

Some pre-conditions for reading and writing:

- A good sense of balance, a functioning kinesthetic sense, and an adapted muscle tone for keeping the body upright
- Control of neck muscles and position of the eyes.
- Adequate body orientation- to build a relationship between the body and space since this is a prerequisite for a feeling for height, depth and width- an important pre-condition for recognizing letters.
- A feeling for the differences between sides of the body. Without an understanding of left and right, intersection of both sides in the body center cannot function. This ability is needed to recognize letters and follow a line of text.
- An efficient interaction of the eye muscles. If the eyes are not able to fuse effectively, the result is a fragmentary or blurred letter and text image. Letters are confused, own errors are not recognized.
- Good central hearing processing as sounds quickly fade and background noises need to be filtered out.

Depending upon the quality of the above conditions, a functional asymmetry, the co-operation of the two large brain halves develops. The left hemisphere analyzes individual sentence parts based on grammar and semantics while the right hemisphere provides the general context and comprehension. Unless all sensory systems help in processing, difficulties will arise. The better the sensory systems co-operate, the better the child can learn and the easier the learning becomes. If sensory perception is in any way disturbed, the ability to compare information, make associations, and classify is impaired. Recognizing super ordinate principles, planning courses of action, and establishing serial orders becomes more difficult. The ability to solve problems is also impaired. If everything is present the child will possess: attention and concentration adaptability, learning aptitude, willingness to learn and a capacity to act.

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Looking at a Learner

Hong Kong



An anecdotal narrative of a series of interventions used by a class teacher with a young learner identified with ADHD

Wendy Arnold

This article narrates the process I went through to attempt to be inclusive to a young learner (YL) who had behavioral problems. It was four months before the SENCo (special educational needs co-ordinator) at the school told me that the YL was on the school register as having been identified with ADHD (attention deficit hyperactivity disorder). I had to ask about the problem. This highlighted the

need for a whole school policy on sharing information with all teachers.

Context

The YL is in a class of 35 students in a monolingual, homogenous aided primary school in the New Territories in Hong Kong. The pupils are ten years old. The class is of mixed ability. In addition to the YL with ADHD, the following other YLs were found to

be on the register of SEN at the school, in the same class:

- autism spectrum (nothing specific)
- Asperger's disorder
- gifted and talented
- hard of hearing
- specific learning difficulties (nothing specified)
- dyslexia

As well as the seven YLs on the register, there were possibly another seven pupils with specific SEN issues. The class had no additional teaching resources for support.

ADHD

(attention deficit hyperactivity disorder)

'...Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurological brain disorder that manifests as a persistent pattern of inattention and/or hyperactivity/impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. ADHD begins in childhood, and as has only recently been understood, can persist into adulthood as well. While some children outgrow ADHD, about 60% continue to have symptoms into adulthood.

Hyperactivity is identified if a YL displays these symptoms:

- fidgets or squirms
- has to get up from the seat
- runs or climbs when they know they shouldn't
- is on the go, as if driven by a motor
- talks excessively

Because all pupils behave in this way at times, only a professional can diagnose ADHD.

Research repeatedly demonstrates that ADHD runs in families. There are also indications that the type of ADHD that persists into adulthood is more highly genetic than the type that remits in childhood.

It is believed that the prevalence rate for ADHD is approximately 3 to 7% of school-age children, and 4% of adults. As children, the male to female ratio is 4:1.

<http://www.adhd.com/family/understanding/symptoms/hyperactive.jsp?reqNavId=1.2.2>

Narrative of interventions

(For the purposes of this article, the YL will be identified as John.)

In September 2003, I observed that John was exhibiting some of the symptoms identified under the ADHD description. A meeting was set up between John's parents, John and myself. An action plan was discussed. At this point I did not know of John's ADHD. At this first meeting John's parents did not offer this information, nor did I consider requesting it.

The action plan agreed and signed by John and his parents included:

- keeping a school/home journal to be shared by all three stakeholders to communicate with each other
- identifying that it was the behaviour causing the dilemma not the person
- having tokens (stickers) for good behaviour

I also spoke to all the other subject teachers who had contact time with this class. None of the other teachers said they had any dilemmas and none of them considered the behaviour of the YL in this class as unmanageable.

In October 2003, a follow-up meeting was made with all three stakeholders. The purpose of this meeting was to discuss how effective the action had been. The following comments were made:

- the seating position in the class had a direct impact on John's behaviour. If he was too close to the window, he was easily distracted by what was going on outside (even though the classroom is on the 5th floor). If he was near any other YL with learning/behavioural differences, he attempted to attract their attention. He needed to be at the front of the classroom so that the teacher could easily motion to him when his behaviour was disruptive. The downside of this was that he could take 'centre stage' very easily!

- John was regularly losing the shared journal. It could be an attempt to keep his parents and the writer apart

In December 2003 the SENCo gave me a publication issued by the Education and Manpower Bureau (EMB) on special educational needs and some intervention suggestions. I read the EMB manual, did some internet research and went on an 18 hour course on special needs.

Between January to June 2004 John's negative behaviour and attempts to attract attention were ignored. I realized that John was unable to control some of the behaviour but also realized that he was deliberately getting me to rise to his bait. John's good behaviour was focused on and praised.

Between September 2004 and June 2005, I continued to praise John's good behaviour. I also negotiated with the class teacher whenever his seating was changed. It was agreed to place John surrounded by girls who could ignore his teasing. This sometimes meant that some girls had to tolerate a high amount of verbal and sometimes physical abuse. Luckily there were enough girls in the class who could ignore him.

Other intervention methods have included:

- SMILE at John whenever he is spoken to, even though it might be to caution him that his behaviour is unacceptable. It is important that John knows that it is his behaviour and NOT him that causes concern
- let John walk about if he looks very distracted, BUT with the proviso that he is NOT allowed to distract anyone from working
- NEVER shout at John although he does provoke, as he immediately switches off and will not listen at all.

The situation has improved dramatically. John seems to know when I am not feeling very well and this is when he is most likely to provoke. We now have a 3-strike policy if he persists in negative behaviour, which is:

- state the behaviour that is causing a problem and state how it makes me feel using this language 'it makes me feel when you do ..'
- state the penalty if they continue with the negative behaviour e.g. 'If you continue doing I will ask you twice to stop. If on the third time you don't stop, you will have to. ...+ penalty. It's up to you. You can stay sitting next to ... or you will be moved + penalty ...'

I have continued to keep the parents involved. They have conferences at least once a term and although the journal has been discontinued, there has been some telephone communication and written notes in John's homework book. The homework book is a very powerful tool. If there are comments in it written in RED pen, all the YL are very concerned. The consequences in some cases are very negative (YL coming to school the next day with bruising) and so I prefer NOT to use this method.

Since December 2004 I have noticed that John's behaviour difference has no longer been observed. He completes most of his tasks in class, he is passing his 6 weekly tests well and he seems a very happy child. He is constantly smiling ... he is not on medication!

Conclusion

I now feel more empowered to cope with YLs with learning/behavioural differences. This is partly due to the close relationship and collaboration with John's parents. John's behaviour at home mirrored that at school but all 3 stakeholders have learnt some strategies to be inclusive.

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