

The problem of identifying SLD children was addressed by federal legislation in 1975.

Who has specific learning disabilities?

by Norma J. Dyck



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The newest and largest category to receive help from special educators has become known as Specific Learning Disabilities (SLD). The term is confusing to many people because it is less descriptive than other categorical terms such as Visually Handicapped or Hearing Impaired.

Professionals who translate the term loosely may wish to include anyone having difficulty learning in a typical school situation. To these individuals, incidence figures of SLD could be as high as 15 to 20 percent of the school age population. Other practitioners argue that the educational needs of children with minor learning problems are not really special and should be met by general educators. These professionals believe a more realistic incidence figure of SLD would be two to three percent of school age students.

The problem of identifying SLD children was addressed in the landmark federal legislation of 1975—PL 94-142. The law directed the commissioner of education to study the issue and to develop procedures for evaluating children with SLD. After many months of study that included public hearings in six major cities and consultations with specialists from many disciplines, the commissioner published final regulations effective in 1978. (*Federal Register*, Dec. 29, 1977).

These regulations specify the procedures for evaluation and guidelines for making SLD placement decisions. The decision for placement must be made by the members of a multidisciplinary team. The team members must look for data that will support the placement of SLD. The decision will be based on subjective and objective analysis of data. The new guidelines are welcomed as giving some direction for future decisions but are disappointing to those individuals who were looking for formulas or objective criteria.

Why are SLD children so difficult to identify? There is only one identifying characteristic of SLD on which all authorities agree i.e., the student is not achieving up to estimated potential. In addition, it is generally accepted that the learning problem must not primarily be the result of another handicapping condition such as mental retardation, hearing impairment, etc. Such a determination

may seem simple to make, but any experienced diagnostician will affirm that current tests are not sensitive enough to easily yield such precise information. In every case the diagnostician must interpret data, some of which is quite subjective.

In the early period of special education, emphasis was placed on a medical cause in identifying students requiring special services. Whenever a medical practitioner identified a disabling factor such as blindness or deafness, it was obvious such a case must be given special attention. But as special education services expanded, more mildly handicapped children began to be included. Their inclusion was usually based on psychological rather than medical information. These mildly handicapped children were usually called Educable Mentally Retarded on the basis of an IQ score.

During the 1960's groups of parents in communities throughout the country began to lobby for services for their children who were also handicapped in the school situation but could not qualify for special education because their IQ scores were normal or above.

Some of these children had been given medical labels, i.e., Brain Injured, Dyslexic, Neurologically Handicapped, etc. When schools finally began to serve these children, such medical terminology was neither helpful nor appropriate. With time, medical terms were abandoned and the term Specific Learning Disabilities became widely accepted in the United States. The word "Specific" implied the student had problems in only certain aspects of learning rather than a general deficiency, as in the case of mental retardation.

Many SLD children have difficulty with reading but some are troubled by other areas such as math or verbal expression. The learning problems are frequently accompanied by behavior problems such as hyperactivity, distractibility or impulsiveness. In some ways the SLD child might function like a child labeled mentally retarded, in other ways he may resemble the emotionally disturbed child. Often overlooked are SLD students with some areas decidedly gifted. This variance is typical of SLD children yet precisely the element that makes identification difficult because no two SLD children have identical profiles of strengths and weaknesses.

How can SLD children be identified? Until more precise measures can be developed, the guidelines provided by USOE (*Federal Register*, Dec. 29, 1977) will be helpful. According to these guidelines SLD is defined as follows:

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage.

The regulations further specify criteria for determining a specific learning disability as:

(a) 1. The child does not achieve commensurate with

his or her age and ability levels in one or more of the areas listed in paragraph (a) 2, of this section, when provided with learning experiences appropriate for the child's age and ability levels; and

2. The team finds that a child has a severe discrepancy between achievement and the intellectual ability in one or more of the following areas:

- (i) Oral expression;
- (ii) Listening comprehension;
- (iii) Written expression;
- (iv) Basic reading skill;
- (v) Reading comprehension;
- (vi) Mathematics calculation; or
- (vii) Mathematics reasoning.

(b) The team may not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of:

1. A visual, hearing or motor handicap;
2. Mental retardation;
3. Emotional disturbance; or
4. Environmental, cultural or economic disadvantage.

The determination for placement is made by a multidisciplinary team the same as is required for all other handicapping conditions (*Federal Register*, Aug. 23, 1977). The team must consist of at least a supervisor of special education, the child's teacher and his parents. In addition, for SLD candidates, the new regulations specify that the team must include the child's regular class teacher and one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist.

Another element unique to the area of SLD is the requirement to observe the child in the regular class setting. The regulations (*Federal Register*, Dec. 29, 1977) state:

- a. At least one team member other than the child's regular teacher shall observe the child's academic performance in the regular classroom setting.
- b. In the case of a child of less than school age or out of school, a team member shall observe the child in an environment appropriate for a child of that age.

The diagnostic team must prepare a written report of the results of the evaluation. The report must document the basis of determining SLD, a record of observed behavior and other relevant findings. Each team member must certify in writing his or her agreement with the report. If one member does not agree with the consensus of the team, he or she must submit a separate statement.

The regulations also removed a two percent limit on the number of children that could be served in a SLD program. This limit was specified in the law (PL 94-142) to avoid the potential problem of a loose interpretation of the definition which would result in placing too many children in SLD programs for purposes of receiving federal funds. Since the new regulations will help to control the potential problem, the two percent cap was lifted.

How will the regulations affect public schools? For many schools, no changes will be needed. Some school districts have established clear procedures and guidelines

for placement that are consistent with the new regulations. Other school districts will need to reconsider their present practices and develop a system to effectively meet the new requirements. For example, it is a common practice for school psychologists to make placement decisions without consulting other people concerned about the child, such as the classroom teacher or the learning disabilities teacher. Such a practice cannot continue. It is not acceptable for any person alone to make a placement decision. It is imperative for school staffs to find the time for all team members to meet and discuss the data collectively. Staffings present problems of time, scheduling and communication that must be addressed.

If placement teams are to function effectively, all members must know what to look for. This knowledge may need to be imparted through inservice training, especially for regular class teachers and administrators. They will need to know how to determine the presence of a discrepancy between achievement and potential. They should know how to identify a specific disability rather than a general learning problem. They will need to understand characteristics of other handicapping conditions which cannot be included in the SLD group. If team members are not knowledgeable, they will simply rubber stamp the opinions of one or two people. Such a practice will not be in the best interest of the child nor will it reflect the intent of the law. This issue calls for inservice and pre-service training for school staffs.

Diagnostic team members may need to improve their skills in making classroom observations. If the observation period is not designed to pinpoint specific behaviors, the time may not be well spent. The diagnostician will need to have a clear purpose for observation and a systematic method of recording observed behavior. Other factors will need to be considered such as the time of day selected for observation and communication with the classroom teacher.

There is a need for more research to study the whole area of SLD. This need is recognized and supported by the Bureau of Education for the Handicapped. However, until such time as research can give more definitive information, the federal guidelines are an important step towards providing some consistency. The regulations are not as precise as some professionals had hoped for. But they are responsive to the varied views of professionals throughout the United States. Considering the current state of the art, these guidelines may best serve American children for the time being.

References

- Federal Register**, Aug. 23, 1977, 42 (163), 42496.
- Federal Register**, Dec. 29, 1977, 42 (250), 65082.