

Working with

children

with an intellectual disability (revised)



Supporting teachers, leadership teams and professionals in primary and junior secondary schools

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Children with an intellectual disability

Intellectual disability involves impairments of general mental abilities that affect a person's cognitive and adaptive behaviour. Approximately 2 per cent of all children have an intellectual disability.¹ This is a lifelong disability of varying degrees ranging from mild to profound, with the majority (about 85%) of those diagnosed being in the mild range. This ebooklet is tailored primarily to working with children who have an intellectual disability in the mild to moderate range.

Children with an intellectual disability have significant deficits in their cognitive skills—that is, their ability to think and reason, as well as their adaptive skills of independence, socialisation, language and practical skills, compared with other children their age. Adaptive behaviour refers to the skills required to operate effectively, safely, and independently in daily living. Children with an intellectual disability have deficits in three areas or domains of functioning:

- **Conceptual domain** includes skills in language, reading, writing, mathematics, reasoning, knowledge, and memory.
- **Social domain** refers to empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities.
- **Practical domain** centres on self-management in areas such as personal care, job responsibilities, money management, recreation, and organising school and work tasks.

While a diagnosis of intellectual disability is not time bound, onset must begin during the developmental period (between birth and 18 years of age) and involve significant deficits in cognitive and adaptive functioning. By the end of formal schooling, older adolescents with a mild intellectual disability may only acquire academic and social skills similar to most Year 6 or 7 children, while those with a moderate intellectual disability may only acquire academic and social skills similar to most Year 2 or 3 children. An intellectual disability has lifelong implications for the children, their parents/carers and family.

Despite having difficulties in a learning environment, students with an intellectual disability can learn and have the capacity to acquire and use new information.

How are children diagnosed with an intellectual disability?

An intellectual disability is diagnosed by a psychologist who will administer standardised tests of intelligence and adaptive behaviour. The outcomes of these assessments are examined in relation to same-aged peers.

To be diagnosed with an intellectual disability, children must have the following:

- **Significantly below-average intelligence.** Deficits in intellectual functions such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from experience must be confirmed by *both* clinical assessment and individualised, standardised, intelligence testing. The child's intelligence quotient (IQ) will generally score at 70 or below.
- **Significant difficulties in adaptive functioning** that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without

¹ American Psychiatric Association. (2014). *Diagnostic and statistical manual of mental disorders (5th ed.)* Washington, DC: American Psychiatric Association.



continuing support, adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school and community. These difficulties are measured using a test of adaptive behaviour.

- **A history of developmental difficulties or delay before age 18.** Children with a mild intellectual disability may not be identified or diagnosed until they begin school or, in some cases, several years later. Early years teachers play a significant role in identifying children who are not learning at the rate of their peers and referring them for assessment with a psychologist. All referrals must have parent consent.

Note children with a mild intellectual disability typically have an IQ 50/55 to 70, moderate intellectual disability IQ 35 to 49/54, severe intellectual disability IQ 20 to 34 and profound intellectual disability below 20.

Children with a mild to moderate intellectual disability at school

Children with intellectual disabilities learn more slowly than same age peers. This will inevitably lead to the accumulation of a smaller store of knowledge and skills, so it is important that teaching promotes useful learning. These children may exhibit some of the following characteristics:

Difficulties with thinking and reasoning

Thinking and processing information and new learning occurs at a slower rate and to a lower level than peers. Children with intellectual disabilities do not usually learn by picking things up incidentally. They learn best through direct teaching and use of concrete aids.

They may have specific difficulty with:

- Cognitive processing, requiring more time than other children
- Comprehending abstract reasoning and thinking tasks
- Cause-and-effect relationships
- Categorising
- Generalising and applying what is learnt to different situations and contexts.

Difficulties with communication and speech and language skills

They may have difficulty with:

- Receptive and/or expressive language
- Sentences and vocabulary, which are more limited and less complex than peers
- Use of language, which is often very concrete
- Understanding and following complex instructions and open-ended questions
- Finding the confidence and competence needed to speak in front of the class.

Learning difficulties

They generally exhibit the following characteristics when learning new information and behaviours:

- Significantly slower learning than same age peers, as processing, retention, and retrieval of information from memory is difficult
- Need repetition and practice for new learning to become established



- Academic progress that is significantly behind peers (and the gap widens with age)
- Stronger progress in academic areas that do not require higher level reasoning and complex concepts. Generally, there is a preference for kinaesthetic, visual and multi-modal learning.
- Difficulty learning and applying basic skills such as punctuation, spelling and number facts
- Need a long time to complete a task
- Difficulty forming ideas or concepts, and with abstraction
- Difficulty with generalisation, so what is learnt in one area may not be applied to another area.

Difficulties with attention and task completion

All children can experience attention problems at times. However, children with an intellectual disability are more likely to demonstrate:

- Short attention span
- Short-term memory problems
- Difficulty with motivation and distractibility
- Difficulty initiating, beginning or staying on task, and completing a task.

They can quickly become fatigued in a classroom where there are many demands on them; and can appear to have learnt a skill one day, but completely forget it the next day.

Difficulties with organisational skills

All children can be disorganised and off task at times. However, children with an intellectual disability can have more difficulty with:

- Organising work materials, for example, pens, pencil cases, diaries, timetables, notebooks, and other equipment
- Organising information
- Managing time and space
- Sequencing and arranging things in order.

Difficulties with self-regulation

Children with an intellectual disability can have poor emotional intelligence. They may have difficulty understanding and regulating their emotions and recognising, understanding and managing the emotions of others. This may manifest in behaviours such as angry outbursts, over excitability, impulsivity, and mood swings.

Behaviour and emotional difficulties

Children with an intellectual disability are socially and emotionally less mature than same-age peers and this can give rise to challenging behaviours. Most children with an intellectual disability are passive and gentle however some can be impulsive and/or aggressive. In some cases, aggression may be the way a child with an intellectual disability has learnt to exert influence over situations or people.

Some children with an intellectual disability can be emotionally volatile and non-compliant. Challenging behaviour typically stems from frustration about not having their needs met, inability to complete a task or lack of understanding about what is required of them. This can lead to:



- Low self-confidence and self-efficacy
- Stress and limited coping strategies
- Anxiety or worry
- Depression or sadness
- Withdrawn behaviours
- Aggression
- Rule-breaking behaviour.

Children with an intellectual disability often experience repeated failure. They may be dependent on adults for assistance with many tasks including daily living activities.

Social skills difficulties

Children with an intellectual disability may have poorly developed social skills and problems understanding things from another person's perspective. In addition, social anxiety and sometimes poor articulation, can lead to conversational difficulties. As a result, they may have difficulty:

- Making and maintaining friends
- Understanding social cues and rules
- Understanding non-verbal cues, for example in games
- Dealing with groups of unfamiliar people.

In many ways, the child with an intellectual disability functions as a much younger child, and at times may prefer to play and be with younger students.

It is important to note that children with an intellectual disability may not exhibit many of these characteristics. Equally children who do not have an intellectual disability may display some of these characteristics at times.

Co-existence with other disorders

Intellectual disability can co-exist with other mental health and medical disorders. Some children with an intellectual disability will have a diagnosis of one or more of the following: ADHD, mood disorders, anxiety, or pervasive developmental disorders such as Autism Spectrum Disorder. The prevalence of a psychological disorder in children and adolescents with an intellectual disability is estimated to be 36%. The prevalence of conduct disorder is about 20%.²

Intellectual disability can co-exist and be due to genetic disorders such as Down syndrome or Fragile X syndrome.

Children with an intellectual disability are more at risk of anxiety and depression than typically developing children.

Due to a lack of understanding of the emotional states of themselves and others, children with an intellectual disability frequently experience higher levels of anxiety. Anxiety manifests from:

- Frequent feelings of frustration through not understanding the world around them

² The Handbook of Intellectual Disability and Clinical Psychology practice. Second Edition, 2016.² Ed. O'Reilly, G., Noonan Walsh, P., McEvay, J.,



- Fight or flight behavioural responses, often interpreted by others as aggression or challenging behaviour
- Lack of success and frequent failure leading to feelings of lack of control and poor self confidence
- Being made fun of and subjected to bullying and teasing due to lack of understanding of social skills and norms
- Weight issues from over-eating. Obesity is common
- Physical Issues, such as poor co-ordination and other gross and fine motor difficulties
- Poor self-concept
- Fear of getting lost, losing things, reliance on others and fear of losing main care givers
- Fear of change.

Anxiety can often manifest as generalized anxiety, social anxiety or specific phobias.

These co-existing conditions can persist into adolescence and adulthood without effective support and intervention.

Treatment

There is no specific treatment for intellectual disability as it is a lifelong, neurodevelopmental and pervasive condition. Treatment, therefore addresses comorbid issues which are common in this population. Comorbidity refers to the presence of more than one disorder or condition alongside the primary diagnosis (of intellectual disability).

It is critical that children with an intellectual disability are assisted throughout their schooling and beyond with appropriate interventions and management. Targeted support and timely interventions can help maximise opportunities for development of self-regulation and optimum learning, helping to minimise low self-confidence, inappropriate behaviour, poor routines or maladaptive mannerisms.

As previously noted, while children with an intellectual disability can present with a broad range of challenges, this does not mean they cannot learn. They will be slow learners in many areas throughout their life, but with appropriate support, supervision and positive reinforcement their ability to function independently at school and in society will be optimised.



Strategies to support the child with an intellectual disability

- **Apply for resource funding to support individual needs.** Additional financial support is available in most government and non-government school systems across Australia. Such funding may allow the child access to targeted support at school in the form of specialised resources and/or the provision of teacher aides or educational support officers. Check with your relevant education department or governing authority on the specific criteria required.
- **Talk to the child's parents and previous teachers** about approaches to teaching, learning and/or behaviour management that work well. Ask about the child's strengths and weaknesses, special interests and any specific external motivators that can promote learning.
- **Read reports from psychologists or other professionals and follow applicable recommendations.** Children diagnosed with an intellectual disability will have a psychological report of their cognitive and adaptive skills including recommendations to assist with learning. The report's recommendations should be in the child's school file. If not, ask the school principal or psychologist whether a copy is available. Discuss the recommendations with the professional if possible and ask questions if you do not understand or fully agree with them.
- **Develop an Individual Learning Plan (ILP)** focusing on the child's interests, strengths and areas needing support. Ensure that communication, social skills and independent daily living skills are addressed. The ILP should include short and long-term goals for each of these domains, and clear strategies for working towards the goals and evaluating progress. Regularly review and update or modify the plan each term. Discuss the ILP with the parents or carers, the child and relevant professionals involved. For more on writing evidence based ILPs see the [Royal Children's Hospital Systematic review of ILPs](#).
- **If the child is non-verbal, identify an appropriate functional communication system** with speech pathology support and implement any recommendations. For example, Augmentative and Alternative Communication (AAC) apps such as [proloquo2Go](#).
- **Communicate regularly with the parents or carers and work as a team** to set firm and consistent boundaries at home and school. If necessary, develop a classroom behaviour management plan. Work together to apply rewards for appropriate behaviour and consequences for inappropriate behaviour. Be mindful that in some cases one or both of the child's parents may also have an intellectual disability. If required, refer the parents to the school psychologist to assist them to reinforce consistent approaches at home and school.

Working with a teacher aide and others in the classroom

Where a teacher aide or other support is deemed appropriate, a number of strategies can help to facilitate inclusion of the child with an intellectual disability. For example,

- **Consult the child regarding the support they require** and how they would like it to be implemented.
- **Include the child as part of the class.** Do not seat the child at the side or back with the aide or allied health professional.
- **Teachers may need to teach the aide how to *scaffold learning tasks*,** build in additional steps as needed, and check back with the child and others to help ensure learning.
- **Ensure the teacher aide interacts with and helps all students.**
- **Use the aide for whole class or group support** to enable the teacher to engage with the child.
- **When the teacher is engaged with other learners,** teacher aides can support the child, and others, to consolidate new learning and skills.



- **Facilitate and encourage interaction between all peers.**
- **Teachers, teacher aides and others should not talk in front of other children and non-involved adults** about the child.

General classroom strategies

These strategies are examples of good teaching practice that will assist all children with their learning.

- **Provide a well-structured classroom with clear expectations** to help the child to be organised for the day or the next classroom activity. Explain these expectations regularly. Use visual reminders such as charts and pictures, as well as spoken instructions, to remind the child of the expectations and structure.
- **Display a timetable** on the wall, desk or table, where the child can easily see it. The child may need to be taught and re-taught how to use it. It may be helpful to use pictures or symbols to represent subjects. If there is to be a change in the routine, inform the child with as much notice as possible.
- **List books or materials for each activity** on the classroom timetable, beside each subject. For example, a calculator for mathematics, scrapbook for project work, hat and snack for recess, reader and homework folder in the bag at the end of the day.

Assist the child to use the list at the beginning of the activity until they develop independence. Again, it may help to include pictures. The older child might use a checklist of materials for each subject written or drawn on the inside cover of their workbook or diary.

Parents may appreciate a copy of the classroom and specialist timetable, so they can remind or assist the child to prepare for school each day.

- **Warn the child when the end of an activity is approaching** and ensure all students know what will happen next. This minimises anxiety or confusion and allows time to prepare.
- **Display classroom rules and consequences of breaking them.** Rules, consequences and rewards need to have a high degree of consistency otherwise the child can become confused or frustrated. It may be appropriate to remind the class of relevant rules prior to beginning an activity.
- **Consider placement of the child's desk, table or floor position** and whether there are visual or aural distractions nearby, such as a window or thoroughfare. If appropriate, place the child next to supportive, responsible peers and close to the usual teaching position.
- **Provide frequent, immediate and positive feedback.** For children with an intellectual disability, their effort should be just as, or more important, than the result. Immediate feedback is more effective than delayed feedback in motivating the child. A teacher's aide or assistant can be valuable in providing immediate, frequent feedback for effort and reinforcing on-task behaviour.
- **Monitor comprehension of instructions.** Demonstrate and model a required task with appropriate verbal instruction. Provide support and assistance to ensure the child can engage in or complete the task. Finally, encourage the child to engage in the task independently. Monitor and provide positive reinforcement and feedback to facilitate learning.
- **Teach and revise behaviours and skills in different contexts.** Children with an intellectual disability have difficulty generalising information to new situations or settings. For example, a child may have learnt to put their hand up before speaking in the homeroom but may need to be re-taught this skill in the art room. Similarly, when teaching a new concept that involves use of previously encountered content, use the same language to teach the new concept. For



example, you may use 'add' for addition while a textbook may use 'plus'. When the child is proficient, consider introducing new terms.

- **Assign the child a helper role.** Find an area of strength and ask the child to assist another child or group of children for whom this is a weakness or new learning. For example, a child who is good at soccer could help children with less developed soccer skills. This will allow the child to develop self-esteem and a sense of competence.
- **Ignore low level disruptive behaviour** and teach other children in the class to ignore inappropriate attention-seeking behaviours.
- **Implement a [playground support plan](#) for the child who has trouble with play** at break times and share with all staff. Remind child of the plan just before recess and lunch and check in after breaks.
- **Review your teaching practice to ensure good classroom management.** [The Better Behaviour Better Learning: Essential Skills for Classroom Management](#), Education Queensland, provides a guide to the 10 most effective strategies for managing behaviour in the classroom.

Giving Instructions

- **Use the child's name and encourage eye contact to focus attention on you.** For example, clap three times and the class copies the three claps, or you say 'eyes to me' as a signal for all children to attend to you in preparation for listening.
- **Don't overload the child with instructions.** Determine whether the child can follow one, two or three instructions at the one time and don't exceed that number. Short bursts of work require fewer instructions and can be less overwhelming for the child.
- **Use simple, short sentences with familiar vocabulary.** Avoid complex or technical words and jargon.
- **Pause between each sentence** to give the child time to process what is being said. It may be useful to pause between each instruction until the child has completed the action. For example, 'Put down your pens.' (pause) 'Leave your work on your desk.' (pause) 'Come and sit on the floor please.'
- **Present instructions both verbally and visually** as often as possible. Hand gestures, pictures, objects or step-by-step instructions can all be helpful.
- **Repeat instructions and check for understanding** either by watching or asking the child to repeat what you have said, or asking, 'What are you going to do next?'
- **Keep instructions visible throughout the task.** Write or display them with pictorial support. For frequent tasks you could laminate step-by-step instructions with visuals to remind the child of the required action. [Graphic organisers](#) can be useful prompts.

Make 'reasonable adjustments' to the curriculum

Teachers are required to make 'reasonable adjustments' for students with disabilities. Ensure these strategies are inclusive where possible, part of accepted practice, discreet, negotiated via consultation, support independent and continued learning and engagement. For example,

- **Provide 'hands on' concrete aids,** manipulatives, drawings, diagrams and mathematical tools to support learning and completion of tasks. For example, when teaching numeracy concepts such as addition, subtraction or length multisensory activities can be helpful; when teaching letter formation, you might ask the child to write the letter on an outside path in chalk, write the letter with their finger in sand, trace the letter with a glue stick and then cover the



paper in glitter, or 'write' using felt letters that can be cut and pasted down to make letters and common words.

- **Repetition** of the same material over time will help consolidate new learning and skills for many children with an intellectual disability.
- **Use visuals** as much as possible to take the load off the child's work memory and build independence to move through a task.
- **Motivate** by aiming tasks at the child's level of interest and understanding. This will promote engagement and persistence.
- **Digital curriculum resources** from the [National Digital Learning Resources Network](#) such as interactive learning resources, tools, film clips, sound files, photographs, maps and teacher support materials can help make learning meaningful.
- **Assign a smaller workload and give extra time to complete tasks and tests.** You could ask the child to write several sentences or a paragraph rather than a whole page or assign fewer questions in a workbook.
- **Modify outcomes or assessment techniques.** For example, rather than writing a page on a topic, the child may be required to draw a diagram with labels and provide a short verbal explanation.
- **Break tasks into manageable chunks.** Some children may have difficulty remembering and completing all the components of a large task. Break the task into smaller steps to make it more manageable. For example, when asking the class to write a recount, ask them to first draw a recent experience, then make dot points about the people and events from this experience. Next, order the dot points and finally write a sentence or two for each dot point.

The child can then be supported to construct a draft (broken into introduction, one or two events or incidents that occurred, and a conclusion). A final draft might add details and the teacher, aide or assistant might assist with revisions and editing to produce a final copy. It can help to ask the child to complete one step at a time, or to provide a visual reminder for each step.

It may help to set time limits for each section and give reminders of the time they have left. For example, 'You have 10 minutes left ... 5 minutes ... 2 minutes' and so on. The child may need one-to-one support and verbal prompting to stay on task.

- **Help the child to see how to complete the task.** For example,
 - **Graphic organisers can help as a learning map** following brainstorming. This gives the child opportunities to process and organise thoughts.
 - **Complete the last step** so there is completion and success. An example could be reading or writing the last word in a sentence of text, where the missing word is highly predictable and/or rhymes. In mathematics, writing the final digit in an answer to an algorithm or completing the last step where there the answer is one of two choices, and one of the choices is more likely than the other.
 - **With concrete aids available, show the modelled answer, with one step to complete.** For example: $6 + 4 = 10$. The child is required to complete one step, such as $6 + _ = 10$, $_ + 4 = 10$, $6 + 4 = _$.
- **Use assistive technology.** Speech-to-text applications are available on tablets and phones. Teach the child to use these effectively. Some other excellent programs include [Clicker 7](#) for younger years, [texthelp](#) for late primary and secondary and from [Nuance](#), Dragon speech recognition software. Note some children can find this latter software difficult to master. Online apps such as [Grammarly](#) can assist the older child with correcting grammar and spelling. [Explain Everything](#) is a set of multi-media apps. These diverse learning tools are suitable for



assist students with writing and grammar and to file photos. For the non-verbal child see AAC apps such as [proloquo2Go](#). Online educational programs such as [Mathletics](#) and [Matific](#) may motivate the child and allow them to work at their own pace or level.

Improve organisational skills

- **Remind the child that everything has a place.** Help the child to develop good habits, for using and storing items. They may frequently forget about or lose objects such as books, drink bottles, pens, jumpers and other classroom materials. Insist that used or borrowed items are returned to their storage place immediately after use rather than later, when the connection between the habit of correct storage of the item is reduced.
- **Use visual charts or checklists** to show what is needed for each different activity for the day. See www.cognitopia.com/ for an example of an icon-based personal organiser that assists the child to create visual schedules on their computer.
- **Assign a responsible buddy to prompt the child** about what is needed for the next activity or the current task. It can be helpful to choose different buddies for class work and elective subjects such as art and sport.
- **Involve parents.** Work with the child's parents to develop independence around getting organised for school. Help the parents to design an organiser for home use.

Assessment strategies

Alternative assessment strategies may give students with an intellectual disability an opportunity to demonstrate what they know. For example, consider:

- **Extensions for assignments**
- **Extra time in test settings**
- **Short answer multiple-choice questions instead of essays**
- **Use of technology to report on work**, for example, PowerPoint, videos, photographs.

Homework

- **Modify homework so the child can experience success.** Some parents may like to have an older, more able family member or paid tutor to assist.
- **Break homework into small, manageable components.** You might simply use highlighter pens to separate two or three parts, so the child can tick off each section as it is completed.
- **Set goals for time to be spent on a task**, or the number of questions to be completed. List goals in the child's diary or organiser.
- **Reward goal attainment.** Work with parents to reward the child with a reward as soon as homework is completed. The reward should be predetermined and agreed to by the parent and child. Rewards could include an additional story read by the parent at bedtime, a sticker, a 10-minute game with a parent, a hot chocolate with Dad or another special adult, or praise from a parent or relative by telephone or video link. For the older child rewards could include extra computer time, additional game time, parental help to complete a chore, 'free time' at home or at a friend's house, a phone call or video chat with a special adult.



Teach social skills

- **Directly teach social skills** such as turn taking, social distance, conversational ping pong and provide opportunities to practise in role playing situations.
- **Reinforce pro-social behaviour** at every opportunity.
- **Social stories are a concrete aid and reminder about appropriate social skills.** At a simple level they can be pictograms representing, for example, on-task behaviour with a big green tick and off-task or disruptive behaviour with a big red cross. A situation which is unusually difficult or confusing for the student can be described clearly and supported with photos or drawings. The story can highlight social cues, events, actions and reactions around a friendship or social situation to help the child feel more comfortable and prepared. Stories can be taped to the work space or made into small books.
- **For further information on social skills development and friendship skills** see, [Working with children who have difficulty making friends](#). This ebooklet is part of a package of resources available for Members to download from the Psych4Schools website.

Behaviour support for challenging behaviours

- **Complete a [Functional Behaviour Analysis \(FBA\)](#) for each significantly disruptive behaviour.** An FBA is considered best practice in the field of intellectual disabilities. Reducing challenging behaviours is closely linked with understanding the *function* of the behaviour. An FBA can help identify where, when and why a behaviour occurs. Based on the information obtained a behavioural intervention can then be documented in a Behaviour Support Plan.
- **Create a [Behaviour Support Plan](#),** management or care plan with the teacher, child, family and school psychologist. It can include intervention approaches for specific behaviours, short and long-term goals for positive behaviour and rewards and strategies to support the student. The intervention strategies need continuous monitoring and evaluation with a view to increasing pro-social behaviours and decreasing inappropriate behaviours.
- **Consider the child's abilities when implementing behavioural consequences.** A child with an intellectual disability should not be treated as an 'average' child in regard to discipline procedures. Additional steps and management strategies such as a second warning, another explanation, sitting out for two minutes, the child giving an apology are expected as part of fairly addressing and assisting the child to build pro-social behavior, understanding, and acceptance of school rules. If the inappropriate behaviour continues the child could then be requested to complete a reflection sheet as the consequence. Responses need to be suitable to the child's level of understanding and insight, such as circling single word answers, ticking easily read prosocial statements, drawing and/or labelling expected behaviours.
- **Be aware of all ethical, legal and policy considerations when responding to challenging behaviours of students.** [Restraint and seclusion practices](#) are not permitted in Australian schools. [Restrictive practices](#) should only ever be used as a last resort and the least restrictive option should always be adopted.

Daily living skills

- **Develop a life skills program to complement the individual academic program.** Explicitly teach daily living and self-care skills.
- **Create opportunities for regular practise of personal care and self-help skills.** This may include social development, shopping and cooking, everyday mathematics (using money, calculators, timetables), and literacy (reading road signs and shopping labels), helping with the class or school's library administration and distribution, communication by telephone and email, and learning to play playground games (such as two square and four square, tiggy,



basketball and rounders). Older primary and junior secondary students can also benefit from travel training and visits to places of interest and cultural opportunities in the community.

- **Use backward chaining to teach daily living skills**, where complex tasks are broken into smaller steps, and the steps are taught in the reverse order. This gives the child the feeling of success and mastery with each step learnt. For example, when teaching the child how to zip up their school jacket, the teacher would first break the task up into smaller steps: (1) Thread the zipper into the slider. (2) Start zipping the zipper up so you know it is on the track (3) Pull the zipper all the way up. The teacher would then do steps 1 and 2 and allow the child to complete step 3. Once the child completes step 3 competently, the teacher completes step 1, and the child completes step 2 and 3, and so on. For more information, see [Backward Chaining Technique](#).

Help for parents

- **Suggest parents investigate eligibility for Centrelink Carer's Allowance** for financial assistance and/or a Health Care Card for the child. This allowance is not income or asset tested. To find out more, contact the Disability Officer at your local Centrelink office, see www.centrelink.gov.au
- **Parents may be eligible for a Companion Card**, depending on the child's level of disability, see www.companioncard.org.au or phone 18800 650 611.
- **Parents can receive additional information, support and advocacy through agencies** such as the Association for Children with a Disability, see www.acd.org.au or phone: 1800 654 013.
- **Parents may access support with managing their child's behavioural or developmental issues by attending a parenting program** such as [Stepping stones Triple P](#) or [The Signposts for Building Better Behaviour program](#). These programs have been developed to assist parents of children with disabilities to replace difficult behaviours with useful behaviours, cope with stress and improve relationships between parents and child and within the family.
- **The National Disability Insurance Scheme (NDIS)** may also be an avenue for additional support for the child at home and in the community.



Resources

For teachers

- Barnett, T, Cumming, S, Fraser, E, Linke, T, Sayer, L & Scrimshaw, C. (2013). A systematic review of what is known about Individualised Learning Plans (ILP). The Royal Children's Hospital Education Institute.
www.rch.org.au/uploadedFiles/Main/Content/education/A_systematic_review_of_what_is_known_about_Individualised_Learning_Plans_Final_Report_BrM_edits.pdf
- Neitzel, J. & Bogin, J. (2008). Steps for implementation: Functional behavior assessment. Chapel Hill, NC: The National Professional Development Center on Autism Spectrum Disorders, Frank Porter Graham Child Development Institute, The University of North Carolina.
https://csesa.fpg.unc.edu/sites/csesa.fpg.unc.edu/files/ebpbriefs/FBA_Steps_0.pdf
- Specialist Children's services, KIDS, Scotland (n.d.) 'Self-Care Backwards Chaining technique'
www.nhsggc.org.uk/media/249067/backward-chaining-information-sheet.pdf
- Angelo, F., Pritchard, H. & Rose Stewart (2015). Special girl's business. Australia: Secret Girls Business. - This book provide details about the physical and emotional changes boys with special needs will encounter with increasing age, puberty and later adolescence.
- Angelo, F, Pritchard, H., Stewart, R & Davey, J. (2006). Secret boys' business. Australia: Secret Girls Business - This book provide details about the physical and emotional changes boys with special needs will encounter with increasing age, puberty and later adolescence.

Assistive technology

- **Clicker 7 ANZ** – Literacy toolkit that assists students to succeed: from planning, to writing, to proofing <http://www.spectronics.com.au/product/clicker-7-anz-australian-new-zealand-version>
- **Texthelp** read&write – Literacy software that converts text to speech. www.texthelp.com/en-au/products/read-write/
- **Nuance** Dragon Speech Recognition Software – Converts speech to text and uses speech to control computer functions. www.nuance.com/en-au/dragon.html
- **Proloquo2go** Speak up with symbol-based ACC
<https://www.assistiveware.com/products/proloquo2go>
- **Grammarly** Better Writing, Better Grades <https://app.grammarly.com/>
- **Explain Everything Whiteboard** a set of multi-media apps available from the App Store.
<https://itunes.apple.com/au/app/explain-everything-whiteboard/id431493086?mt=8>
- **Mathletics** Online courses aligned to Australian Curriculum maths standards across the primary and secondary years. <http://au.mathletics.com/>
- **Matific** Online interactive mathematics activities for students www.matific.com/au/en-au/home/

For parents

- **MyTime** – free support for parents of children with disabilities www.mytime.net.au/why-mytime/
- Eichenstein, R & Siegel D.J. (2015). Not What I Expected: Help and Hope for Parents of Atypical Children (Paperback), A Perigee Book, Penguin, New York



- Dew, A., Jones, A., Horvat, K., Cumming, T., Dillon Savage, I., & Dowse, L. (2017). Understanding Behaviour Support Practice: Young Children (0–8 years) with Developmental Delay and Disability. UNSW Sydney
www.arts.unsw.edu.au/media/FASSFile/UNSW_Understanding_Behaviour_Support_Practice_Guide_Children0to8_colour.pdf
- Dew, A., Jones, A., Cumming, T., Horvat, K., Dillon Savage, I., & Dowse, L. (2017). Understanding Behaviour Support Practice: Children and Young People (9–18 years) with Developmental Delay and Disability. UNSW Sydney
www.arts.unsw.edu.au/media/FASSFile/UNSW_Understanding_Behaviour_Support_Practice_Guide_Children9to18_colour.pdf
- Angelo, F., Pritchard, H. & Rose Stewart (2015). Special girl's business. Australia: Secret Girls Business. - This book provide details about the physical and emotional changes boys with special needs will encounter with increasing age, puberty and later adolescence.
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- Specialist Children's services, KIDS, Scotland (n.d.) 'Self-Care Backwards Chaining technique'
www.nhsggc.org.uk/media/249067/backward-chaining-information-sheet.pdf

Parenting programs to assist with managing behaviour and developmental issues

- **Triple P** Stepping Stones Triple P program <https://www.triplep-parenting.net.au/au-uken/get-started/triple-p-courses-for-parents-of-children-birth-12-years/stepping-stones/>
- **Parenting Research Centre** Managing difficult child behaviour. The Signposts for Building Better Behaviour program <https://www.parentingrc.org.au/programs/signposts/>