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ACKNOWLEDGEMENT

This guide was produced by the Additional Learning Support Team at Weymouth College. Chesterfield College has revised the wording to remove references to all procedures, staff, Directorates or documents that relate to Weymouth College, and replaced them with referenced to Chesterfield College. We would like to thank them for allowing reproduction of this information.

We would encourage all comments and thoughts on these guidelines to be discussed or debated among learning support staff via the SpirALS ALS Web Forum. All SpirALS users have automatic and free membership so please contact us for a login and password.

INTRODUCTION

This guide has been produced for all staff so they might better understand and manage students' diverse requirements and individual learning plans. It is not intended that this Guide will form a definitive document on all the varied difficulties learners may experience. However it will offer an insight for lecturing and learner support staff on how personal needs may be met.

It must always be remembered that every learner is an individual and that each will present quite different strengths and difficulties. They do not fit into neat boxes. The information within this guide therefore, is simply for reference. If you are aware of the difficulties a learner may be experiencing please take care not to 'confront' them with this information. Contact either their personal tutor or appropriate personnel within the Additional Learning Support Team on how best to approach a situation.

Information has been collated from many sources, including from members of Weymouth College staff. Acknowledgements are noted at the end of this document.

This Guide will be updated annually to ensure that all information is current and accurate.

FIRST AIDERS

Some students and staff with medical conditions described here, such as diabetes and epilepsy, may require First Aid assistance on occasions. Please ensure you know where your college up-to-date list of First Aiders can be found. Students who require specific action in case of an emergency, and have agreed that this information be shared, will have their individual requirements agreed and made known to the First Aiders.

EQUALITY AND DIVERSITY

All colleges should have an Equality and Diversity Statement and Equality and Diversity policies and action plans (or similar). These should also be summarised in the form of a student leaflet. The Learning and Skills Council requires each College Governing Body to review the Statement, policies and action plans each year and this gives ALS teams the opportunity to monitor and review provision. Colleges should also produce information describing the facilities available to support all learners, and this information should be easily available to all learners.

EQUALITY AND DIVERSITY INFORMATION

Colleges should be committed to promoting the practice of fairness and to eliminating inequality based on the grounds of age, culture, disability, ethnicity, family responsibility, gender, learning needs, marital status, nationality, religious beliefs, sexual orientation, trade union activity, unrelated criminal convictions or other irrelevant criteria. Similarly colleges should aim to recognise and value the contribution made by each individual to our learning environment.

All colleges should strive to ensure that all staff and learners, whether existing or potential, receive fair treatment when making application; and in terms of their retention, achievements and employability, not least in relation to under-represented groups within the community.

College policies should be updated on an annual basis to ensure continuing conformity with current legislation.

DISABILITY DISCRIMINATION ACT 2002 PART 4 (SENDA)

This act has an effect throughout every section of a College; basic knowledge of its requirements must be readily available to every single member of staff.

The essence of the new act is that a college has a legal duty not to discriminate against a student because of a disability they may have, unless such actions can be "justified".

Colleges are required to make "reasonable" adjustments for disabled students currently attending, those who may be in the process of applying and for those who may become students in the future. In other words colleges need to be proactive rather than reactive.

Key points to remember about DDA include:

- "Disabled" under the Act includes those with Learning Difficulties (at all levels), Dyslexia, Mental Health problems, Behavioural difficulties such as Asperger's, medical conditions such as ME and Diabetes as well as physical /mobility and sensory impairments. A very wide category.
- "Reasonable adjustments" include adjustments to rules, policies, procedures, publications, teaching styles, assessment, location etc. (financial restraints can be taken into account).
- The Act will not mean colleges cannot reject/discipline students with disabilities if they do not meet the skills/qualification criteria/behaviours needed for successful participation on a course. It does mean, however, that if this happens decisions must be justified, with procedures and paperwork to back them up.
- Teaching styles, approaches and assessment methods will need to take into account requirements of present and possible future students' disabilities e.g. learning styles, materials made available electronically, innovative teaching/assessment approaches etc.
- Students must be strongly encouraged and enabled (e.g. by providing accessible material documents and information etc.) to declare any disability they may have. **If any member of the college staff (whether part-time, full-time or franchised) is informed about a student's disability, the college as a whole is deemed to have been informed. It is very important that all staff know how to pass on/refer this knowledge (with the student's consent).** If in doubt please contact a member of the Learning Support team.
- **N.B** If a student declares a disability to one member of staff (e.g. personal tutor) but is determined that that information is not to be disseminated, their wish must be respected but it should be explained to the student that the college might not be able to meet all their needs if the information is not passed on.
- It is very important that all members of staff and students are informed of the implications of the Act and on disability equality in general.

FURTHER INFORMATION AND INTERNET SITES:

- Disability Rights Commission www.drc-qb.org Helpline 0845 762 2633
- http://www.lsc.gov.uk/documents_list.cfm?categoryid=40
- A basic presentation on the Act can be found on: <http://www.lsc.gov.uk/news-docs/1>
- Information about the Commission for Racial Equality, including complaints, offices and R.E.C.s. Chief Officer: Mr Kevin McKenzie. DORSET REC. 43 Oxford Road. Bournemouth. Dorset. www.cre.gov.uk/about/recs.html
- www.natfhe.org.uk
- www.legislation.hmso.gov.uk
- www.dti.gov.uk/er/equality

LEARNERS WITH ADDITIONAL NEEDS

There are many reasons why a student may have additional needs:

Medical	such as asthma, hay fever, eczema, diabetes, epilepsy, arthritis, illnesses requiring constant medical care + possible periods in hospital
Sensory	hearing or sight impairment (not correctable by spectacles), colour blindness
Congenital conditions	such as cerebral palsy, spina bifida, scoliosis etc
Loss of limb(s)	whether congenital or as a result of an accident
Learning difficulties	specific learning difficulties (dyslexia); general moderate learning difficulties
Emotional and behavioural	hyperactivity, trauma/shock, mental illness etc

Many of these are permanent conditions. In the majority of cases the student knows exactly what support requirements s/he needs in order to cope and be successful.

Other conditions requiring support may be of a more temporary nature: e.g. broken leg, hay fever, pregnancy, bereavement, etc. In some cases, the appropriate support may be via their Personal Tutor, Student Counsellor, or the Student Support Network.

CONFIDENTIALITY

All colleges should have a confidentiality policy. Students have the right to request that the existence of a disability be kept confidential and for agreed information to be passed on only to those they choose. If a disability is disclosed on a student's application form this should initiate an appointment with the learning support team who should draw up an Individual Support Plan (ISP) and an agreement of what information should be passed on and to whom within the college and/or the LSC.

In every instance, the student has a right to expect appropriate support and sensitivity. Support obviously varies according to individual need.

Students who require specific action in case of an emergency, and have agreed that this information be shared, will have their individual requirements agreed and made known to appropriate staff, in line with the college confidentiality policy.

Information from ALS documents can also be held on SpirALS and accessed through the administrator(s) for the ALS team, as agreed with the student.

EXAMINATION PROVISION

Some students with additional needs may be eligible for special arrangements in their examinations. Application is sought from the awarding bodies. Examples are:

- A reader
- An amanuensis so students can dictate their answers to a scribe
- Use of word processor (without a spell-check)
- Additional time for oral examinations (e.g. if student has speech difficulties)
- Extra time for written examinations (e.g. if student has an Educational Psychologist's diagnosis of dyslexia/specific learning difficulties or medical report)
- Rest periods (e.g. if a student has an arthritic condition)
- Enlarged examination papers for students with visual impairments
- Use of a Communicator for deaf students
- Provision of a separate room for candidates who need this

LEARNERS WITH DYSLEXIA/SPECIFIC LEARNING DIFFICULTIES/SpLD

The British Dyslexia Association definition states:

SpLD/dyslexia is best described as a combination of abilities and difficulties that affect the learning process in one or more of reading, spelling and writing. Accompanying weaknesses may be identified in areas of speed of processing, short-term memory, sequencing and organisation, auditory and/or visual perception, spoken language and motor skills. It is particularly related to mastering and using written language, which may include alphabetic, numeric and musical notation. Some SpLD/dyslexic students have outstanding creative skills. Others have strong oral skills. They all have strengths. SpLD/dyslexia can occur despite normal intellectual ability and teaching. It is independent of socio-economic or language background (The Dyslexia Handbook 2002, p67).

LIKELY CHARACTERISTICS/DIFFICULTIES OF A DYSLEXIC STUDENT:

N.B. not all dyslexic students are the same; each individual may present a different combination of "symptoms" from the following range:

- Discrepancy between general abilities and language skills
 - Language skills not learnt subliminally - e.g. spelling not "caught" by reading.
- Variation in performance - good day/bad day
- Difficulty generalising and applying new rules
- Poor short term memory
 - Difficulty holding large chunks of auditory information long enough to process it into long-term memory - so following lectures can be difficult.
 - Difficulty retaining information read - so may need to read same thing several times, resulting in slower reading.
 - Difficulty remembering facts, new terminology.
 - May misplace items, forget names/telephone numbers, instructions.
 - Difficulty with rote learning of tables, number facts, procedural sequences.
- Short concentration span
- Difficulty in taking part in discussion
 - It takes longer to process information.
 - May lack general knowledge due to lack of reading ability.
 - May experience difficulty in feeding back information due to the inability to structure and remember information.
- Co-ordination difficulties
- Poor organisational skills
 - May have difficulty remembering and managing time, organising coursework and materials - so may miss classes and deadlines.
- Poor sequencing skills
 - Difficulty structuring essays. May repeat information.
 - Difficulty with alphabet order, months of year, seasons, tables, lists of instructions.
- Reading
 - Will require anything that needs to be read aloud in advance e.g. scripts etc.
 - Because of retention problems may read more slowly.
 - May also have difficulty tracking text due to moving/glaring print - may lose place.
 - Difficulty decoding unfamiliar words.
 - Difficulty with comprehension and therefore summarising.
 - Difficulty translating worded problems into numerical tasks.
 - May reverse numbers read from calculator.
- Writing
 - Poor spelling, grammar, punctuation and handwriting.
 - Word finding problems can interrupt flow of ideas.

- Simultaneous handling of sequential expression of ideas, word retrieval, grammar, spelling and typing/handwriting difficult.
- Written work may not adequately reflect understanding and ideas.
- Copying from board/OHP difficult.
- May not be able to read own notes afterwards.
- May reverse letters and numbers.
- Pronunciation/articulation and word retrieval difficulties.
- Low confidence/self esteem; frustration; anxiety; embarrassment.
- Tiredness - need to concentrate more.

LIKELY STRENGTHS:

Dyslexic students are likely to be better at the skills in which the right hemisphere of the brain is dominant and think in a holistic rather than a linear way. This is likely to be reflected in the following:

- Strong conceptual abilities.
- Visual-spatial skills.
- Ability to see patterns and relationships.
- Creative ability.
- Lateral thinking.
- Good oral communication.
- Practical skills.

HOW YOU CAN HELP

- Be supportive, positive and encouraging.
 - Acknowledge that they may approach learning tasks in a different way.
 - Encourage them to take charge of their own learning: offer a variety of methods and approaches for them to select or discover which works best for them; stress self-checking and give opportunities for self assessment; encourage attendance at study skills workshops.
 - Provide opportunities for discussion of difficulties with student.
 - If you suspect that a student might be dyslexic, suggest they contact the Learning Support Team for advice.
 - Advise on most crucial "core" text on reading list. Pick out other texts which give a thorough grounding of the area covered, then subsequent texts, which can be related to the main theme. Also suggest a more "basic" text to help the student build up a framework.
 - Provide subject word lists.
 - Encourage use of technology: facilitate use of tape recorder/electronic note taker in lectures. (recorder needs to be near lecturer).
 - Obtain feedback on readability of OHTs/handouts and quality of lecture.
- Adopt a structured, multi-sensory teaching style (Useful for all students!)
 - Present material in a structured way.
 - Provide a clear, concise framework - give an overview of the topic at the beginning of areas that you will cover and aims.
 - Present information in small chunks - break down processes into steps, with opportunity for feedback to check understanding and develop language skills.
 - Present material in different ways - from particular examples to general concepts and from general concepts to particular examples.
 - Build in repetition and reinforcement - when introducing new concepts, give concrete examples; explain points in different ways; before moving on to a new topic, sum up what you've covered so far; encourage questions; stress importance of practice.
 - Present information in a visual form - design a "mind map" or "pattern plan" to give an overview of a topic/identify links; draw a flow chart to illustrate a process; show a video clip in which a process can be observed/discussed.
 - Encourage students to make their own meaningful connections to what they are learning.
 - Suggest memory tricks.

- When introducing new subject specific vocabulary give a brief definition and examples.
 - Speak directly to the class and avoid ambiguous language.
 - Minimise the amount of information to be transcribed during a lecture - use handouts.
 - Limit information on OHTs to key points - elaborate on separate handouts.
 - Use board for illustration/elaboration, not note taking - give notes on separate handouts.
 - For handouts, don't put too much information on one sheet. Don't justify right hand margins - this leads to uneven spaces between words and makes the text hard to follow.
 - Make handouts/OHTs available in advance - on coloured paper (check preferred colour with student - blue print on off white to yellow background is a good starting point) - or in electronic form (floppy disk, website).
 - Provide concrete tasks: e.g. cloze type exercise to complete/check in class; paired/small group activities.
 - Avoid activities like written group work that could embarrass the student.
 - Minimise background noise.
- Written assignments
 - Word essay questions, project instructions clearly and concisely - avoid unnecessarily long words and irrelevant text.
 - When marking an assignment, first read through fast, looking for ideas, knowledge and understanding and ignoring use of English - look beyond the poor language skills to the holistic thinking patterns beneath.
 - Provide positive and constructive feedback.
 - Comment on good points and explain why some work is good.
 - If you only mark material and use of ideas, make it clear to the student that you've done so; otherwise he/she might assume there are no errors.
 - If marking English, give careful, explicit and easy to follow explanations, with examples of correct usage. Don't correct everything - take up to 5 types of recurrent errors.
 - Suggest spelling tips (mnemonics, common letter string, words within words)

N.B.

Learners with SpLD may be entitled to exam or assessment concessions such as extra time, reader/writer etc. To negotiate with exam boards, it is essential that learners be referred as soon as possible, preferably during the autumn term to allow for assessments and reports.

Learners seeking concessions must agree to take up the opportunity of support at College because Dyslexia is a condition that will not magically disappear. It is important that we enable development of strategies that work for them in adult life. They may be entitled to additional support funding for their course.

Learners with SpLD going on to Higher Education may be entitled to additional support and/or equipment grants from their LEA.

USEFUL CONTACTS:

- Artificial Relevance have produced Iinstines, a computer based dyslexia-screening programme. You can obtain a demo from Flat 3, 133 Torrington Park, London N12 9AN, also read-e which is a dyslexia friendly web browser at www.read-e.com Tel: 07906 260258 Website: www.artificialrelevance.com. Email: info@artificial-relevance.com
- British Dyslexia Association 98 London Road, READING, RG1 5AU Tel: 0118 966 8271 Information for parents, employers, teachers. Their website talks and can change colour. Website: www.bda-dyslexia.org.uk Email: admin@bda-dyslexia.demon.co.uk Fax: 0118 935 1927
- CReSTeD (Council for the Registration of Schools Teaching Dyslexic Pupils) Tel/Fax: 01242 604852 Greygarth, Littleworth, Winchcombe, Chelt., Glos GL54 5BT holds a list of schools which have met certain criteria for dyslexia-friendly education www.crested.org.uk
- Dyslexia Inspirations PO Box 243, SWANSEA, SA3 1YA Tel: 01792 390625 Activities and downloadable info for parents and teachers, produced by teachers. Work packs to order. Website: www.dyslexia-inspirations.com

- Dyslexia Institute Park House, Wick Road, Egham, Surrey TW20 0HH Tel: 01784 222300 Educational charity for assessment and teaching of dyslexic people; training of specialist teachers. Website: www.dyslexia-inst.org.uk/ Email: info@dyslexia-inst.org.uk

INTERNET SITES: ...

- www.brightstarlearning.com A programme enabling dyslexics to catch up their full potential
- www.dyslexia-net.co.uk is an Internet forum for students with dyslexia. www.dyslexic.com a website for info and products together with www.iANSYST.co.uk a training centre
- www.penfriend.biz/ a CD for computers, helping people write faster, more accurately and with less effort
- www.s-a-i-d.com is an Internet site for parents
- www.tintavision.com enabling Access to Text with Asfedic tuning to discover the correct computer colours for individuals.

LEARNERS WITH DYSPRAXIA

These notes are intended as a basic guide to the difficulties likely to be experienced by students with dyspraxia and to the possible ways in which tutors and lecturers can help to minimise the impact of such difficulties on their studies. Further information can be obtained from the sources listed at the end of the notes.

The specific learning support needs of any individual student should be set out in their Learning Support Plan. If these differ or change from those originally outlined, please refer the student back to the Learning Support Team.

LIKELY DIFFICULTIES OF A DYSPRAXIC STUDENT:

Dyspraxia is an immaturity of the brain resulting in messages not being properly transmitted to the body. It results in impairment of the organisation of movement, often accompanied by problems with language, perception and thought. Typical difficulties might be:

- Clumsiness
 - Poor awareness of the space around and poor perception of heights and distances. May sit and walk awkwardly and bump into/trip over things.
- Poor co-ordination
 - Difficulty with throwing, catching, balancing - dancing and sport a problem.
- Laterality difficulties
 - May find it hard to tell right from left without a reminder. May have difficulty handling keyboards, tools, cars, laboratory and cooking equipment safely.
- Language
 - May find it hard to pronounce some words. May stutter.
 - May find it difficult to express themselves easily.
- Handwriting
 - Tend to write laboriously slowly and/or untidily and illegibly. Accurate copying can be difficult.
- Concentration
 - May take a long time to complete a task and find it hard to do more than one thing at a time.
- Short term memory and sequencing
 - May find it hard to make sense of information in written or auditory form.
 - Note taking from lectures and books can prove difficult.
 - May not follow instructions.
 - May keep forgetting/losing things.
 - May have spelling difficulties.
- Organisation and thought
 - Little sense of direction, time or weight.
 - Difficulty organising themselves and their work - may constantly miss appointments and deadlines.
- Oversensitivity to noise, touch, light and taste.
- Social interaction
 - Difficulty relating to others, especially in groups.
 - Difficulty interpreting social cues.
 - May have low self esteem and emotional problems resulting from their difficulties - easily depressed, angry, frustrated and anxious.
 - Exams and new projects can be particularly stressful.

HOW YOU CAN HELP:

- Get to know your student's particular needs in advance.
- Be prepared to meet the student before the course starts to discuss needs.
- Be understanding, encouraging and supportive.
- Be patient with clumsy behaviour/stuttering. Set a good role model and respond immediately to incidents of bullying or harassment.
- Present material in structured, holistic way.
- Explain at beginning of lecture what the structure/main points will be. Provide written outline if possible.
- Break processes down into smaller, logical steps.

- Support and reinforce spoken information with handouts and visual aids - diagrams, models, concrete examples. Use OHTs, board illustrations, videos etc.
- Provide subject word lists, glossaries of terms and acronyms.
- Provide handouts in advance if requested.
- Invite feedback to check understanding.
- Ask questions that don't need a very lengthy or detailed response.
- Suggest strategies to compensate for poor memory and organisational skills - e.g. mnemonics, flow charts, mind maps, work timetables.
- Refer the student to appropriate study skills workshops to assist with the above.
- Refer to appropriate workshops on stress management and relaxation techniques.
- Give clear, precise instructions about class arrangements, assignment requirements
- Accept submission of assignments by email.
- Allow use of tape recorders.
- Make sure equipment can be used safely - secure where possible to avoid knocking over/spillage.
- Keep background noise to a minimum.

USEFUL CONTACTS:

- The Dyspraxia Foundation 8 West Alley, HITCHIN, Herts SG5 1EG Tel: 01462 454986 Support and information for individuals, families and professionals affected by dyspraxia. Handwriting Interest Group 5 River Meadow, Hemingford Abbots, HUNTINGDON, Cambs PE28 9AY. National body, which aims to raise standards of handwriting in schools and support children with handwriting difficulties. Email: admin.HIG@virgin.net Website: www.handwritinginterestgroup.org.uk
- Anything Left Handed Ltd 18 Avenue Road, Belmont, Surrey SM2 6JD Tel: 020 8770 3722 All staff are left-handed, they produce a range of 200 items. Have a fact sheet on handwriting for left-handed children. Web: www.anythingleft-handed.co.uk
- British Dyslexia Association 98 London Road, READING, RG1 5AU Tel: 0118 966 8271 Dyslexia Institute Park House, Wick Road, Egham, Surrey TW20 0HH Tel: 01784 222300 The Foundation for Conductive Education Tel: 0121 449 1569 Cannon Hill House, Russell Road, Moseley, Birmingham B13 8RD A registered charity for children and adults with motor disorders. It strongly challenges present ways of understanding and providing for disabilities. Website: www.conductive-education.org.uk

INTERNET SITES:

- The Dyspraxia Foundation site is at - www.dyspraxiafoundation.org.uk/ - a very helpful site.
- www-unix.oit.umass.edu/~velleman/cas.html is a US paper on apraxia - verbal Dyspraxia and has a link to www.apraxia.org
- Childhood Apraxia of Speech Assoc. <http://matts.hideout.users.btopenworld.com/>
- A brilliant website, aimed at other kids, set up and run by a 13 year old boy who has dyspraxia. <http://homepage.ntlworld.com/dorothy.mcgregor/dyspraxia/index.htm>

LEARNERS WITH UNSEEN MEDICAL CONDITIONS

These notes are intended as a basic guide to the difficulties likely to be experienced by students with a hidden disability and to the possible ways in which tutors and lecturers can help to minimise the impact of such difficulties on their studies. Further information can be obtained from the sources listed at the end of the notes.

The specific learning support needs of any individual student should be set out in their Learning Support Plan. If these differ or change from those originally outlined, please refer the student back to the Learning Support Team.

LIKELY DIFFICULTIES

Students may have a long term or permanent medical condition which can impact on their studies, e.g. epilepsy, diabetes, ME, hay fever, haemophilia, sickle cell anaemia, cystic fibrosis, asthma, anorexia, heart and other chronic conditions.

The effects will vary with different conditions and with individual students.

Health may fluctuate between periods of stability and crises or setbacks caused by the condition itself, or brought on by some incident or stress.

Difficulties may include:

- Stress caused by new situations/pressure
 - This can affect concentration, motivation and performance.
- Condition may be affected by the physical environment
 - e.g. asthma by dust, smoke, damp.
 - epilepsy by flashing/flickering lights and certain patterns or VDU screens.
 - This can directly affect ability to participate in the learning activity.
- Recurrent or long term absences due to sickness
 - Classes may be missed completely.
 - An epileptic student may have short "absences" in class - this may give the impression s/he is not listening, or daydreaming. S/He may miss several (random) parts of a sentence or talk and, if key points are missed, find the session confusing. Some students might physically "wander".
- Stamina may be affected
 - Student may tire easily - note taking in lectures may prove difficult, attendance and punctuality may be affected and workloads may take longer to complete.
 - This in turn and the fear of missed deadlines can cause more stress - a vicious circle.
 - Student may be unable to easily access library and other study facilities.
- Practical arrangements
 - Students may need to eat or take medication at specific times.
 - Medication may mean the student needs to drink more/go to the cloakroom more frequently.
- Mobility
 - The condition may affect the student's ability to manage stairs, or they may take longer to get from one place to another.
- Because the condition is unseen, fellow students may not treat the student sympathetically.
- Safety could be compromised
 - A major seizure can cause an epileptic student to lose consciousness and fall to the floor. In certain circumstances, e.g. in laboratory sessions, this could be a problem but (if disclosed) should have been considered before the student was accepted onto the course.

HOW YOU CAN HELP

- Find out about the particular requirements of any student.
 - If the student prior to starting has disclosed the condition, you will receive a summary of their needs from the Learning Support Team.
 - If the condition is disclosed to you during the course, advise the student to contact the Learning Support Team and liaise with them to clarify the way forward.

- Discuss with the student directly what you can do to help - including action needed in a medical emergency, or during an epileptic seizure.
- If appropriate, e.g. if other students show intolerance, discuss with student whether they want others to be made aware of their condition.
- Be understanding, patient, encouraging and supportive.
- Be tolerant of late arrival/toilet stops/drinking or eating in class.
- Provide reading list and time table before course starts.
- Reinforce/supplement spoken information with written handouts.
- Provide lecture notes/handouts/OHTs in advance if requested.
- Provide subject word lists, glossaries of terms and acronyms.
- Allow use of tape recorders.
- Encourage student to plan an even workload, building in allowance for delays/interruptions. Reinforce/supplement spoken information with written handouts.
- Be flexible about deadlines and allow email submission of assignments.
- Structure lectures carefully, building in variety to avoid over-tiring.
- Summarise regularly and check for understanding.
- Provide opportunities for questions/clarifications.
- In the case of timetable/room changes or staff absence, notify student early in day if possible by email, text message or telephone.

USEFUL INFORMATION:

- Information can be sought from the Contact a Family Directory on Specific Conditions, Rare Disorders and UK Family Support Groups. The organisation can be contacted direct on 0808 808 3555 or on www.cafamily.org.uk

LEARNERS WITH ASTHMA

In asthma the breathing tubes narrow and so it becomes a great effort to breathe. Narrowing of the breathing tubes happens under all sorts of circumstances. Sometimes the response is triggered simply by breathing cold air, laughing or running; sometimes it is an unusual sensitivity to something in the environment such as pollen grains, animal fur etc or simply a cold, which goes on the chest.

SYMPTOMS

- Cough
- Chest tightness
- Wheezing
- Shortness of breath

HOW YOU CAN HELP

An asthma attack can be very alarming, both for the student and for others present.

- Call a First Aider
- Stay calm and reassure the person
- Make sure any medicines are taken (e.g. inhalers)
- Listen to the asthmatic's wishes: s/he will usually know best
- Sit the person upright or leaning slightly forward
- Encourage the person to slow down their breathing rate

INTERNET SITES

- The UK's independent asthma charity with asthma news, information, treatment and research. www.asthma.org.uk
- Medinfo's patient information on asthma. www.medinfo.co.uk/conditions/asthma.html
- Guide to asthma, a condition that affects 5.1 million people in the UK. ... you can find information such as what asthma is, the causes, treatment available and how to manage asthma. www.bbc.co.uk/health/asthma
- Occupational and work related asthma health and safety advice from the Health and Safety Executive. www.hse.gov.uk/asthma

LEARNERS WITH EPILEPSY

Epilepsy is not an illness or a disease. It is a tendency of the brain to produce a spasm, seizure or fit if something triggers it. Seizures or fits happen when the neurones in the brain suffer a temporary malfunction. For someone to have epilepsy, they must have experienced repeated seizures or fits over a period of time: a single episode does not warrant the term epilepsy. There are an estimated 440,000 people with epilepsy in the UK. Anyone can develop it regardless of age, race or sex, but onset is usually before the age of 20 or after 65

Self-help: People with epilepsy can reduce risks to keep their seizures to a minimum, by:

- making sure they get enough sleep
- drinking alcohol moderately
- avoiding emotional upsets
- avoiding trigger stimuli such as strobe lights
- taking all medication strictly as directed

Photosensitive Epilepsy

is relatively rare and only affects about 3% of people with the condition. Photosensitive epilepsy responds well to medication.

Seizures:

There are two types of seizures: generalised or partial:

- i. **Generalised seizures:** the whole of the brain is involved and consciousness is lost. Seizures may be major convulsions with limb jerking and unconsciousness, the body going stiff or floppy together with unconsciousness, or limb jerking and momentary lapses of consciousness. Breathing may be noisy and irregular, and some people may suffer incontinence.
- ii. **Partial seizures:** here the disturbance in brain activity starts in or involves one part of the brain. Seizures are very individual but the seizure type will depend on which area of the brain is involved. There are three types of partial seizure: Simple, complex and secondary generalised.
 - In simple partial seizures consciousness is not impaired. The seizure may be confined to either rhythmical twitching of one limb, unusual tastes or sensations such as pins and needles in parts of the body.
 - In complex partial seizures consciousness is affected and the person may have no memory of the seizure. The seizures may involve a change in awareness as well as automatic movements such as fiddling with clothes or objects, mumbling, chewing, or wandering about and general confusion.
 - Secondary generalised seizures occur when a simple or complex partial seizure develops to encompass the whole brain. The result is a convulsive seizure, loss of consciousness and confusion afterwards.

Students and Epilepsy:

In the main, epilepsy should not cause problems either for the individual or for his/her peers and lecturer. As with many problems, good communication is essential. Lecturers should be willing to listen and learn about the individual's particular form of the condition. Detailed knowledge about the frequency and type of seizures, any triggers, etc, are necessary so that as normal a life at College as possible can be achieved.

WHAT TO DO DURING A SEIZURE:

Seizures may look worrying, but the thing to remember is that the person having the seizure is not aware of what is happening, and is not in pain. Most seizures do not require medical intervention. At the start of an attack, it is not uncommon for breathing to stop temporarily and the person turn blue until breathing restarts. This is normal. Once started, you should not try to stop an attack, and remember -

- Reduce embarrassment to everyone: limit the number of people standing around; once any convulsions have ended and if the person has been incontinent, deal with it quietly, privately and matter-of-factly; be as reassuring and normal as possible afterwards.
- Do not try to stop the convulsive movements.
- Do not attempt to put anything in the person's mouth: they will not swallow their tongue.
- If possible, make them comfortable by putting something soft under their head.

- Do not try to move them unless they are in danger, such as a road.
- Once any convulsions have stopped, put the person into the recovery position.
- Check breathing and airways. If breathing is irregular or absent, check the mouth for obstacles.
- Make a note of the type and length of the seizure - the person or their family may wish to know.

Attacks, which do not involve convulsions and loss of consciousness, can vary tremendously: be prepared. You may need to stay with the person as a calm and sympathetic presence; if they wander around you may need to help them keep clear of obvious dangers such as stairs. Confusion often follows such a seizure and may be present for some time. Allow them to recover in their own time without undue interference: they may react in an apparently unfriendly way if constantly spoken to.

WHEN TO CALL FOR MEDICAL HELP:

- If the person has hurt themselves during the seizure.
- They cannot breathe following an attack.
- A seizure is followed quickly by one or more further seizures.
- The seizure lasts for more than five minutes and the usual length of this person's seizures is unknown.
- The seizure lasts for longer than you know is usual.

SUDDEN UNEXPECTED DEATH IN EPILEPSY (SUDEP)

Cases of death apparently resulting from epilepsy rather than other factors are being researched. These are usually referred to as Sudden Unexpected Death in Epilepsy, or SUDEP. It is thought that there are around 500 cases a year in the UK when someone with epilepsy dies unexpectedly and for no apparent reason. Those most at risk seem to be 20-40 year olds.

USEFUL CONTACTS:

- Epilepsy Action (formerly The British Epilepsy Association) Tel: 0113 210 8800 New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY. Free helpline: 0808 800 5050. Everything you need to know about epilepsy for sufferers including teenagers, parents, and carers. Web: www.epilepsy.org.uk Email: helpline@epilepsy.org.uk
- NCYPE The National Centre for Young People with Epilepsy Tel: 01342 832243 St Piers Lane, Lingfield, Surrey RH7 6PW Website: www.ncype.org.uk Run a National Assessment Centre, on-site Resource Centre, St Piers School up to 16 and a FE College.
- The National Society for Epilepsy Tel: 01494 601300 Chesham Lane, Chalfont St Peter, Bucks SL9 0R Helpline: 01494 601400 Information, support, respite care, rehabilitation and long term residential care. They produce an award winning info pack for people covering all aspects of epilepsy and learning difficulties. Web: www.epilepsynse.org.uk/
- www.epilepsyawareness.co.uk provide tailor-made training courses for a variety of authorities and organisations. Reading: Contact the above for their reading

LEARNERS WITH DIABETES

You will be informed if there are any students in your class who are diabetic, providing the student has agreed that this information can be passed on. Usually, the condition will be effectively managed by medication and a healthy diet. It is important for diabetics to eat at regular times.

There may be special requirements e.g. that the student must leave the classroom at 12noon to self-administer medication - whatever the circumstance this must be allowed.

If you feel that s/he is behaving oddly and you suspect that they are starting to go into a diabetic crisis, call a first aider.

There are 2 sorts of diabetic crisis:

Hyperglycaemia (high blood sugar - slow onset)	Hypoglycaemia (low blood sugar - rapid onset)
<p>CAUSED BY: insufficient insulin in blood eating too much carbohydrate emotional stress infections or fever less exercise than usual</p> <p>SYMPTOMS: increased thirst + passing a lot of urine acetone smell on breath weakness, stomach pain, general aches nausea + vomiting heavy, laboured breathing</p> <p>ACTION: Call First Aider</p>	<p>CAUSED BY: too much insulin in blood not eating enough food stress or hot weather delayed meal an unusual amount of exercise</p> <p>SYMPTOMS: sweating, faintness, pallor headaches, blurred vision tingling of lips pounding heart hunger sleepiness lack of concentration personality change slurred speech concussion</p> <p>ACTION: Give sugar/sugary food (Often carried by diabetic for such occasions) Call First Aider</p>

INTERNET SITES:

- Diabetes UK is the leading charity working for people with diabetes. We fund research, campaign and help people. www.diabetes.org.uk
- Diabetes.co.uk your one stop resource for diabetes, diabetics, diabetes research, diabetes education and advocacy for people with diabetes, discussion groups, information on children with diabetes. www.diabetes.co.uk

LEARNERS WITH CYSTIC FIBROSIS

Cystic fibrosis is an inherited condition. Although there have recently been considerable advances in experimental gene therapy and clinical trials of new drugs to treat the condition, for many individuals the ultimate hope is for a heart and/or lung transplant.

The main symptoms you will notice are persistent coughing and wheezing. The condition causes the lungs to become clogged by abnormally thick sticky mucus - this can lead to fatal infections. The mucus may also obstruct the pancreas, preventing enzymes from reaching the intestines to digest food. When cystic fibrosis affects the digestive system, the body does not absorb enough nutrients, so the individual may need to eat an enriched diet and take both replacement vitamins and enzymes.

By the time they come to college, students with cystic fibrosis will have become used to administering self-physiotherapy: i.e. to expel mucus from the lungs. They will need access to the First Aid room to do this.

Please be aware that students with cystic fibrosis have a very serious medical condition and that they will have periods of absence in hospital or at home for treatment.

HOW YOU CAN HELP:

- Allow the student to go to the First Aid room as required.
- Help the student plan and organise their work around hospital visits, whether outpatient appointments or for longer stays. Consider, for example, whether you can load your lesson notes / handouts / assignments onto a disk for the student to work on at home. Laptops may be able to be provided for their use. You may need to view the student partly as a "distance learning" student and consider self-access study materials.
- Be aware that the student may tire easily and may be subject to side effects from new medication being trialled.
- Encourage the student to make use of support available.

INTERNET SITES:

- .For the latest news and press info on Cystic Fibrosis go to News and Info ... and general help to those affected by Cystic Fibrosis. www.cftrust.org.uk
- European Cystic Fibrosis Society (ECFS). www.ecfsoc.org

LEARNERS WITH AUTISM

People with autism exhibit, to a greater or lesser degree, a Triad of Impairment, which is the defining characteristic of autism

1. Communication: Language impairment across all modes of communication: speech, intonation, gesture, facial expression and other body language. •
2. Imagination: Rigidity and inflexibility of thought process: resistance to change, obsessional and ritualistic behaviour. •
3. Socialisation: Difficulties with social relationships, poor social timing, lack of social empathy, rejection of normal body contact, inappropriate eye contact. (Dr Lorna Wing)

LIKELY DIFFICULTIES

- Language and communication:
 - People with autism have difficulty understanding the meaning of words or the intention of the speaker, and are not able to interpret gestures, intonation, facial expressions or body language.
- Inflexibility of thought and imagination:
 - People with autism have difficulty manipulating thoughts in an imaginative way. They may become unduly upset by any changes in their known pattern of life or routine. They may have a tendency towards repetitive actions within a restrictive range, such as body rocking, hand or arm flapping.
- Lack of social skills:
 - People with autism have little or no understanding of normal social interaction. They do not automatically make relationships and have difficulty understanding that other people have feelings, thoughts, and intentions. They display inappropriate emotional reactions such as laughing at the wrong time, etc.
- People with autism have a different view of what is important. Their perceptions are different.

It is important to note that the word is different. It is not necessarily wrong or a lesser way of being. We should always respect the right of the person with autism to be themselves. However, the world in general does not share their view of life. If people are to have any chance of taking part in our world they must learn to understand it and make sense of it as best they can. Autism is a very individual disorder. The manifestations are diverse and all of the problems can be found in relation to other disorders. It is the 'Triad of Impairment' that is the common feature to all people with autism. It is also important to remember that people with autism are not immune to other illnesses or disabilities. It is tempting to attribute every difficulty experienced to the autism but it may be due to deafness, depression or even just the normal behaviour. People with autism find listening and giving attention to the spoken word very difficult.

HOW YOU CAN HELP:

- Make it easier by
 - i. keeping unnecessary 'chat' to a minimum.
 - ii. speaking clearly and calmly,
 - iii. ensuring you have their attention before speaking.
 - iv. allowing lots of time for them to make sense of what you have said.
 - v. being aware that people with autism may be extra sensitive to sounds, light, touch, tastes and smells.
 - vi. being aware that they may dislike 'scratchy' materials next to their skin (i.e. wool).
 - vii. being aware that they may find sudden loud noises or bright lights very upsetting.
 - viii. understanding that their daily environment should be autism-friendly - secure so that they cannot wander into unsafe areas.
 - ix. being aware that it is visually helpful as to what is in or behind cupboards, drawers, doors etc.

As well as being hypersensitive to some stimuli, people with autism may have very high pain thresholds, so any 'accident' should be carefully checked.

USEFUL CONTACTS:

- The National Autistic Society can help with local support groups, publications and advice; they run their own schools and have a diagnostic centre Helpline: 0845 070 400 www.nas.org.uk
- Resources for Autism, affiliated to the NAS Tel: 0208 458 3259 Autism Independent UK 199-205 Blandford Ave, Kettering, Northants. NN16 9AT Tel: 01536 523274 Website: www.autismuk.com

INTERNET SITES:

- www.asperger.org/ is the site of ASC-US Inc (formerly ASPEN), an American organisation for people with autistic spectrum disorders (ASD).
- www.autism-awareness.org.uk a site run by The Disabilities Trust. It has news, events, a message board and publications.
- www.autismmedical.com is the site for Allergy Induced Autism.
- www.autism.org/contents.html is the Center for the Study of Autism site. Many links, and sites for siblings.
- www.autism-smile.co.uk a home-based therapeutic play approach enhances communication skills, language development, and imaginative play and helps children interact more effectively.
- www.autismuk.com website of Autism Independent UK, clearly laid out with much information.
- www.autisticsociety.org a UK site for parents, families, professionals with a wide range of information from news, education, law, therapies, statistics, personal stories and much more.
- www.mugsy.org website of The NAS (Surrey Branch). This is an excellent site with lots of up to date information, news, and resources wherever you are in the country.
- www.udel.edu/bkirby/asperger/ this is a very informative and full American site, run by OASIS (On-Line Asperger Syndrome Information and Support). It covers autism as well as AS.
- www.users.dircon.co.uk/~cns/ is a site for Students with autism & AS.

LEARNERS WITH ASPERGER SYNDROME

Asperger Syndrome is a disorder on the autism spectrum that causes restrictions to normal functioning in communication, in socialisation, in imagination - the ability to behave and think with any level of flexibility, and, often, in physical co-ordination. It affects boys and girls, but affects boys in significantly higher numbers.

People with autism exhibit, to a greater or lesser degree, a Triad of Impairment, which is the defining characteristic of autism: •

1. Communication: Concrete understanding of language and formal, monologue type use of speech and a distinct difficulty in interpreting non-verbal forms of communication. •
2. Imagination: Rigidity and inflexibility of thought process: resistance to change, obsessional and stereotyped behaviour. •
3. Social interaction: Difficulties with social relationships, poor social timing, lack of social empathy, rejection of normal body contact, inappropriate eye contact. (Dr Lorna Wing).

Like many autism spectrum disorders, Asperger Syndrome is a very individual syndrome. There will be wide variations in the physical and mental symptoms, in the degree of difficulties it presents, and in any early signs that were noted. The presence of other disorders (see below) may confuse the issue. In brief - • People with AS are sometimes described as having:

- mild autism
 - but this is misleading and can undervalue the significance of the diagnosis. There is nothing mild about the impact of AS. The effects are considerable and permeate almost every aspect of life or
- High Functioning Autism, but the two are usually diagnosed as separate conditions. •

AS people are usually of average intelligence and above, who have good verbal skills. Anxiety features significantly in the lives of those affected. Often the anxiety is related to low self-esteem, fear of failure; fear of being misunderstood and of not understanding others. There is also the anxiety associated with an awareness of being different and not fitting in. People with AS can be very egotistical and chauvinistic, and create impossibly high standards for themselves in all that they do.

Asperger Syndrome is known to coexist with other syndromes, such as:

- Attention Deficit / Hyperactive Disorder (ADHD)- a condition giving rise to inattention and impulsivity, often combined with extreme levels of motor activity.
- Dyspraxia - a problem with gross and/or fine motor skills.
- Obsessive-Compulsive Disorder - when ritualistic actions such as constant hand washing, etc, have to be performed sometimes many hundreds of times a day before the sufferer can move on.
- Speech and Language problems (e.g. SPD - Semantic Pragmatic Disorder) - lack of understanding idioms, inability to use appropriate speech in appropriate places and a tendency to take everything literally.
- Anxieties and phobias - people with AS are often nervous and anxious of any change in their lives; they can also be unnaturally afraid of quite ordinary things.
- Depression - people with AS can become depressed about their lack of a social life, their inability to function independently, if they feel rejected by potential friends or employers.

LIKELY DIFFICULTIES:

- Rigid, inflexible thinking
 - Understands and thinks in a more logical way - tends to like maths and computing, where there are clear cut right/wrong answers and effects are more predictable. May remember facts but not remember doing something.
 - May have obsessions, which interfere with learning - e.g. rigid rules and routines.
 - Difficulty coping with change. New projects/exam times can be especially difficult.
 - Distress at lack of information may cause increase in coping mechanisms such as repetitive behaviours (muttering, other verbal habits), panic, incessant questioning. Lack of theory of mind - possible misunderstandings because may not realise other people don't now what they know. E.g. may not ask for an extension because automatically assumes tutor knows his grandmother died over the weekend.
- People with AS do not like change. They like 'sameness'.

- May have an overriding, all pervasive single interest - could be the course.
- Problems with motivation
 - If the course is their single interest, but they are not interested in some aspects of the course, they may not apply themselves to those aspects.
 - May be focused on the present and find it hard to be motivated by the future.
- Lack of comprehension
 - Takes language literally. May be confused by certain terms (e.g. get off my back, pull your weight) and respond in a way that seems cheeky, ignorant or rude.
- Non verbal communication problems
 - e.g. blank facial expressions, limited eye contact.
 - Inability to pick up on non verbal cues - lack of understanding of sarcasm or irony, people's moods and feelings.
- Problems with social relationships
 - Difficulty making and keeping friends. In group situations may behave in ways that seem "odd" to others. May come across as arrogant, bossy or rude.
 - Difficulty understanding or communicating feelings.
 - May be unable to predict or understand behaviour of others, so may ask lots of questions that seem obvious or unnecessary.
 - Problems empathising with others: may say things that distress without seeing themselves as responsible; in group work may not naturally consider other people's wishes or needs.
 - Good verbal skills mask a tendency to rely on literal meaning and an inability to read body language and facial expressions.
 - People with AS make better efforts to adapt socially than do those with autism. They have a genuine desire to make social contact. They are often social chameleons, blend in.
- Language peculiarities
 - e.g. overly dull speech, speaking in a monotone, hypercorrect use of grammar and vocabulary (although perhaps used in inappropriate situations and without real comprehension).
- Clumsiness
 - Poor physical and visual-motor skills and clumsiness are seen as characteristics of AS.

HOW YOU CAN HELP:

- Get to know your student's particular needs in advance.
- Be prepared to meet the student before the course starts to discuss needs.
- Provide clear, detailed information (oral and written) about structure of course, practical arrangements, assessment requirements and deadlines.
- Be consistent in approach and keep variations to a minimum
 - If a change (e.g. in timetable, room, lecturer) is inevitable give clear, specific information as far ahead as possible.
- Give explicit instructions and make intentions explicitly clear.
- Be patient, encouraging and supportive.
 - Guide gently and respectfully back on task if necessary.
 - If praising, say exactly what is right or appreciated and why.
 - Respond immediately to bullying/harassment by others.
 - Help them to understand the needs of others - tell them confidentially in clear, simple terms if what they say upsets someone; in group work make clear exactly what is required of them; mediate to resolve disputes in calm, logical way.
- Discuss with the student whether he wants other students to be made aware of his condition.
- Set concrete, realistic goals to assist motivation
 - e.g. "If you want to become an engineer you must complete all parts of the course, even the essays."
- Present material in a structured way
 - If broken into small steps, show how these come together as a whole.
- Use clear, unambiguous language (spoken and written)

- Avoid or explain metaphors, irony etc and interpret what others say.
- Provide subject word lists, glossaries of terms and acronyms

USEFUL CONTACTS:

- The National Autistic Society can help with local support groups, information on Asperger Syndrome, advice, events and links. Helpline: 0845 070 4004
- Resources for Autism affiliated to the NAS Tel: 0208 458 3259 Autism Independent UK Tel: 01536 523274 Care Training provides training around the UK for teachers, carers, parents Tel: 01424 439691.

INTERNET SITES:

- www.udel.edu/bkirby/asperger/ a very informative and full American site, run by OASIS (On-Line Asperger Syndrome Information and Support). It covers autism as well as AS, and has many papers and links to other AS sites, some specifically for teachers.
- www.asperger-syndrome.com/ a site written by Ben, a 25-year-old man in London. Very good articles - including one written for younger children.
- www.autism.org/contents.html home of the Center for the Study of Autism; many links including siblings.
- www.faaas.org/ is a site for families of adults with AS.
- Dr Tony Attwood's pages are a mine of good information and articles: www.tonyattwood.com
- www.users.dircon.co.uk/~cns/ for University Students with Autism and AS

LEARNERS WITH SEMANTIC PRAGMATIC DISORDER

Semantic Pragmatic Disorder (semantic = the relationship between words or sentences and their meanings; pragmatic = making language work in context) is a communication disorder. It is believed that people with SPD are unable to process all the given information from certain situations. The disorder relates in some way to autism because children with SPD have difficulties in the same three areas called 'The Triad': socialising, language, and imagination.

Semantic Pragmatic Disorder SPD is often described as the 'outer spectrum of Autism', but all people with features of autism will have semantic and pragmatic difficulties with language. Those with SPD may also behave very differently at home from at college, and parents'/carers' concerns should always be taken seriously.

At every moment we are automatically (subconsciously) absorbing information, processing and analysing it, discarding what is irrelevant and storing what is important or salient. We use this to build up a bank or memory of words and meanings, like time and feeling words, which have no visual reference. When we speak to someone we use our past experiences to predict their moves, their intentions and their wants and we imagine what might happen next.

People who have difficulties with this form of processing will have problems with understanding what is appropriate to say. They may appear too rude or outspoken, and not be aware when the other person has 'had enough' - they will talk at length on topics, and are often genuinely surprised when they find not everyone is so enthusiastic! People with SPD will cope with straightforward instructions, but may have difficulties in responding to "What have you been doing today?" as it is not explicit enough. Those with SPD will relate best to sensitive people but need a helping hand with peer relationships.

Those with a semantic pragmatic communication disorder may show some of the following features (but not all!):

- Sound very adult
- Fluent speaker, but on their terms
- Difficulties giving specific information on one event
- No appropriate eye contact / facial expression exchange
- Problems with abstract concepts (next week; guess)
- Do not ask for help
- Do not look for peer friendships
- Can appear rude, arrogant, gauche
- Can embarrass others
- Reads well - but with little understanding
- Over-active or too passive
- Follow rules, expect others to
- Loner, or over-friendly
- Bad at team events and games
- Dislike of crowds
- Food fads
- Bad at social events (school breaks, parties)
- Some motor skills problems (writing, drawing, bike riding, dressing, football)
- Over-sensitive to some noises or tastes
- Easily distracted in a busy environment

HOW YOU CAN HELP:

- Support learning through practical hands-on tasks
- Use a quiet, orderly working environment - with visual clues
- Predictability to reduce their anxieties - i.e. turn-taking and changes in routine clearly signaled
- Small work groups, good role models, special small communication group activities
- Simple instructions spoken slowly - do not bombard with questions or non-specific orders
- Time to reply when asked a question, but replying for them - on occasions - can help understanding
- Help with socialising - specific games, role-play

- Clear rules on how to behave using concrete language they can understand
- Constant positive reminders supported by visual / written information
- Everything written down - i.e. clear timetable, instructions, message for mother
- A diary between home and school - on a daily basis if possible - with regular information on topic work to facilitate pre-tutoring and shared information
- Constant encouragement and praise
- Try to respond to intentions, not what is actually said, as this may not make sense
- Explain sarcasm, metaphors, jokes, when you use them
- Employ 'mapping' technique
- Double check understanding by asking what is expected
- Utilise special 'interests' rather than ignoring or banning them
- Always allow observation of others first
- Teach the meanings of useful idiomatic expressions and appropriate language.

USEFUL CONTACTS:

- Communications Forum Camelford House, 87-89 Albert Embankment, SE1 7TP. 0207 582 9200 A registered charity set up in 1994 to bring together the organisations concerned with the needs of people with speech and language impairments. Website: www.communicationsforum.org.uk .
- I CAN , 4 Dyers Building, Holborn, London EC1N 2QP Website: www.ican.org.uk 0845 225 4071 Advice, support, special schools, information for parents and professionals.
- Royal College of Speech and Language Therapists Website: www.rcslt.org/ 0207 378 1200 White Hart Yard, London, SE1 1NX. Ring them for availability of local speech therapy.

INTERNET SITES:

- The Surrey NAS website is excellent for autistic spectrum disorders: use their search facility and you will find many good links - www.mugsy.org
- www.talkingpoint.org.uk/ covers many areas including information, support and education. Developed by I CAN, RCSLT and Afasic.

LEARNERS WITH OBSESSIVE COMPULSIVE DISORDER

Obsessive Compulsive Disorder is a fairly common, treatable, neuropsychiatric disorder. To have a diagnosis of OCD, someone must have excessive, intrusive and inappropriate obsessions (uninvited thoughts which occur over and over) and / or compulsions (repetitive, sometimes senseless actions which have to be performed physically or mentally). The person with OCD has no control over his/her obsessions and compulsions; they arrive without warning and without being initiated; they will not disappear just because he/she does not wish to entertain them.

It is not known exactly what causes OCD, but it is known that it is not the person's fault or the result of a weak or dysfunctional personality or family background. Some research has suggested that genes may play a role in some cases, and it is known to run in families, particularly when it is first seen during early childhood. It is far more common than most people realise; in the USA approximately 1 in 50 adults currently have OCD and numerous cases go unrecognised and unreported for many reasons. Not all obsessive-compulsive behaviours are unusual or disabling; some are welcome and supportive rituals, such as daily prayers, bedtime stories, kissing on parting, etc. Only when the rituals become persistent, senseless, cause anxieties and distress or make everyday life decisions impossible, do they need to be addressed. Unlike psychotic disorders such as schizophrenia, people with OCD usually know what is real and what is not, and that often their thoughts, or the actions they need to do, make no sense (to others).

Other disorders which may be seen with, or confused with, OCD are Asperger Syndrome and autism - both have stereotypical behaviours which can be confused with OCD, but someone with OCD does not have the communication and social skills deficits of AS and autism.

COMMON OBSESSIONS:

- fears of something happening to one's family or self.
- contamination with dirt / germs / toxins.
- symmetry or the 'evenness' of things, numbers, actions, bodily functions.
- sexual / aggressive urges.
- religious or moral concepts, taboos.

COMMON COMPULSIONS

- often involve actions surrounding anxieties: some may be intricate and highly repetitive rituals to protect the individual or others from harm or to bring good-luck, and once started are unstoppable: "what would happen if I didn't ... ??".
- repetitive or checking actions.
- saying something out loud or in one's head over and over.
- checking that windows / doors are locked before leaving the house.
- excessive hand washing, cleaning, counting, hoarding or saving things, touching objects or people, doing everything precisely, perfectly and slowly, or praying.
- Some compulsions may be the avoidance of something (possibly that is associated with their obsession), or asking for reassurance all the time.

PROBLEMS:

- Time:
the obsessions and compulsions of someone with OCD can take up an enormous part of their waking hours. If the OCD sufferer is a child, the resulting behaviours and time involved with their rituals can become extremely frustrating for parents, friends and teachers.
- Anxiety:
some obsessions and compulsions can cause the sufferer huge embarrassment, anxiety and, in extreme cases, depression. Unusual, sexual or aggressive obsessions or compulsions can be severely disabling because of the mental agonies that the person goes through each time a thought intrudes, or he has to perform his compulsion.

- Body Dysmorphic Disorder :
or 'imagined ugliness disorder' can be an OCD obsession.
- Depression and OCD in adults is not uncommon, but people with OCD are not generally depressed or sad.
- Disruptive behaviours may result from OCD. Learning disorders such as ADD, ADHD, may be made worse by OCD.
- Phobias - OCD is an acute anxiety disorder, and people could have more than one!
- Nail biting and skin-picking can be present in autism as well as OCD.
- Stress can exacerbate OCD symptoms.
- Tourette's Syndrome resembles OCD when it presents with touching or tapping tics.
- Trichotillomania (compulsive hair pulling) may be part of the OCD range of activities, or a Tourette's tic.

HOW YOU CAN HELP:

- Remember that OCD is a disorder, not a personality trait; OCD is nobody's 'fault'.
- Be supportive, understanding, sympathetic - and patient.
- Encourage and support.
- Do not encourage or support the obsessions and compulsions!
- As far as possible, do not let the obsessions or compulsions force you to adapt college life.

USEFUL CONTACTS:

- OCD Action Tel: 0207 226 4000 UK support group for people with OCD and their families. Web: www.ocdaction.org.uk E-mail: info@ocdaction.org.uk Lot of helpful articles.
- National Phobics Society Tel: 0870 770 0456 Offers help with local support groups, advice/counselling, home visits. Fax: 0161 227 9862 Large publications list. Web: www.phobics-society.org.uk/ E-mail: nationalphobic@btconnect.com

INTERNET SITES:

- www.ocfoundation.org/ US based site.
- www.psychnet-uk.com/dsm_iv/obsessive_compulsive_disorder.htm is a UK based one.
- www.nomorepanic.co.uk clear, easy to use site with lots of information and advice.
- www.triumphoverphobia.com information and details of a treatment programme

LEARNERS WITH A VISUAL LOSS

These notes are intended as a basic guide to the difficulties likely to be experienced by students with a visual impairment and to the possible ways in which tutors and lecturers can help to minimise the impact of such difficulties on their studies. Further information can be obtained from the sources listed at the end of the notes.

The specific learning support needs of any individual student should be set out in their Learning Support Plan. If these differ or change from those originally outlined, please refer the student back to the Learning Support Team.

LIKELY DIFFICULTIES:

These will vary depending on the level of visual impairment and the extent to which it can be corrected. A small proportion of people with visual impairment are totally blind; the majority will have some useful sight. The following areas of difficulty may arise, to varying degrees.

- Finding way around campus
 - Finding classrooms and facilities can be difficult. Mobility training may be needed.
 - Students may have a guide dog.
 - Some may be accompanied to classes by a Learning Support Assistant.
- Accessing course materials in standard format.
 - Course information materials - module guides etc.
 - Teaching materials - books, journals, lecture notes, OHTs, videos, demonstrations.
 - Assessment materials - exam papers, assignment questions.
 - Different students will have different preferred alternative formats.
- Background reading will take longer.
- Reliance on auditory input.
 - Requires concentration and memory skills.
- Participation in field studies etc. can be problematic.
- Possible barriers to communication with fellow students/staff.
- Written assignments may take longer.

HOW YOU CAN HELP

- Get to know your student's particular needs in advance.
- Be prepared to meet the student before the course starts to discuss needs.
- Make timetable/room information available in advance to assist orientation.
- In the case of room changes/staff absence, do not just put a note on the door.
- Make booklist available before course starts.
- Stand in a well-lit place - not directly in front of a window, as your face will be in shadow.
- Let student sit closer to you.
- Keep background noise to a minimum.
- Explain at beginning of lecture what the structure/main points will be.
 - This will help an assistant to take notes. Provide written summary in advance if possible.
- Summarise regularly.
- Build in regular stopping points to check understanding and that all material has been taken in.
- Say if something particularly should be noted.
- Speak clearly.
- Give clear, explicit instructions/directions.
- Allow use of tape recorders.
- Allow student to feel equipment, hands during demonstration.
- Written material should be clear and simple.
 - Don't overcrowd the page.
 - Strong contrast in colour and tone - good black ink on white preferable.
- Provide large print versions if required.
 - This may be used in conjunction with CCTV.
- Provide lecture notes and other materials in advance for transcription if required.

- Provide subject word lists, glossaries of terms and acronyms.
- Provide notes etc in electronic form if student prefers.
 - Information on disk, web site or emailed to student can be adapted to preferred format using specialist software.
- Keep pictures/diagrams to a minimum or provide text /audio alternatives
- Explain visual material verbally.
 - Even videos may be accessible if an explanation is given.
- Explore tactile graphics for key information in graphic form.
 - This can be discussed with the student and Learning Support staff. See Regional Transcription Centre below.
- Allow submission of assignments by email.
- If the student has a Learning Support Assistant, communicate directly with the student.

USEFUL CONTACTS:

RNIB is the largest charity for those who are visually impaired, representing two million individuals in the UK. They produce fact sheets and leaflets. RNIB 105 Judd Street, London WC1H 9NE, Telephone 020 7391 2397 or Helpline 0845 766 9999

INTERNET SITES:

RNIB www.rnib.org.uk

LEARNERS WITH A HEARING LOSS OR HARD OF HEARING

These notes are intended as a basic guide to the difficulties likely to be experienced by students with a hearing impairment and to the possible ways in which tutors and lecturers can help to minimise the impact of such difficulties on their studies. Further information can be obtained from the sources listed at the end of the notes.

The specific learning support needs of any individual student should be set out in their Learning Support Plan. If these differ or change from those originally outlined, please refer the student back to the Learning Support Team.

LIKELY DIFFICULTIES:

The extent of the difficulty depends on the cause and level of hearing impairment and the degree to which it can be corrected/assisted by human or technological support.

Differing degrees of all or some of the following difficulties are likely:

- Unable to hear lecturer, other students, video or audio tape recordings.
- Unable to hear instructions or safety warnings (including fire alarm).
- May rely on lip reading.
- Unable to communicate with lecturer or fellow students.
- Limited reading and writing skills if BSL (not English) first language.
 - May have reading comprehension difficulties.
 - May interpret language very literally - e.g. in essay questions, written instructions, transcribed notes.
 - Written English may be quite basic and grammatically incorrect; it may reflect the order of "signed" language, i.e. the most important idea will come first.

HOW YOU CAN HELP:

- Get to know your student's particular needs in advance. If possible, choose accommodation accordingly.
- Be prepared to meet the student before the course starts to discuss needs.
- To assist lip readers:
 - Stand in a good light - not in front of a window.
 - Speak directly to the class, not to the board or screen.
 - A room with plain walls is best - patterns are distracting.
 - Wear plain clothes for the same reason.
 - Stand where the student is most likely to be able to follow your lecture.
 - Don't wander around the lecture room.
 - Don't use exaggerated gestures - they distract from your face.
 - Speak clearly, in a normal speech rhythm, and a little more slowly.
 - Don't exaggerate words.
 - Don't block your mouth e.g. with your hand, a pen - beards and moustaches can also be a drawback!
 - Stop talking if you have to turn away.
 - Keep background noise to a minimum - it interferes with hearing aids.
 - (Rooms with carpets and curtains can help.)
 - Repeat contributions/questions from other students.
 - In group work, indicate when different people are speaking.
- Introduce material in a structured way. Give an outline at the beginning of what you will cover and your aims. (This will help a learning support assistant to structure notes effectively) Provide a written summary in advance if possible.
- Check you have the student's attention.
- Indicate when you are changing topic.
- Summarise regularly.
- Speak in short, clear statements. Use unambiguous language and avoid jargon, abstract terms and complex structures.
- Explain new concepts and terms carefully.
- Check understanding before moving on. Explain in a different way if something is not understood.
- Write new vocabulary on the board.

- Provide subject word lists, glossaries of terms and acronyms.
- Reinforce spoken information with visual materials, written notes and concrete examples.
- Provide videos in advance for transcription or use subtitled videos.
- Provide lecture notes/OHTs in advance and/or in electronic form (via floppy disk, website or email).
- Communicate with the student first - take your lead from the student on whether s/he then wants you to communicate through his/her learning support assistant.
- Facilitate use of technology - welcome tape recorders, be prepared to wear a radio microphone.
- Bear in mind that written course information/instructions/essay and exam questions should be expressed in clear, straightforward language. Time should be allowed for possible scrutiny by a specialist teacher of the deaf, particularly in the case of a student who is pre-lingually deaf.
- Where appropriate, mark for content rather than accuracy of language.

USEFUL CONTACTS:

RNID is the largest charity for those who are deaf or hard of hearing, representing nine million individuals in the UK. They produce fact sheets and leaflets. 19 - 23 Featherstone Street, London, EC1Y 8SL. tel: 0808 808 0123

INTERNET SITES:

RNID www.rnid.org.uk

LEARNERS WITH CEREBRAL PALSY

Initially called Little's Disease, after the English surgeon William Little who first wrote about it in the mid 19th century, cerebral palsy is a blanket term for a number of disorders, which affect muscles and movement. If that part of the brain which controls movement is injured or fails to develop properly, a child may be born with or develop CP. It is thought that approximately 2 people per 1000 of the population in the UK have CP.

- Spastic CP This is the most common form of CP. The person will have very stiff muscles and a decreased range of movements making the most basic of activities extremely hard work. If it affects just one half of the body it is described as hemiplegic. If both legs are affected (but not the arms) it is diplegic. If both legs and arms are affected, it is quadriplegic.
- Athetoid CP: The person will have frequent involuntary muscle movements; difficulties controlling the tongue, diaphragm (breathing) and vocal cords and hearing problems may also be present. Because of these problems, their speech may be difficult to understand until you get to know them well. This type of CP by itself is quite rare.
- Ataxia CP: This affects the whole body: the person will probably be able to walk, but their balance will be affected and they will be generally uncoordinated. They will have jerky hand movements and speech.

Many people with CP will have a combination of the three types. As with many neurodevelopmental disorders, CP can affect people in widely different degrees of severity: no two people will be the same. But as always, try to see the person; not the condition.

An individual who has CP may have some - not all - of the following, to some degree:

- Limited movements
- Uncontrolled movements
- Muscle weakness
- Muscle stiffness
- Muscle spasm or
- Muscle floppiness
- Speech problems
- Hearing difficulties
- Chewing / swallowing difficulties
- Epilepsy
- A squint.

For those whose speech is very difficult to understand it will be easier for them to use a communication aid, whether this is a set of simple cards with words / pictures, or a sophisticated electronic speaking device.

You should be aware that learning difficulties may be present, but this is not the rule: many individuals with CP have average intelligence and some may have above average intelligence. If there are learning difficulties present, these may range - as in any population - from mild through moderate to specific or severe. Perceptual or spatial difficulties are not uncommon, but are not always picked up.

USEFUL CONTACTS:

- SCOPE, CP Helpline, PO Box 833, Milton Keynes, MK12 5NY Helpline: 0808 800 3333 Largest registered charity working with adults and children with cerebral palsy. Fax: 01908 321051 The Helpline offers free information, advice, initial counselling and parent training. Runs own schools and college, residential and small group homes, Community Teams. Website: www.scope.org.uk Email: cphelpline@scope.org.uk
- The Foundation for Conductive Education Tel: 0121 449 1569 Cannon Hill House, Russell Road, Moseley, Birmingham B13 8RD Fax: 0121 449 1611 A registered charity for children and adults with motor disorders. It strongly challenges present ways of understanding and providing for disabilities. Website: www.conductive-education.org.uk

INTERNET SITES:

- www.healthsystem.virginia.edu/pediatrics Children's Medical Centre of the University of Virginia. (Click on tutorials)
- www.ninds.nih.gov/health_and_medical/pubs/cerebral_palsyhtr.htm the USA's National Institute of Neurological Disorders and Stroke.
- www.abilities.fsnet.co.uk a website set up by Gillian Archbold a parent and Sabrina her daughter with CP. They offer support, advice, information booklets and training. Has a fun section for children to access.

LEARNERS WITH DOWN'S SYNDROME

A person with Down's Syndrome is born with an extra whole or part of chromosome 21, giving him/her 47 chromosomes instead of the usual 46. It is a genetic condition, and for the majority of people with Down's Syndrome there is no specific reason why the mutation has occurred: it is not the result of anything the parents/carers did or did not do. The syndrome is named after Dr John Langdon Down who first described it in 1866.

Down's Syndrome occurs in around 1 out of every 1,000 births, in both girls and boys. It can affect anyone, regardless of race or background. It is said to be the most common cause of learning difficulties.

AT SCHOOL:

most will have a Statement of Special Educational Needs so that any extra resources they require can be provided.

AT COLLEGE

an independent living skills programme should be an important component of their formal education to let them move on, when they are ready, to some form of sheltered living.

BE AWARE THAT:

- because of low muscle tone and developmental delays, people with Down's Syndrome will take longer than others to learn ordinary skills such as:
 - i. running.
 - ii. jumping, skipping, throwing and catching.
 - iii. doing up buttons, laces and buckles.
 - iv. handwriting.
- They will also need regular hearing and sight tests. Always check that the individual has understood what is expected of him/her by asking him/her to repeat what he/she has to do. Make sure she can see and hear you clearly.
- Inform your learner support staff member of his/her problems; check regularly with the parents - they are your experts, and will know if the student is enjoying - or dreading - coming to college.
- Lectures should
 - i. encourage.
 - ii. praise.
 - iii. build confidence and self-esteem at all times.

The ultimate goal should be an individual who is as happy, independent, self-reliant and self-motivated as possible. He/She will probably know that he/she is different. Our concerns should be to reduce the negative impact of this for him/her, while acknowledging that we are all different, and to make sure that he/she can enjoy the same rights and privileges as everybody else.

USEFUL CONTACTS:

- Down's Syndrome Association Tel: 0845 230 0372 Langdon Down Centre, 2a Langdon Park, Teddington TW11 9PS Fax: 0845 230 0372 Email: info@downs-syndrome.org.uk

INTERNET SITES:

- www.dsa-uk.com/ This is the Down's Syndrome Association's web site. It includes excellent information for teachers, as well as downloadable booklets for parents, grandparents and others.
- The Contact a Family website has information and articles. www.43green.freeserve.co.uk/ A website run by Chris Gravell a parent (runs IPSEA's site too) contains loads of info including extensive list of support groups.

LEARNERS WITH LEARNING DIFFICULTIES

There is no precise dividing line between those with and those without learning difficulties. Everyone learns new skills, information and ideas at different rates and in a variety of ways.

About 20% of learners may need extra help with learning at some time. Some may have dyslexia or dyspraxia and other a general cognitive learning difficulty that affects their ability to learn. These difficulties may be profound and multiple, severe or moderate to mild.

Provision and programmes, particularly for people assessed with mild or moderate learning difficulties, can include learners with wide-ranging, diverse and vastly different learning needs. Some of their difficulties may have been compounded by the isolated nature of non-inclusive approaches to education and may have resulted in institutionalisation. For these learners, the barriers to learning are more societal than 'intellectual'. Learning may be impeded by inappropriate or immature behaviour in response to these difficulties, dependency or acquiescence, or a strong tendency to cling to routines and familiar individuals. This may be accompanied by low expectations.

Learners with learning difficulties may have considerable abilities in certain areas but find others very hard. They are likely to take different lengths of time to gain certain skills. One needs to be aware of making assumptions about learners with learning difficulties.

These learners may also have a wide range of other disabilities or contributing factors that affect their learning, their strengths and their weaknesses. This presents lecturers with challenges in differentiating learning activities.

Learners with learning difficulties may also have experienced a considerable sense of failure. Responses that affect learning include:

- reluctance to try, or fear of trying anything new (because they may fail).
- the use of strategies that attempt to hide what they cannot do.
- frustration.
- anger.

LIKELY DIFFICULTIES:

- memory and retaining information.
- conceptualising and understanding abstract concepts.
- sequencing.
- concentrating.
- transferring skills.

HOW YOU CAN HELP:

- Treat learners as adults and as individuals.
- Choose practical activities to develop concepts and skills.
- Ascertain learner's interests and motivation, and build on these.
- Find out what has worked and what has failed in the past.
- Explain tasks clearly and unambiguously then check learner's understanding.
- Work with individuals to develop strategies for remembering things and check they use these.
- Plan short learning activities that are relevant and enjoyable to deal with problems with concentration.
- Prepare varied activities as frequently as required.
- Pace your input/interaction and teach in short chunks.
- Encourage learners to ask for help.
- Don't be too directive. Some may be likely to say what they think you want them to say.
- Limit use of paper-based activities and look for alternatives wherever possible.
- Use visual clues, such as graphics, to accompany texts.
- Maximise learner independence, communication and negotiation.
- Be aware of the language you use and that used by other class members, including non-verbal communication, and change as appropriate.

- Encourage learners to take responsibility for their own learning.

CORE PRINCIPLES:

The following principles reflect best practice, and recent policy and legislative initiatives suggest that they should be adopted when planning with, and using, the curriculum framework:

- People who have learning difficulties are entitled to learning opportunities, irrespective of disabilities and differences in ability, and should be included in educational provision.
- Learners should be at the centre of, and involved from the outset in, the planning of teaching and learning, which is to be provided for them.
- Individual learners, even those who experience similar learning difficulties, can and do learn in different ways and at different paces.
- Learners should be able to acquire skills that are relevant to their day-to-day lives and to their aspirations for the future.
- People should always be able to choose whether or not to participate in learning.
- People should be taught literacy and numeracy skills that meet their individual needs, even when learning takes place in a group.
- Skills should be taught using real-life contexts and adult learning materials.
- People learn best when there is something important to be learned and it is something they really want to learn.
- Learning should build on a person's existing strengths.
- Learning should help to increase a person's quality of life. It can contribute to improved choices and decision-making, and to greater autonomy.
- Learning should make a positive difference to people's lives.
- Learning should always be interesting and enjoyable.

**DfES, Adult Pre-entry Curriculum Framework - Core Principles

USEFUL CONTACTS:

- Dorset People First provides self-advocacy for those with learning difficulties. Suite 3, 3 Princes Street, Dorchester, Dorset DT1 1TP. Tel/fax: 01035 257600. E-mail dorsetpf@hotmail.com
- MENCAP Head office, provide information for those with learning difficulties and their parents and carers. 123 Golden Lane, London EC1Y 0RT. Tel: 0808 808 1111. E-mail: help@mencap.org.uk
- Skill: National Bureau for Students with Disabilities provides support for learners and their parents/carers. Fourth Floor, Chapter house, 18-20 Crucifix Lane, London SE1 3JW
- NIACE (The National Institute of Adult Continuing Education - England and Wales) is a non-governmental organisation working for more and different adult learners. Renaissance House, 20 Princess Road west, Leicester, LE1 6TP Tel: 0116 204 4200/1, Fax: 0116 285 4514. E-mail: enquiries@niace.org.uk

INTERNET SITES:

- MENCAP: www.mencap.org.uk
- Skill: www.skills.org.uk
- NIACE: www.niace.org.uk

LEARNERS WITH PHYSICAL DISABILITIES AND DEXTERITY PROBLEMS

Some students will have physical disabilities that mean they are unable to undertake the same range of physical activities as other people. This includes people who have difficulty walking, using their hands or arms, or people with restricted growth.

They may have been born with a disability or may have acquired one, for example as a result of a motor accident. Students may have conditions affecting bones (brittle bones), muscles (muscular dystrophy), joints (arthritis), nerves and tendons (polio, multiple sclerosis), spinal cord (spina bifida), the brain (cerebral palsy).

EFFECTS:

- may tire easily and be susceptible to changes in temperature.
- may have considerable pain.
- pain controlling medication may have side effects, such as drowsiness and inability to concentrate.

HOW YOU CAN HELP:

- allow the student to participate in group activities as fully as possible and encourage "buddy" support within the group.
- encourage the student's development of social skills and self confidence.
- help students to feel relaxed in new and stressful situations.
- provide copies of handouts or notes for missed sessions, or for those who have difficulty writing at speed.
- remember that a member of the learner support team used for note taking and practical support of a wheelchair user is the "arms and legs" of the student, not the brain as well.
- empathy, not pity, will help and some flexibility may be needed for assignment deadlines.
- allow rest periods in exams or timed assignments.

INTERNET SITES:

- Physical Disabilities. Certain parts of the brain are responsible for the control of movement ... If your child has developed any physical disabilities as a result of the injury.
www.cbituk.org/MAINWHATYOU SHOULDKNOW/physicaldisability.HTM
- Physical Disabilities and Medical Conditions. by John Cornwall and Christopher Robertson ... principles of IEP planning and practice with reference to pupils who have physical disabilities or medical conditions.
bookshop.cant.ac.uk/collegeauthors/physical_disabilities.htm
- www.lifelonglearning.co.uk/freedomtolearn/rep09.htm
- Dorset County Council - Disability www.dorset-cc.gov.uk/index.jsp?articleid=2190
- Lifestyles Dorset is a registered charity that provides support to people with physical disabilities, including long-term illness, aged 16 to 65 who live in North and West Dorset, Chesterfield,
www.lifestylesdorset.org.uk/publications.htm
- Dorset Scope is a charity supporting children and adults with Cerebral Palsy and ... providing better opportunities for their children with physical and learning disabilities. www.dorset-scope.org.uk/page1.html

LEARNERS WITH FRAGILE X

Fragile X is recognised as the most common form of inherited learning disability, caused by a gene defect in the X chromosome. The disorder may be passed from one generation to the next. It can occur in both boys and girls, but is twice as common in boys, at an incidence of approximately 1 in 4,000. Learning disabilities vary considerably from mild to severe.

Diagnosis. Many cases of Fragile X go undetected: people may be unaware of its presence in their families and themselves. This is because some people who carry the damaged gene might not be affected by it at all. They can however, pass it on to their children.

ASSOCIATED PROBLEMS:

See Behavioural paragraph below. Some people with Fragile X may also develop epilepsy, and there is a tendency to short or long sightedness and squints.

THE CHARACTERISTICS:

- Boys are more severely affected than girls. This is possibly because girls have two X chromosomes, and the unaffected one may partly be able to compensate for the other.
 1. Cognitive: The range of abilities is wide. A majority of boys with Fragile X will have some form of learning disability ranging from moderate to severe. Girls are usually less affected.
 2. Physical: The physical features of Fragile X may be very subtle, and are seldom so marked as to give an unusual appearance. Some people with Fragile X may have heads that are larger than average, long faces, large jaws, protruding ears and high palates and dental overcrowding.
 3. Behavioural: Behaviours can vary considerably. People with Fragile X can exhibit many autistic-like features, such as high anxiety in a crowded or noisy place - hand flapping, spinning - and a dislike of direct eye contact. They are comfortable in routines they know well, and will find changes stressful. They like the company of others and do not avoid social contact, although their autistic-like reactions to some situations may give rise to misunderstanding. The main problems appear to be impulsivity, inattentiveness and, especially in boys, hyperactivity.
- They may have motor coordination problems.
- Speech and language difficulties are common: speech may be repetitive, with strong use of learned stereotypic phrases.
- They may have trouble staying on topic, will throw in inappropriate comments, impulsive replies, and will talk at varying speed and volume.

HOW YOU CAN HELP:

Many people with Fragile X will be seen initially as relatively able, as they have high verbal abilities and will be alert to what is happening around them. They also have a good sense of humour and are good imitators. Their visual skills are good and they will learn better if visual clues and aids are used: their auditory skills are generally weaker. Their reading and spelling abilities may be higher than their comprehension skills. Mathematical skills, however, are usually poor. Lecturers and support staff should be aware of the 'overload' effects of too much sound, movement, touch and even smell and taste. The resulting anxieties may produce non-stop chatter, total withdrawal, or autistic traits such as hand flapping or hand biting. Their anxieties and coordination problems may limit their use of playthings such as swings, bicycles, etc.

IN GENERAL:

- Use the individual's interests, ability to mimic and sense of humour as much as possible.
- Use lots of visual clues to augment auditory instruction.
- Break tasks down into small units.
- Prepare the individual well for any changes to established routines.
- Keep all distractions to a minimum.
- Do not talk excessively; allow time for instructions to be assimilated, or answers given.
- Do not give too many instructions at once.

- Reinforce and encourage all attempts at speech.
- Bring the level of your speech to that of the individual. Allow the person to work in small groups and, because of their ability to mimic, preferably with higher-functioning students.
- Maintain close home / College contact.

USEFUL CONTACTS:

- Fragile X Society Tel: 01371 875100 Rood End House, 6 Stortford Road, Great Dunmow, Essex CM6 1DA.
Website at www.fragilex.org.uk E-mail: info@fragilex.org.uk

INTERNET SITES:

- The Fragile X Society at www.fragilex.org.uk;
- Contact a Family at www.cafamily.org.uk/Direct/f33.html;
- From the USA a page of other links (including an email support group) at www.bdid.com/fragilex.htm

LEARNERS WITH PRADER-WILLI SYNDROME (PWS)

Prader-Willi Syndrome (PWS) is a genetic disorder first identified by three Swiss doctors in 1956, Drs Prader, Labhart and Willi. Its features include food obsession, shortness of stature and poor muscle tone. It affects boys and girls alike, and occurs in families from all backgrounds. It is estimated that one in every 10,000 to 12,000 births will have the disorder. It is the most common known genetic cause of life-threatening obesity in children.

Early feeding problems will be replaced from the age of two onwards by an almost insatiable desire to eat, although the intensity of this feature will vary considerably between individuals.

DIFFICULTIES:

- Behavioural difficulties usually set in and become more severe as the individual grows and they have to cope with their insatiable desire for food. Stealing and hiding food may become common activities as the obsession grows, and many outbursts of temper and rage can be put down to these 'needs' being necessarily moderated by their parents or carers. Others may relate to any change in their accepted daily routine, which will upset them.
- Anxiety and worry may result in compulsive skin picking and other similar self-injurious behaviours.
- Possibly high pain threshold, sleep disorders, breathing difficulties, curvature of the spine and physical inactivity.
- Psychiatric problems are not uncommon in adolescents and adults.

IN GENERAL:

- Comprehension is generally better than verbal skills.
- Moderate learning difficulties across the board are common, but severe learning difficulties are rare. Many individuals will have specific difficulties with maths, writing, short-term memory and auditory processing.
- Those with PWS have good visual organisation (parents have observed a higher than average ability to do jigsaw puzzles), good reading skills and a wider than average vocabulary.
- They may be over-friendly, chatter a lot, be immature compared with their peers and be socially isolated.

REMEMBER:

- Not all people with PWS will display the same characteristics, or to the same degree.
- Control of diet is the major problem with this disorder and must be seen as a prime goal if the young person with PWS is not to become obese with subsequent life-threatening or damaging implications. This is especially true when a young person with PWS is allowed more independence and thus more access to food.
- Unfortunately, appetite suppressants are not generally successful and sometimes have side-effects.
- As long as general health stays good and tendency to obesity can be controlled, life expectancy will be much the same as the general population.

HOW CAN YOU HELP:

Lecturers and support staff should be aware that their student with PWS might have problems with:

- Coordination.
- Handwriting.
- Mathematics.
- Abstract concepts.
- Attention span, especially if required to listen for 'long' periods.
- Socialising skills.
- Controlling hunger.
- Controlling temper, particularly if they want to eat and food is withheld.
- Worries and anxieties involving all the above which may result in minor self-injury.

USEFUL CONTACTS:

- The Prader-Willi Syndrome Association (UK) Tel: 01332 365676 125a London Road, Derby DE1 2QQ. Fax: 01332 360401 Offers support and advice to parents and professionals. Website: www.pwsa-uk.demon.co.uk Email: roger@pwsa-uk.demon.co.uk

INTERNET SITES:

- www.pwsa-uk.demon.co.uk for the PWSA(UK) site
- www.pwsausa.org/ is the Prader-Willi Syndrome Association (USA) site

LEARNERS WITH M.E. OR CHRONIC FATIGUE SYNDROME

M.E. is an extremely debilitating illness with no real medical explanation. It is not usually diagnosed until the patient has been suffering for over 6 months. The condition sometimes seems to develop as an aftermath of a viral infection from which the individual does not fully recover. Symptoms are not simply "feeling tired", but feeling utterly drained and exhausted and literally unable to get out of bed; muscle pains; headaches; difficulty with short-term memory etc. It is also likely that the student will be frustrated and depressed by their condition. The individual may have a good day or series of days, followed by complete exhaustion. Frequent absence must, therefore, be expected and the student will expect to cover much of the scheme of work through independent study.

HOW YOU CAN HELP:

- Be alert for signs of the student feeling unwell.
- Provide the student with your detailed scheme of work.
- Make notes available on the intranet for individual student use.
- Help the student make the most of their "good days".
- Provide the student with copies of notes/handouts etc for lessons which s/he misses.
- Believe the student's explanation for their frequent absences.
- Provide details of coursework as soon as you can to the student - possibly before you give it to the rest of the group. The student will need to plan their workload around their condition.
- Be flexible over hand-in dates for assignments. The student will need to know the schedule of assignments and dates due in advance. S/he may even hand in assignments early if they are utilising "good days"!
- Be prepared for the student to submit work via e-mail from home. You may need also to return it with your marks via e-mail.
- Ensure student understands support mechanisms available in college.

Please inform the Learner Support team should a learner present with M.E.

Many people make a full recovery from M.E. although it may take several years.

INTERNET SITES:

- Latest News/Research Updates for Myalgic Encephalomyelitis, Chronic Fatigue Syndrome and Fibromyalgia ... a recovered ME/CFS sufferer as an online resource for sufferers of ME, Chronic Fatigue Syndrome and CFIDS www.supportme.co.uk/index2.htm
- Association of Young People with M.E provides help, information and support to those with M.E/C.F.S. AYME (pronounced 'aim') is a UK-based independent registered charity dedicated to giving help. www.ayme.org.uk
- The Website of the ME Association. UK organisation for people with ME/CFS. www.meassociation.org.uk

LEARNERS WITH POSSIBLE MENTAL HEALTH DIFFICULTIES

You have probably had learners in your class who have had, or are experiencing, emotional difficulties or about whom you have become concerned. Some may have confided in you, but others may have struggled on or perhaps they have felt so pressured they have left the course.

You may have noticed some of the following signs, which may indicate a mental illness:

- Poor concentration.
- Tiredness or lethargy.
- Difficulty in making decisions.
- Poor attendance/lateness.
- High levels of anxiety.
- Mood changes or patterns of highs and lows.
- Loss of interest.
- Change of appearance showing lack of interest.
- Loss of weight.
- Self harm.

The emotional support we can offer underlines everything. The following tips may help:

- Never give negative criticism.
- Give unconditional positive regard.
- Praise.
- Remind learner of things they have done/are doing successfully.
- Show interest.
- Listen.
- Offer help with planning work.
- Set small achievable goals.
- Offer help with study skills e.g. mind mapping, summarising.
- Give permission - to enjoy, to succeed and to fail is okay.
- If a learner has disclosed mental health problems take time to find out about their particular condition and how it affects them. It may be necessary to adjust their timetable to allow them continued access to College.
- Look at things together - it's less frightening - be there!

USEFUL CONTACTS:

- MIND, a mental health charity providing support and information on a range of mental illness. They produce fact sheets and booklets on mental health issues and legal information. MIND, P.O. Box 277, Manchester, M60 3XN.

INTERNET SITES:

- MIND www.mind.org.uk
- Rethink: support for people with severe mental illness and their carers, www.rethink.org
- SANE: produces a range of mental health literature, www.sane.org.uk
- www.mentalhealth.org.uk

LEARNERS WITH ATTENTION-DEFICIT (HYPERACTIVITY) DISORDER

You may have had experience of student in your class who has disclosed that they have Attention-deficit Disorder, with or without the hyperactivity, or you may suspect that this is the case. ADHD is a medical diagnosis used by the American Psychiatric Association since the 1980s to describe a syndrome of emotional and behavioural difficulties exhibiting core features of extreme levels of impulsivity, inattentiveness and motor activity. Hyperkinetic Syndrome is the term used by the World Health Organisation (the European Guidelines) when comparing extreme levels of motor activity in children with 'normal' peers. It is now recognised as a sub-category of AD/HD that applies to highly hyperactive children.

Three sub-types have been recognised:

- ADD with hyperactivity (the 'impulsive-hyperactive' type).
- ADD without hyperactivity (the 'inattentive-impulsive' type).
- ADD - residual type (found in adults whose childhood symptoms persist after adolescence).

LIKELY DIFFICULTIES:

- Maintaining attention.
- Thinking before saying or doing something.
- Controlling impulsivity.
- Controlling the amount of physical activity, which is appropriate to the situation.

HOW YOU CAN HELP

- Help create a structured environment so that people have less problems with starting and completing tasks, making transitions, working with others, following directions, organising multi-faceted projects and maintaining attention.
- People with AD(H)D need predictability, structure, short work periods, more individual instruction, positive reinforcement and an interesting curriculum.
- Appreciate and accept that the individual cannot help him/herself: His/Her behaviour is not prompted by disruptiveness.
- Have positive expectations.
- Monitor progress regularly throughout the lesson.
- Give directions clearly and frequently, and wherever possible, visually (i.e. timetable).
- Be consistent, firm, fair and patient.
- Give constant feedback.
- Display 'classroom rules' which are unambiguous and written in a positive way.
- Make clear lists - these individuals need reminders they can access themselves.
- Repeat directions: write them, say them out loud more than once. Check that he/she understands.
- Make lots of eye contact.
- Make sure he/she knows the boundaries: avoid long discussions about what is right and wrong in their behaviour: tell them what you want - give them the positives.
- Avoid timed tests; they will not tell you what he/she knows.
- Do not set lengthy homework tasks: go for quality.
- Break down each task into its smaller component parts.
- Allow 'time out' if required.

USEFUL CONTACTS:

- The ADHD National Alliance is a group aiming to coordinate, promote and develop new work and work already being done across the country by various local ADHD support groups. It is supported by the Contact a Family charity. Membership is open to parents, professionals and support groups. Contact them at present via Contact a Family on 020 7608 8760 or write c/o 209-211 City Road, London EC1V 1JN.
- DC educational services is a charity, which offers diagnostic testing (fee payable), counselling services, training and educational programmes. 6 Lower Grosvenor Place, Victoria, London SW1W 0EN Tel: 0207 834 0033 Web: www.dcedservices.com
- Hyperactive Children's Support Group Tel: 01243 551313 Lots of information on foods and substances that affect children and teenagers with ADHD/hyperactivity. 71 Whyke Lane, Chichester, W Sussex PO19 7PD.

INTERNET SITES:

- ADDISS on www.addiss.co.uk
- Thanet ADDers on www.adders.org/ where there is a list of local ADHD support groups run by parents. ADHD Family Support Group Milton Keynes has superb info, tips, events, links etc useful wherever you are
- www.mk-adhd.org.uk and in the US www.chadd.org.

LEARNERS WITH TOURETTE'S SYNDROME

Tourette's Syndrome is an hereditary, neurological disorder characterised by motor (body) or vocal tics, which become apparent by the age of about 15. The tics are irresistible and their severity will come and go from one day to the next. Many people with TS do have some control over their tics, but the tics may well reappear with renewed vigour once the control is relinquished. Things often improve as the young person reaches adolescence. The tics can be very distressing for the young person, causing embarrassment and possible teasing from friends and even family. It is much more common in boys than in girls. All people with Tourette's Syndrome will have tics of some sort. They are very difficult to control, and the process of trying to keep them to a minimum can be the cause of constant stress and anxiety. Try to keep this uppermost in your mind when dealing with TS!

Over the past year, this disorder has gained much wider recognition following a couple of excellent television programmes, and several well-known people have described how TS has affected them in their schooling, social and working lives.

Other syndromes often associated with Tourette's are ADHD (Attention-Deficit/ Hyperactivity Disorder); anxieties including phobias; OCD (Obsessive-Compulsive Disorder).

MOST COMMON MOTOR TICS MAY INCLUDE:

- eye blinking or rolling.
- squinting.
- nose-twitching.
- lip smacking.
- tongue-thrusting.
- shoulder shrugging.
- arm extending.

MOST COMMON VOCAL TICS MAY INCLUDE: •

- throat-clearing.
- grunting.
- spitting.
- swearing.
- stammering.
- hissing.
- shouting, barking, moaning.

ASSOCIATED SYMPTOMS:

- moodiness.
- compulsions.
- obsessions and impulsions.
- echolalia / palallia (repeating of phrases / words or syllables).
- coprolalia / copropraxia (speaking / gesturing obscenities).
- stuttering.
- apraxia (non-neurological inability to carry out an action, such as reading).

PROBLEMS:

- The young person with TS may be quick to lose his temper.
- may over-react in certain situations, will have difficulties with impulsivity.
- may display defiant behaviour to those in authority.
- may have problems organising work.
- working quietly.
- speaking at the appropriate time (they may interrupt others, or encroach on their space. work area etc).
- may appear not to listen.

- may lose vital papers, books, etc.
- may take part in physically hazardous activities without having thought through likely outcomes.

HOW YOU CAN HELP:

- Do not draw attention to the tics: try to ignore them.
- Allow 'time-out' periods for expression of tics privately in a safe place. This will help avoid an outburst in the classroom.
- In class, allow to sit near the door for an easy, non-disruptive exit when necessary.
- Ensure is not being teased or bullied by peers.
- Focus on the behaviour you want to reinforce: the more attention paid to the positive behaviour, the more likely it is to be repeated.
- Avoid confrontational situations: aim to divert attention.
- Be consistent when issuing sanctions. Negotiate these sanctions with the student beforehand in order that consequences of any aggressive or anti-social behaviours are understood.
- Be consistent with approaches in all aspects. Do not allow mixed messages from different people.
- All agencies (parents, teaching staff, psychologists, etc) must work closely together.

USEFUL CONTACTS

- The Tourette Syndrome (UK) Association Helpline: 0845 4 58 1252 PO Box 26149 (if you want to speak to an advisor) DUNFERMLINE Admin: 01383 629600 West Fife KY12 7YU Website: www.tsa.org.uk Email: enquiries@tsa.org.uk This organisation has helpful leaflets and a reading list. There is also a 'Doctor On-line' section of their website where you can contact a doctor with any questions you may have.

INTERNET SITES:

- The TSA(UK) site is at www.tsa.org.uk/ where you can order its information packs. Two US based sites:
- The Mental Health pages on TS are at www.mentalhealth.com/book/p40-gtor.html and the TSA Inc site is at www.tsa-usa.org/

LEARNERS WITH SOCIAL, EMOTIONAL AND/OR BEHAVIOURAL PROBLEMS

Learners sometimes present behaviours which we find challenging, including aggression, frustration, anger, rebellion and non-co-operation. This can make the management of teaching and learning a challenge for the lecturer who is attempting to meet the needs of all the learners in the session.

Poor self esteem and unacceptable behaviour can be the result of a variety of life experiences.

It is not always possible or viable to address the root causes of learner's behaviours. However, we can help them to gain the most from their time in College.

Good teaching practice for all learners will have benefits for those you find the most challenging. By promoting a positive learning environment all learners will gain more from each session.

PROMOTING A POSITIVE LEARNING ENVIRONMENT:

- Engage with your learners professionally, showing interest and empathy.
- Arrange the classrooms appropriately for tasks and learners.
- Plan for a range of abilities and use a variety of teaching methods.
- Negotiate with learners a few simple, achievable 'ground rules' which will be beneficial to all.
- Make sure that learners know what they are supposed to be doing.
- Look out for good work and behaviour.
- Highlight through praise or comment on good work or behaviour from all learners.
- Praise work/behaviour rather than the learner themselves.
- Praise quickly and consistently.
- Make sure all learners know what behaviour is being praised.
- Praise effort as well as achievement.
- Ignore inappropriate behaviour where possible.
- Use rewards within your teaching as an acknowledgment of good work and behaviour.

COPING STRATEGIES

Some strategies that may help to avoid confrontation within the classroom:

1. Read notes regarding mental health issues.
2. Planned Ignoring:
Useful: In response to irritating noises, muttering, mimicking, mild disruption
Tactics: Pretend to be unaware and redirect attention to something else, somebody else (on task); some provocative behaviour may simply exhaust itself
3. Signalling:
Useful: When ignoring has not worked
Tactics: Establish eye contact, gesture with frown, raised eyebrows, headshake or other silent signal or quiet mention of name of offender
4. Proximity:
Useful: If signal has failed and restlessness is escalating
Tactics: Move closer to learner(s) causing the disturbance and maybe stand behind him/her. Use early on, before misbehaviour has got very far; use also in association with 'interest'.
5. Interest:
Useful: As an intervention to "off task" behaviour when above tactics have failed
Tactics: Give attention and display interest in learner's work to refocus attention; comment on work done so far; offer to help with the task; praise and re-motivate; demonstrate; suggest alternative activity to defer a difficult task for another more suitable time.
6. Help:
Useful: In conjunction with 'interest' when particular learners have problems of a specific nature e.g. literacy, spelling which present frustrating 'hurdles'

- Tactics: Provide prompt assistance at an early stage to help the learner over the 'hurdle'; help to read through an exercise, help use a dictionary.
7. Humour:
 Useful: In situations where confrontation between teacher and learner causes a tense atmosphere.
 Tactics: Clear the air with a joke or spontaneous remark, which draws attention to the funny side of the situation, especially helpful if the teacher's sense of humour can stretch to a joke against him/herself.
8. Affection:
 Useful: In coping with anxious, frustrated learners with low self esteem.
 Tactics: Show genuine liking for learner as a person; give praise for work and/or effort but make sure this tactic is not misdirected - some learners find being singled out, even in a positive way, an acute embarrassment.
9. Restructuring:
 Useful: Where planned lesson isn't working out and disruption is building up.
 Tactics: Bring forward more pleasurable or easily managed part of the lesson without admitting defeat and defer poorly pitched or problematic sections for another day, that way you won't either lose credibility or make learners feel guilty or triumphant (depending on point of view).

INTERNET SITES:

- Online articles. fax/ariel articles. user name. password. Medicine. Paediatrics. Psychology/Psychiatry. Psychology. Social Sciences. Education. Emotional & Behavioural Difficulties. ISSN 1363-2752. in our archives: www.ingenta.com/journals/browse/sage/ebd
- Emotional & Behavioural Difficulties. Journal of SEBDA The multi-professional association ... children with Social, Emotional and Behavioural Difficulties. Published in Association ... www.sagepub.co.uk/journal.aspx?pid=105530
- Emotions and Behavioural Difficulties. A developing learner with Emotional and Behavioural Difficulties (EBD) is an area where negative emotions, often very intense, can have the learner losing control completely. www.marshall113.freereserve.co.uk/ebd.htm
- Emotional Behavioural Difficulties - Patient UK. A directory of UK health, disease, illness and related medical websites that provide patient information. www.patient.co.uk/illness/e/ebd.htm

FURTHER INFORMATION

TRANSCRIPTION OF MATERIALS

The Learning Support Team should be able to transcript written materials in alternative formats. These may include:

- Braille transcription, print covers and binding as required
- Large print copies of documents to the minimum print size recommended by the RNIB and larger if required in A3, A4 and A5
- Audio transcriptions

MAKING THE CURRICULUM ACCESSIBLE - SOURCES OF FURTHER INFORMATION

- "Accessible Curricula: Good Practice for All":
A guide published jointly by UWIC (University of Wales Institute, Cardiff), The Learning and Teaching Support Network Generic Centre and TechDis
Available from: www.techdis.ac.uk/pdf/curricula.pdf
- The "Teachability" materials
A framework for assessing and addressing curriculum accessibility issues, produced by a partnership of five West of Scotland HE Institutions as part of a project funded by the Scottish Higher Education Funding Council.
Available from: www.ispn.gcal.ac.uk/teachability/index.html

READING:

- The OAASIS website is at www.oaasis.co.uk. OAASIS produces a range of free Information Sheets: please contact OAASIS for the full list or view them on the website.
- David Fulton Publishers - Website: www.fultonpublishers.co.uk Email: orders@fultonpublishers.co.uk Tel: 0500 618052.
- Jessica Kingsley Publishers - Website: www.jkp.com Email: post@jkp.com Tel: 0207 833 2307.
- Lucky Duck Publishing Ltd - Website: www.luckyduck.co.uk Email: sales@luckyduck.co.uk Tel: 0117 973 2881. Fax: 0117 973 1707.
- The internet bookshop www.amazon.co.uk .
- Desktop Publications, 54 Railway Street, Barnetby-le-Wold, N Lincs, DN38 6DQ. Tel: 01652 688781. Fax: 01652 688850. Website: www.desktoppublications.co.uk Email: info@desktoppublications.co.uk
- This company is a small, independent educational publishing company specialising in Special Needs run by ex-teachers. They produce useful teaching materials, which can be ordered on-line. Sen Marketing - special needs books/resources: 618 Leeds Road, Outwood, Wakefield WF1 2LT. Tel/fax: 01924 871697. Website: www.sen.uk.com Email: info@sen.uk.com

MEDICAL CONDITIONS:

- Information can be sought from the Contact a Family Directory on Specific Conditions, Rare Disorders and UK Family Support Groups. The organisation can be contacted direct on 0808 808 3555 or on www.cafamily.org.uk

HOW TO REFER A STUDENT FOR ASSESSMENT OF NEED AND SUPPORT

- Please discuss your concerns first with the student individually and sensitively
- Acknowledgement and acceptance of the need for additional support is vital but can be difficult for a student to come to terms with. Please present additional needs support as an entitlement towards success, not as remedial action: i.e. emphasise the positive enabling viewpoint, not the negative labelling as "special needs".
- With the student's agreement, contact your Directorates Operational manager(Support for Studnetrs).

N.B.:

The Disability Discrimination Act (DDA) says that if a student has disclosed that they have a disability to ANY person in the College and they have agreed that this can be passed on the institution as a whole is deemed to 'know'. So it is vital that whenever a student discloses a disability to you (agrees it can be passed on) that you contact the Learning Support Team for an assessment of need to take place.

CHESTERFIELD COLLEGE ACKNOWLEDGEMENTS:

Many thanks to the following who have given permission for information to be included in this guide:

- Cathy Breward, Programme Area manager, Skills Unit, Weymouth College
- DfES, Adult Pre-entry Curriculum Framework - Core Principles
- DfES Delivering Skills for Life: The national strategy for improving adult literacy and numeracy skills. Introducing Access for All; Supporting learners with learning difficulties and disabilities across the curriculum
- Members of NADO (Clare Davis at Northampton College, Susan Butler at Anglia Polytechnic University and Jane Bedlington at Luton Sixth Form College)
- SKILL - National Bureau for Students with Disabilities.
- The Hesley Group and OAASIS:
The Hesley Group website www.hesleygroup.co.uk gives details of the Hesley Group residential special schools and colleges. OAASIS can send you their prospectuses. OAASIS produces a wide range of free Information Sheets and other publications. Please contact OAASIS for the full list, or view them on the website at www.aaasis.co.uk. OAASIS/OCD © OAASIS 03/ 2004 OCD

FOR THEIR INPUT AND COMMENTS THANKS TO:

- Sandra Howes, Stepping Stones, Weymouth.
- Jacky Boucherat, Weymouth College