disabilities are sometimes referred as “hidden disabilities” because the person appears “normal” and “intelligent” yet might lack the skills of someone the same age. • A life long problem. • Non-verbal learning disability, may have poor coordination. • May have coordination difficulties with both sides of the body. • Might be irritated by scratchy, rough, tight or heavy clothing. • May have difficulty with fine motor tasks. • May be prone to ear infections, sensitive to foods, additives, and chemical products. • Loses place when reading. • Hold material closer to them. 	<ul style="list-style-type: none"> • Students with dyslexia often have superior artistic abilities. • One-third of entrepreneurs have dyslexia. • Assistive technology-tape recorders, read-aloud books, or write by talking computer assistance may be useful. • Optimistic behaviors to learn new materials or try new things. • Many people with learning disabilities actually may have a higher than average IQ. • Difficulties in one area, but may excel in other areas. • Tend to focus on a specific area and provide extraordinary results. • Perform well in other subjects • Have great long term memory.

	<ul style="list-style-type: none"> • They have frequent spelling errors of high frequency words. • They can have difficulty composing, complete, grammatical sentences. • May have lower IQ. • Have difficulty controlling eye movements across a page when reading. • Can have difficulty with homonyms and/or regular spelling patters. • 		<ul style="list-style-type: none"> • Do not adjust well, have temper tantrums. • May have facial abnormalities. • May need help performing the tasks of day to day life. • Difficulty remembering things. 	<ul style="list-style-type: none"> • The ability to face problems thoroughly.
<p style="text-align: center;">Emotional Disturbance (aka Behavior Disorders)</p>	<ul style="list-style-type: none"> • Learning difficulties. • Performing below grade level. • Tend to interrupt the flow of the classroom (impacts their and other students learning). • Difficulty staying still or sitting quietly. • Should have space to move around and learn while moving. • Takes up more teacher time than other students. • May side-track other students. • Can get behind in academics from discipline procedures such as being sent out of the class and/or school for suspension. • Might be intimidated by larger classes and may need a quiet area or a break away to regain themselves. • May find it difficult to process new material. 	<ul style="list-style-type: none"> • Types of ED: anxiety disorders, bipolar disorder (manic-depression), conduct disorder, eating disorder, obsessive-compulsive disorder (OCD), and psychotic disorders. • Hyperactivity, short attention span and impulsiveness. • Aggressiveness or self injury. • Withdrawn, not social, or excessive fear or anxiety. • Immature, crying, temper tantrums, and poor coping skills. • Types of anxiety disorders include: generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD), social anxiety disorder (social phobia), and specific phobias. • Behavior with others- have trouble accepting guidance. • Elevated emotions- crying, sitting alone, or hiding eyes/head. 	<ul style="list-style-type: none"> • High levels of hyperactivity. • Difficulty staying still. • Heightened levels of emotions. • Panic attacks. Especially in a crowded or busy room. • May suffer anxiety and cannot seem to relax in social setting and may show heavy breathing, crying, shyness, no eye contact or unable to focus. • Might be violent due to inability to process emotions. • May frequently visit nurse saying they 	<ul style="list-style-type: none"> • Often have superior artistic abilities. • Tendency to have a creative behavior. Bipolar students have scored higher on creative thinking tests. • Can benefit in relationships that are trustful, mutual, respectful, and based on empathy. • Written communication may be helpful

	<ul style="list-style-type: none"> • Allow for personal space, and consider sitting them in the front/back of the classroom for ease of fears. • Create a space the student can use for a body break. May include fidget toys, or just extra room to move around. • Give adequate notice of changes and let the parent also know so they have time to internalize new changes. • Provide work models so the student can have a visual of the assignment. • Create a class contract, so they know what to expect. • Allow the student to run errands so they can move around. • Develop silent signals to keep them focused. • Allow them to use headphones in class. • Can be at risk for dropping out of school. • Can have poor school attendance. • May perform below average. • May exhibit distorted thinking. • Appears pre-occupied when someone is speaking to them. • Speaks out or turn. 	<ul style="list-style-type: none"> • May appear annoyed or frustrated. • Lack or engagement, seem withdrawn or extremely quiet. • May be soft-spoken or not speak at all. • Difficulty with relationships. Might have a hard time with eating, sleeping, and sitting beside someone else. • May suffer from depression. • Behaviorism- creating a structured setting with consistent and predictable rewards. • Develop routines, and tell the student step by step what is going to happen and allow them time to process this. Be ready to address their feelings of disappointment in regards to change. • Use “first and then” technique such as “first we will____, and then we will ____.” • Use rewards such as a high five and praise their effort to keep motivation up. • Low self-esteem. • May express excessive anxiety. • They may experience truancy or other serious violations of rules. • May have a short attention span. • May have few friends. • May affiliate with defiance social groups. 	<p>have a headache, stomachache, or other ailment.</p> <ul style="list-style-type: none"> • May have a “haunted look”, as in Post Traumatic Stress Disorder. • Might perform self-injuries. • Can have extreme eating behaviors (eat too much or too little). • Might have delusions and hallucinations (psychotic disorders) • May have dental problems such as enamel erosions, cavities, and tooth sensitivity. • Weight loss. • May have poor wound healing. • Gastrointestinal complains, acid reflex, cramps). • 	<p>rather than verbally.</p> <ul style="list-style-type: none"> • Capable to bounce back from diversity. • Can do well with a positive supportive environment. • Are honest people. • They are very motivated. • They can emphasize with people. • Have the drive to improve.
	Academic Characteristics	Social and/or Behavioral Characteristics	Physical Characteristics	Possible Strengths

Attention Deficit Hyperactive Disorder (ADHD)

- Difficulty paying attention.
- Does not pay close attention to details.
- Having a hard time staying focused on play or school work.
- Does not follow all of instructions, or finish school work.
- Cannot organize tasks and activities.
- Loses things such as school assignments and books.
- Long lectures are difficult for students with ADHD.
- Might have a hard time with instructions, especially if they are lengthy.
- They may tend to lose assignments.
- May not complete assignments on time.

- Being very active, also know as hyperactivity.
- Impulsivity, or acting before thinking.
- Gets distracted easily.
- Loses personal items such as toys.
- There are three types of ADHD: inattentive type, hyperactive-impulsive type, and combined type.
- Might be too talkative.
- May have trouble playing quietly.
- Can have difficulty with organizing tasks and activities.
- Might appear anxious.
- May have feelings of sadness or depression.
- Might blurt out answers.
- Trouble keeping friends.

- Moves quickly.
- Hyperactive-impulsive type is deemed “always on the go” and too active.
- Other characteristics or hyperactive-impulsive type is fidgety and squirmy, runs around or climbs constantly.
- May be prescribed medications which can have side effects- raised blood pressure, insomnia, reduced appetite, stomach pain, and headaches.
- There might be noticeable fluctuations of weight.
- May run or jump at awkward times.

- Energetic- A seemingly endless amounts of energy.
- Spontaneous- Being open to try new things.
- Creativity and inventive.
- Hyper focused- The ability to focus on a task without noticing the world around them.
- Usually social.
- Can benefit from talking too much.
- May be good at sports.
- They can excel at pushing past setbacks.

Other Health Impairments & Orthopedic Impairments

- When a child is home-bound, the school may arrange for an instructor to bring assignments from school and help the student complete the assignments.
- Children with OHI may have periodic absences from school, sometimes lengthy.
- During times of hospitalization, the hospital may review the child's IEP and modify it. After discharge the hospital may share a summary of the child's progress with the school.
- Amputations and fractures can effect attendance and make it harder to keep up academically.
- May not be able to participate in gym class due to type of impartment.
- Special seating arrangements may be needed for students who need assistance with posture and mobility.
- May need to have access to an elevator.
- May need help to access technology such as specialized desk, canes, crutches, communication or speech software.
- May need special travel to and from school.
- Other school accommodations may include: note taking assistance, larger tables, extended time to complete assignments, and communication devices.
- Specialized software may include: alternative keyboards and mice, augmentative and alternative communication devices, screen

- Impairments with brain trauma may lead to difficulties with sensory and cognitive issues.
- People with impairments may get tired more quickly than those without disabilities.
- Might feel isolated.
- May have a negative body image.
- Can display feelings of fear, worry, anxiety, anger, and guilt.
- Might have low-self esteem.
- Can feel a sense of loss of control.
- **May experience sudden, involuntary, rapid movement.**
- **May experience social isolation because of restrictions of normal activities.**
- **May experience vocal outburst such as spontaneous utterance of taboo words or phrases.**

- Orthopedic impairments include bone, joint, or muscle related disabilities.
- Causes of orthopedic impairment ranges from genetics to disorders such as cerebral palsy.
- Orthopedic impairment involve using hands, arms, and legs.
- Neuromotor impairments include spinal cord damage.
- A physical therapist may assist with gross motor skills, occupational therapist with fine motor skills, and speech language pathologist with speech and language difficulties.
- Intellectual capabilities- Two children may have the same diagnosis, but different physical and intellectual capabilities.
- Those with orthopedic impairments might not have a learning,

- Might be the same level academically with their peers.
- May have a positive attitude.
- May be self-motivated.
- Can use interests to help with anxiety/worries.
- May use their support system to thrive academically even with hospitalization or missed classes.
- **Can be energetic.**

	reading software, and word prediction software.		language, perceptual or sensory problem. <ul style="list-style-type: none"> • May have muscle weakness or limited mobility. • Poor balance. • May not have complete control over balance. 	
	Academic Characteristics	Social and/or Behavioral Characteristics	Physical Characteristics	Possible Strengths
Autism Spectrum Disorder (High-functioning)	<ul style="list-style-type: none"> • Have a hard time understanding abstract concepts. • Some with a more advanced language skills talk about a limited range of topics. • There are 5 types of disorders within the Autism Spectrum: Autism, Asperger syndrome, Rett syndrome, childhood disintegrative disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS). • Very punctual. • Strong adherence to rules. • Capable of alternative problem solving. • Students with ASD learn better when information is presented both visually and verbally. • Capable of logical thinking. 	<ul style="list-style-type: none"> • Difficulty adjusting to changes in routine or familiar surroundings. • Playing with toys or objects in unusual ways. • Difficulty relating to things, events, and other people. • Communication problems. • May not talk, or might use language where phrases or conversations are repeated. • Limited social skills. • Exceptionally honest and reliable. • Might arrange toys in a line or other objects. • May play with toys in the same way each time they use them. • May have repetition body language or behaviors. • May not want to be comforted by others during times of distress. • Might not like physical contact. 	<ul style="list-style-type: none"> • Repetitive body movements or behaviors. • Repetitive play. • Unusual and sometimes uncontrollable reactions to sensory including loud noises, bright lights, and textures of foods or fabrics. • Wider eyes and broader upper face. • Shorter middle regions of the face (including nose and cheeks) • Wider mouth and philtrum. 	<ul style="list-style-type: none"> • Hyperlexia, or learning to read at a very early age. • Memorizing and learning information quickly. • Think and learn in a visual way. • Thinking logically. • May excel in areas such as science, engineering, and mathematics. • Can remember facts for a long time. (Have extraordinary memory) • Being detail orientated and precise.

	<ul style="list-style-type: none"> • Works well with routines. • May have difficulty understanding facial expressions, body language, and tone of voice. • May have difficulty generalizing learned skills from one setting to another. • 	<ul style="list-style-type: none"> • Prefers to play alone. • Might avoid eye contact with other people. • May have a monotone voice. • May not understand sarcasm. 	<ul style="list-style-type: none"> • Hand flapping, rocking. • Might have an awkward gait. • Might display tactile stimming: Rub or scratch hands or objects., repetitive hand movements such as opening and closing fists, and tapping fingers repeatedly. • Hair tuffs. • Walks without swinging arms freely. • Walks on their toes. • Irregular sleep patterns. 	<ul style="list-style-type: none"> • A drive for perfection. • Having a great sense of direction. • Capability for alternate problem solving. • They are dependable in regards to schedule and routines. • They are precise and detailed oriented.
<p style="text-align: center;">Communication Disorders (Speech and Language Impairments)</p>	<ul style="list-style-type: none"> • Students with Social (Pragmatic) Communication Disorder may have a harder time with grasping rules of conversation, or understanding nonliteral meanings. • Many children with communication disorders are able to speak in school but have trouble with communication. • Might use inappropriate grammatical patterns. • May have reduced vocabulary. • Academic achievement may be lower than expected. • May use frequent word substitutions in reading and writing. 	<ul style="list-style-type: none"> • May not speak at all, limit word choice or his/her age, and have trouble grasping simple directions or name objects. • School-aged children usually have problems with understanding and making words. • Teenagers may have trouble with understanding or expressing abstract ideas. • Parents should be aware of child mile stone ages and recognize any communication difficulties. • Might be withdrawn. • Might have behavioral issues for example fighting/arguing. • Difficulty concentrating. 	<ul style="list-style-type: none"> • The DSM-5 categories: Language Disorder, Speech Sound Disorder, Childhood-Onset Fluency Disorder (Stuttering), Social (Pragmatic) Communication Disorder, and Unspecified Communication Disorder. • Language Disorder-difficulties in the acquisition and use of language across 	<ul style="list-style-type: none"> • Perseverance • Can be hard-working. • Determined to overcome speech impairments. • Might benefit from Assistive technology. • Might benefit from visual cues. • Can be quite adapting.

	<ul style="list-style-type: none"> • Difficulty with understanding or expressing abstract ideas. • Can hesitate or refuse to participate in activities where speaking is required. • Difficulty with following ideas. • Difficulty with understanding information with that is seen, heard, and/or felt. • May have difficulty with concepts of time, space, quantity, size and measurements. • May use word substitutions in reading and writing. 	<ul style="list-style-type: none"> • Hard time with carrying on a conversation. • Difficulty in expressing ideas. • Complications with the way sounds are formed such as articulation or phonological disorders. • May have improper use of words and their meanings. • Voice quality problems. • Difficulty with speech due to silent blocks, syllables, and repetition of words. • Difficulty with inhalation, exhalation, or phonation patterns in speech. • Resistance to interact with other children. • Difficulty negotiating on rules for games. • May be inattentive or appear frustrated. • Will most likely not initiate conversations. • May not be able to give clear directions. • They may use gestures when talking or in place of talking. 	<p>modalities. Inability to form sentences, and limited capacity to use language.</p> <ul style="list-style-type: none"> • Childhood-Onset Fluency Disorder (Stuttering) is defined as a disruption of the flow of speech and includes repetition of speech sounds, hesitation before/during speaking and/or prolongations of speech sounds. • Language Disorder may include: Social (Pragmatic) • Communication Disorder, in the use of verbal and nonverbal communication in social settings. • Causes of communication disorders may include problem in brain development, exposure to toxins during pregnancy(drugs), genetic problems. • May have frequent allergy problems or colds. 	
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			<ul style="list-style-type: none"> • May have a breathy or nasally voice. 	
<p style="text-align: center;"><u>Mild</u> Intellectual Disability</p>	<ul style="list-style-type: none"> • MID students usually function about 2-4 years below grade average. • Speech development, memory, and attention span are lower than average. • Often need lesson modifications, and may need instruction in special education classroom. • Figurative language such as metaphors, similes, idiomatic expressions, may be confusing. • Teachers should help these students build self-esteem with a positive environment and encouraging environment. • Speaking slowly, repetition, and asking the student if they understands helps ID students with learning new material. 	<ul style="list-style-type: none"> • Slower to learn new skills and concepts. • With the assistance of a supportive educational system are able to be independent adults. • About 1 percent of the population are intellectually disabled. With 85 percent being mild and being diagnosed MID. • The average is 100, but 70-75 for intellectually disabled. • May exhibit delays in social development. • Might be unable to understand non-verbal cues. • Other might perceive them as emotionally immature. • Often show obsessive-compulsive behaviors, and need frequent reminds about appropriate conduct. • Struggle with abstract concepts. 	<ul style="list-style-type: none"> • May need help with day to day tasks, and deemed as disorganized, clumsy and forgetful. • May miss certain mile stones in development such as sitting, crawling, or walking later than other children. • No major physical differences between MID and non-MID individuals. • May have almond shaped eyes that slant up. • May have small ears. 	<ul style="list-style-type: none"> • Instead of looking at the individuals IQ, look for personal strengths. • Often music, nature, images.. • Examples of strengths in ID include: Down's Syndrome, sense of humor, upbeat/ William Syndrome, musical abilities/ Fragile X, excellent memory, imitation skills/ Willi-Prader Syndrome, desire to work with children, babies, animals, and enjoy reading, jigsaws and work

	<ul style="list-style-type: none"> • Establish clear easy to understand rules, and consequences for breaking rules. • Do not call ID students in front of the class, but use one-to-one discussions instead. • May exhibit disruptive behavior. Teachers should use a behavior contract and have them sign it. • They can have difficulty with working memory tasks. 	<ul style="list-style-type: none"> • Often struggle with confidence and self-worth. • Have trouble with following rules and routines. • Can be easily distracted. • Lack of curiosity. 	<ul style="list-style-type: none"> • They may have a short neck. 	<p>searches/ Fetal Alcohol Syndrome, instruments, computers, woodworking and artistic.</p> <ul style="list-style-type: none"> • Can be active and sociable. • Likable/charming. • Ability to learn basic life skills. • They can be helpful or charitable.
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Disability-Specific Characteristic Matrix

Sources:

Specific Learning Disabilities:

- <https://ldaamerica.org/types-of-learning-disabilities/>

Emotional Disturbance:

- <https://www.accreditedschoolsonline.org/resources/student-behavioral-disorder-support/>

Attention Deficit Hyperactive Disorder (ADHD):

- <https://www.additudemag.com/slideshows/benefits-of-adhd-to-love/#:~:text=%E2%80%9CSpontaneity%2C%20outside%2Dthe%2D,a%20bump%20in%20the%20road.>
- <https://www.healthline.com/health/adhd/benefits-of-adhd#personality-strengths>

Other Health Impairments & Orthopedic Impairments

- <https://www.verywellfamily.com/what-is-orthopedic-impairment-2162506>
- <https://www.brighthubeducation.com/special-ed-physical-disabilities/71266-common-classroom-modifications-for-students-with-orthopedic-impairments/>

Communication Disorders:

- <https://www.psychologytoday.com/us/conditions/communication-disorders>
- <https://www.stlouischildrens.org/conditions-treatments/communication-disorders>

Autism Spectrum Disorder:

- <https://www.altogetherautism.org.nz/strengths-and-abilities-in-autism/>
- <https://www.cbsnews.com/news/children-with-autism-have-distinct-facial-features-study/>

Mild Intellectual Disability

- <https://prezi.com/2rhwgm3czrv8/strengths-of-students-with-intellectual-disabilities/>
- <https://www.educationcorner.com/mild-intellectual-disability.html>
- <https://www.healthline.com/health/mental-retardation>
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All:

- <http://www.ascd.org/publications/educational-leadership/oct12/vol70/num02/First,-Discover-Their-Strengths.aspx>
- <https://prntexas.org/disabilities/>