PROVINCIAL OUTREACH PROGRAM FOR FETAL ALCOHOL SPECTRUM DISORDER (POPFASD)

SUPPORTING AND TEACHING LEARNERS WITH FASD

HANDOUT FOR EDUCATORS

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FETAL ALCOHOL SPECTRUM DISORDER
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Paradigm Shifts and FASD

Beliefs dictate behaviors. The belief that neurobehavioral symptoms of FASD are wilful, volitional or intentional generates punishment. This, in turn, often results in an array of secondary defensive behaviors. The key to prevention is linking the idea of brain dysfunction with presenting behaviors, reframing perceptions, and moving from punishment to support. The shift is from seeing a child as one who "won't" do something to one who possibly "can't."

As our understanding of the meaning of "organic brain differences" is integrated into everyday life, at home and in the community, parents and caregivers undergo a personal and professional paradigm shift in how they understand and feel about children with FASD. The shift includes moving from:

From seeing child as:	**To understanding child as one who:**
Won't	Can't
Bad	Frustrated, defended, challenged
Lazy	Tries hard
Lies	Confabulates; fills in
Doesn't try	Tired of failing; exhausted or can't start
Mean	Defensive, hurt, abused
Doesn't care; shut down	Can't identify or show feelings
Refuses to sit still	Over-stimulated
Fussy, demanding	Oversensitive
Resisting	Doesn't "get it"
Trying to make me mad	Can't remember
Trying to get attention	Needs contact, support
Acting younger	Is developmentally younger
Thief	Doesn't understand ownership
Inappropriate	May not understand proprieties
Not trying to get the obvious	Needs to be retaught many times

Preliminary findings from pre-post tests clearly indicate significant shifts in professionals:

Personal shifts from:	**To feelings of:**
Hopelessness	Hope
Fear	Understanding
Chaos, confusion	Organization, meaningfulness
Anger	Reframing perceptions, defusing
Power struggles	Working with, rather than at
Frustration	Trying differently, not harder
Exhaustion	Re-energized; new options to try
No good outcomes	Seeing and supporting strengths
Isolation	Networking, collaboration

Professional shifts from:	**To:**
Traditional	Recognizing brain differences
Applying consequences	Preventing problems
Traditional interventions	Expanding professional options; developing effective strategies
Changing people	Changing environments

 www.fascets.org (FASD: A Collection of Information…p 135)

Paternal Use of Alcohol and Other Drugs: Possible Implications

In the absence of maternal use of alcohol or other substances during pregnancy, some past research has found the following characteristics associated with paternal drinking or using substances prior to conception. Fathers' drinking does not cause Fetal Alcohol Syndrome. There is considerable difference of opinion on whether or how much fathers' drinking affects pregnancy outcome; these findings underscore the importance of expanding prevention messages to include men.

1. Paternal contribution to fetal alcohol syndrome; Abel E: (2004) *Addict Biol* June; 9(2): 172-133.

2. Neuro-physiological alterations in sons of alcoholic fathers and abstinent mothers. Impaired cognitive skills, greater likelihood of hyperactivity (Hedgedus 1994. Tartar, 1989)

3. Cocaine attaches to sperm prior to conception. (Yazigi et al, JAMA 166, 1991)

4. Possible intergenerational / genetic effects. (Friedler, Alcohol Health and Research World, 1990)

5. Paternal alcohol exposure resulted in offspring with decreased activity and testosterone levels (Aabel and Lee, 1988)

6. Changes in behaviour of offspring – i.e.: sons of alcoholic fathers (Abel, 1988)

7. Abnormal EEGs (Bergleiter and Projesz, 1988)

8. Low birth weight (Little, Sing, New England Journal of Medicine, 314, 1986)

9. Low count and altered structure of sperm may be related to spontaneous abortion. (Joffe and Soyka, 1982)

Current research continues into the risks of paternal exposure to drugs and alcohol before or during his partner's pregnancy. Some more recent articles include the following:

- www.fira.ca/cms/documents/16/Father_Involvement_and_FASD.pdf
- http://www.biolreprod.org/content/81/4/607.full

"Age appropriate" behavioural expectations and developmental gaps associated with FASD

Behaviours of children and adolescents with FASD are often seen as "inappropriate for their age" but many actually be appropriate for their *developmental* age. Unfortunately, the goals of most parenting and professional interventions focus on helping children "act their (chronological) age." These interventions may inadvertently become the source of frustration for children and adolescents with FASD. It takes children with FASD longer to grow up. When supports are developmentally appropriate, frustration is often prevented. The following lists compare standard behavioural expectations based on chronological age and contras them with actual developmental abilities.

Chronological age-appropriate expectations	**Developmental age-appropriate expectations**
5	5 going on 2 developmentally
go to school	take naps
follow three instructions	follow one instruction, help mommy
sit still for 20 minutes	active, sit still for 5-10 minutes
interactive, cooperative play, share	parallel play
take turns	my way or no way
6	6 going on 3 developmentally
listen, pay attention for an hour	pay attention for about ten minutes
read and write	scribble
line up on their own	need to be shown and reminded
wait their turn	don't wait gracefully, act impulsively
remember events and requests	adults remind about tasks
10	10 going on 6 developmentally
read books without pictures	beginning to read, with pictures
learn from worksheets	learn experientially
answer abstract questions	mirror and echo words, behaviours
structure their own recess	supervised play, structured play
get along and solve problems	learn from modeled problem-solving
learn inferentially, academic and social	learn by doing, experiential
know right from wrong	developing sense of fairness
physical stamina	easily fatigued by mental work
13	13 going on 8 developmentally
be responsible	need reminding
organize themselves: plan ahead, follow through	need visual cues, modeling
meet deadlines after being told once	need simple expectations
initiate, follow through	need prompting
appropriate social boundaries	kinaesthetic, tactile, lots of touching
body space	in your space
establish and maintain friendships	early friendships

Guidelines for Supporting People with FASD

Because of the wide variability of effects, there is no simple "cookbook" approach to working with people with FASD, no simple recipe for doing things "right." Taking the cookbook metaphor another step, these recommendations are like ingredients, providing a selection of techniques for creating a menu for a good fit with an individual. The following are deceptively simple recommendations which have been found to be effective in helping professionals and family members support those with FASD, preventing or intervening in the deteriorative cycles which may develop over time in the absence of identification.

The statement in bold type is the guideline. The statement(s) that follow provide specific details. The last statement(s) in parentheses refer to the general characteristic associated with FASD which it addresses.

1. **Consider the role of the brain and brain differences in behaviors.**
   People with FASD have organic brain differences. Environments are modified to support people with other handicapping conditions; environments also need to be modified to support people with FASD.
   (FASD is an invisible physical disability and the only indication of its present may be behavioral.)

2. **Evaluate elements of environments and modify appropriately**.
   People who have disabilities and different abilities benefit from adaptations in environments.
   (Changing elements of environments provides a good "fit" with the person, preventing frustration, enhancing life and improving outcomes.)

3. **Establish relationships.**
   Identify at least one person in each environment who establishes a close working relationship with the person with FASD.
   (This relationship is central for the development of trust, continuity and effective communication.)

4. **Observe patterns of behaviors.**
   Identify patterns that reflect developmental stages and tasks that may be independent of chronological age.
   (May have delays in some areas; assure a good fit between expectations and *developmental* age and adjust accordingly to work at their level.)

5. **Recognize and modify expectations regarding timelines.**
   Revise timelines for milestones as appropriate, e.g.: toilet training, learning to read, leaving home. They may require more time to achieve goals.
   (There seems to be a gradual "catch up" process for those with FASD over time.)

6. **Identify strengths, skills and interests.**
   Work to their strengths, prevent chronic failures.
   (They learn and relate through their strengths.)

7. **Identify "stuck" patterns, frustrations; detach.**
   Use observation techniques to maintain neutrality; defuse; clarify patterns of behaviors and consciously think about the role of brain function in behaviors.
   (Inconsistent performance and spotty retention contribute to illusion of competency. When observed over time, seemingly random explosions may be seen to have a pattern, and elements of environments contributing to the problems may be identified and modified.)

8. **Reframe the interpretation of behaviors: from "won't" to "can't".**
Move from seeing behaviors as wilful misconduct to understanding their possible underlying organicity. Shift from interpretations of behaviors as lazy or unmotivated to possibly frustrated. See beneath secondary behavioral symptoms. (Distressing patterns of behaviour are often manifestations of the underlying organicity.)

9. **Provide structure rather than control**.
Control generates power struggles: Disengage, de-escalate, re-evaluate and create options. Structure invites participation, is respectful, involves the individual in developing effective solutions, and empowers the individual. Involvement in the process increases retention.
(An external structure provides that which may be unavailable or unreliable, cognitively. This has been referred to as an "external forebrain.")

10. **Establish routines.**
Modify gradually, as developmentally appropriate.
(May be unable to generate routines; may not function well in an unstructured environment.)

11. **Build transitions into the routine; plan adequate time for completion of tasks.**
Use four steps: Forewarn, anticipate, state, and act.
Difficulty with "switching gears"; may reflect need for more time to achieve closure or perseveration.
(Perseveration may dictate need for longer task time and longer transition time.)

12. **Limit television times; be selective.**
Choose non-violent, informative programs.
(There may be an inability to distinguish reality from fantasy; they may see violence as "real," like younger children)

13. **Provide simple instructions or cues; consider using visual, alternative cues.**
Use simple words, one or two directions at a time.
(Processing deficit may not allow for retention or following long sequences.

Comparison of the effects of drugs on prenatal development

Of all drugs studied to date, prenatal exposure to alcohol has more prolonged and profound effects on fetal development than other drugs. Alcohol is the leading drug of choice and is often seen as benign, "not as bad as other drugs," since it is legal. This chart provides a clear comparison of effects.

EFFECT	ALCOHOL	MARIJUANA	COCAINE	HEROIN	TOBACCO	AMPH / METH
Low birth weight	X		X	X	X	X
Spontaneous abortion						
Increased rate of stillbirth	X		X			X
Organ damage, birth defects	X					
Small head size	X					
Facial malformation	X					
Higher risk for Sudden Infant Death Syndrome				X	X	X
Impaired growth	X					
Developmental delays	X	X				X
Learning, intellectual disorders	X	X				X
Hyperactivity, distractibility	X	X		X	X	
Sleeping problems	X	X	X	X		
Poor feeding	X		X			
Excessive crying	X	X	X	X		
Respiratory problems	X			X	X	

Alcohol causes physical changes, and the brain is particularly sensitive to the effects of alcohol. These changes contribute to learning and behavioral differences that continue into adulthood. Early interpretation of research on the effects of cocaine was revisited when it was learned that most who use cocaine also use alcohol; the long term effects of alcohol are more damaging than cocaine. The long-term effects of some drugs, like cocaine and heroin, may not be as severe as was originally thought. For example, test scores of children exposed to heroin show physical and psychological development are usually within normal range.

Sources: US Department of Health and Human Services, 1994; Day et al., 1994

(FASD: A Collection of Information...page 21)

Appendix A6

Environmental Scan of the Classroom

Use the following questions to assess how the physical set-up of the classroom accommodates the needs of students with special needs, particularly students with attention problems.

Boot room

- ❑ Is there adequate and clearly labeled storage for students' outside clothes, backpacks and lunch bags?
- ❑ Is there adequate space so students can remove or put on outer clothes without crowding?
- ❑ Is the coat area easy to supervise and located close to the teaching area?

Student desks

- ❑ Does the desk arrangement allow all students to:
  - see the teaching area
  - participate in class discussion
  - have adequate space to work independently?
- ❑ Are there particular seating spots that accommodate students with major attention difficulties?
- ❑ Are student desks the appropriate size and in good repair?

Storage of equipment and material

- ❑ Is there a designated area for students to put their homework books at the beginning of the school day?
- ❑ Is there adequate storage for students' personal school supplies?
- ❑ Is shelving organized and clutter-free?
- ❑ Are storage areas labeled so students can find and return materials independently?
- ❑ Is there a storage area where materials and equipment can be stored out of sight?
- ❑ Are books displayed so students can see covers and are encouraged to read?

Work areas

- ❑ Are the areas in the classroom clearly defined?
- ❑ Is a private, secluded space available where students can work quietly by themselves or use as a safe place to calm down?

Physical set-up of the classroom

- ❑ Do the colours of the room create a calming, harmonious environment?
- ❑ Does the furniture arrangement allow for good traffic flow?
- ❑ Are the major traffic areas located away from the main work area?
- ❑ Do wall displays contribute to a sense of order?
- ❑ Are non-essential decorations kept to a minimum?
- ❑ Are all areas of the classroom visible to the teacher so they can be monitored and supervised throughout the school day?

Sound

- ❑ Do the acoustics allow teachers and students to clearly and easily hear one another when speaking at normal conversational volume?
- ❑ Are carpeting or chair leg protectors used to muffle the noise of moving chairs and desks?
- ❑ Are there clear classroom expectations about talking during activities?
- ❑ Is music used to cue transitions and provide a calming background to enhance students' ability to focus on specific tasks?
- ❑ Are sounds from the hallway and windows sufficiently muffled?
- ❑ Is the school-wide messaging system used at set times during the day so teachers can encourage students to focus listening?
- ❑ Is the sound quality of the intercom clear and at an appropriate volume?
- ❑ Is there minimal sound from lights and the heating system?

Lighting

- ❑ Are lights in good repair with minimal humming and flickering?
- ❑ Is the lighting adequate for a range of learning activities?

Visual cues

- ❑ Are signs and pictures at the eye level of students?
- ❑ Is an easy-to-read daily schedule clearly visible?
- ❑ Are classroom rules written in positive language and posted for easy reference?
- ❑ Are classroom supplies and equipment clearly labeled to establish ownership, and facilitate retrieval and storage?
- ❑ Are only essential visuals posted?
- ❑ Are the visual cues in the classroom student-friendly and consistent with learning?

Classroom Strategies to Help Children with Language and Auditory Processing Disorders

1. Gain the child's attention before giving directions.
2. Speak slowly and clearly - pause between phrases and sentences.
3. Use simple, brief directions.
4. Give directions in a logical, time-ordered sequence. Use words that make the sequence clear such as "first', next, and "finally.
5. Use visual cues and/or write instructions that complement spoken information.
6. Emphasize key words when speaking or writing.
7. Provide pre-instruction when new words or ideas are going to be presented. At this time, emphasize key concepts and ideas to listen for.
8. Use gestures to help clarify information.
9. Vary your loudness and pitch to increase and sustain attention.
10. Check comprehension by asking content questions or by asking for a brief summary from the child.
11. Paraphrase instructions and information using shorter, simpler sentences — this is often more useful than repeating instructions and information verbatim.
12. Encourage the child to ask clarification questions if they do not understand.
13. Signal transitions to prepare the child to "change track".
14. Review previously learned material often.
15. Learn to recognize fatigue or over-stimulation and provide quick "breaks" regularly
16. Avoid showing frustration when the child does not understand a message.
17. Avoid asking the child to listen and take notes at the same time. This will cause overload to a weaker processing system. Provide visual documentation, ask another child to share his notes, or tape record the instructions for later listening.
18. Allow more time for the child to listen by pausing between ideas, and to respond by pausing and waiting expectantly for a response.

From Madeline Price, FNESC

FASD – Communication Tips and Techniques

- Get to the point…drop all extra words
- Use simple words and expressions
- When giving instructions, describe *specifically* what you want to happen
- Ask simple, *direct* questions
- Start all conversations with the *child's name*
- Give *Individual directions*, not group directions
- Give directions *one step at a time*
- Talk about the *here and now*
- Use lots of *expression* – facial expression, verbal expression, non-verbal expression
- Simple *signs and gestures* will help to augment verbal speech
- Use *visual cues* (pictures, signs, photos, objects, gestures, etc.)
- *Allow time* for the child to process what you are saying
- Eliminate *background noise* and distractions
- Use specific words to *label things* in the environment
- Be *consistent* in your words and expectations
- Never say *never*. That is, use positive phrasing. Avoid the words "no", "don't", "can't" etc.

Adapted From Madeline Price, FNESC

Overlapping Behavioral Characteristics & Related Mental Health Diagnoses in Children

Overlapping Characteristics & Mental Health Diagnoses	FASD	ADD/ ADHD	Sensory Int. Dys.	Autism	Bi-Polar	RAD	Depres-sion	ODD	Trauma	Poverty
	Organic	Organic	Organic	Organic	Mood	Mood	Mood	Mood	Environ	Environ
Easily distracted by extraneous stimuli	X	X								
Developmental Dysmaturity	X			X						
Feel Different from other people	X				X					
Often does not follow through on instructions	X	X					X	X	X	X
Often interrupts/intrudes	X	X	X	X	X		X			X
Often engages in activities without considering possible consequences	X	X	X	X	X					X
Often has difficulty organizing tasks & activities	X	X		X	X		X			X
Difficulty with transitions	X		X	X	X					
No impulse controls, acts hyperactive	X	X	X		X	X				
Sleep Disturbance	X				X		X		X	
Indiscriminately affectionate with strangers	X		X		X	X				
Lack of eye contact	X		X	X		X	X			
Not cuddly	X			X		X	X			
Lying about the obvious	X				X	X				
Learning lags: "Won't learn, some can't learn"	X		X			X			X	X
Incessant chatter, **or** abnormal speech patterns	X		X	X	X	X				
Increased startle response	X		X						X	
Emotionally volatile, often exhibit wide mood swings	X	X	X	X	X	X	X	X	X	
Depression develops, often in teen years	X	X				X			X	
Problems with social interactions	X			X	X		X			
Defect in speech and language, delays	X			X						
Over/under-responsive to stimuli	X	X	X	X						
Perseveration, inflexibility	X			X	X					
Escalation in response to stress	X		X	X	X		X		X	
Poor problem solving	X			X	X		X			
Difficulty seeing cause & effect	X			X						
Exceptional abilities in one area	X			X						
Guess at what "normal" is	X			X						
Lie when it would be easy to tell the truth	X				X	X				
Difficulty initiating, following through	X	X			X		X			
Difficulty with relationships	X		X	X	X	X	X			
Manage time poorly/lack of comprehension of time	X	X			X		X			X
Information processing difficulties speech/language: receptive vs. expressive	X			X						
Often loses temper	X		X		X		X	X	X	
Often argues with adults	X				X			X		
Often actively defies or refuses to comply	X				X			X		
Often blames others for his or her mistakes	X	X			X		X	X		
Is often touchy or easily annoyed by others	X				X		X	X		
Is often angry and resentful	X						X	X		

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With much appreciation to the many who edited and contributed

Accommodations/Strategies Synthesis from POPFASD Workshops

Note: Remember that every brain is different. Please complete the upper portion of the LEIC sheet and individualize the accommodations/ strategies to meet the unique needs of each learner. Communicate with the parent(s) to see "what works" at home and in the community

Dysmaturity:

- set appropriate expectations for maturity level
- build on strengths
- allow inter-age grouping
- stretch classroom structure to include lower level materials
- refer to medical / doctor and/or other supports
- encourage social group that is patient, understanding, and a positive influence
- think of him/her as a younger child
- colour code
- use kindergarten ideas if appropriate
- allow more breaks
- use CEA/TA if possible
- provide visual schedules (more pictures)
- recognize and adapt for anxiety and other emotional difficulties
- teach specific socially acceptable skills & give opportunity to experience in real life
- provide organization bins, boxes, binders
- direct strengths to concrete activities
- set appropriate academic expectations
- link with a mentor and/or peer tutor
- organize "play groups" at recess time
- provide personal coaching
- alternate schedule (i.e. breaks)
- get clear information about the student's developmental level in areas of cognition, language, physical, reading comprehension, emotional development, social/life skills
- use social stories
- teach emotional intelligence (i.e. understanding their own and others emotions)
- allow life skills opportunities to manage money
- provide opportunities to interact socially with peers (clubs, games teams)
- use visual agendas to manage time, routines
- simplify language
- adapt/modify work so it at their level
- provide supervision, be consistent
- provide a slower pace
- scaffold instruction
- role model/provide peer to model
- teach to their strengths
- anticipate reactions
- model and practice the behavior you want

Abstracting Difficulties:

- use manipulatives
- use graphic organizers
- use visual organizers/schedules
- check for meaning / comprehension
- hands on activities (provide)
- "chunk" instructions and curriculum
- use visuals with verbal instruction
- provide concrete instruction
- apply "appropriate" authentic assessment strategies
- colour code to organize subjects
- avoid "cliché" and abstract comments

Impulsivity

- use a stop/go sign
- provide cushion
- use "First...Then..." or "If...Then..."
- provide structured, predictable environment
- use preferential seating
- provide study carrel
- use class meetings
- use FM system
- provide nutrition break/hydrations (water bottle at desk)
- plan scheduled breaks
- use physical activity – take attendance to office or hand out papers
- use heavy work activities – carry heavy box to office, bring another back
- allow fidget items
- use direct teaching and reteaching of routines
- remove distractions
- use a visual timer
- use positive reinforcement system
- use agenda/organizer
- use symbols/visual behaviour cues/reminders
- create scripts for routines/role play
- remove communication temptation
- keep classroom rules posted (with visuals – behaviour expectations)
- provide frequent reminders
- increase supervision

Attention Difficulties:

- use visual schedule
- provide checklist
- include child's input
- develop relationships
- give short, concise instructions
- provide visual cues
- reduce interruptions (i.e. less movement in class noise)
- provide manipulatives (i.e. stress balls, clay)
- plan regular breaks
- plan active participation
- use a variety of activities (i.e. movement)
- provide a quiet work area (less stimulation)
- plan short activities/decreased number of assignments
- pre-teach
- plan proximity to board, to door, to teacher
- monitor medical interventions (meds)
- check for understanding
- try a ball chair
- present curriculum step by achievable step
- apply K.I.S.S.
- chunk curriculum and instructions
- provide positive reinforcement

Slow Processing Rate:

- give more time for answering
- break down directions in "small chunks"
- provide visual cues along with auditory
- have them reword what you have said and then "show you understand"
- give praise for answering
- screen out distractions to allow student to process information
- practice patience, patience, patience
- get attention before speaking
- use fewer words
- check for understanding by having the student "show you"
- repeat
- reduce quantity of required work
- give more time
- allow wait time for answers
- allow alternate setting to finish work
- provide visual schedule and visual directions
- give warnings for transitions - slow down
- allow for practice time
- provide background knowledge
- do not assume that what was learned will be retained

Overstimulation:

- schedule break time
- organize visual cues/information
- decrease visual stimuli (less questions on page)
- consult with doctor/parents
- stagger entry/leaving
- have routines for transition
- use visual cues/schedule
- use FM system
- install double paned windows
- install curtains / blinds on windows
- practice relaxation exercises
- use preferential seating
- provide smaller class size
- provide quiet environment
- organize / structure the classroom
- have a scent free environment
- use tennis balls on chair legs
- install dim lights
- use stress balls, fidget toys
- use ear plugs
- turn off overhead projector when not using
- use balance ball, trampoline
- check clothing labels
- provide warnings for transitions
- provide earphones (music)
- use white noise
- identify which stimulation is too strong
- provide structured – group activities, preplanning, instructional times
- alternate schedule to accommodate noisy busy times
- reduce amount of visual information on paper
- chunk instructions and assignments
- have similar consistent routines
- structure the seating plan
- structure the daily agenda
- plan priority seating in classroom
- provide quiet place to work
- subdue lighting
- provide sensory wedges
- teach emotional regulation techniques
- provide bean bags
- provide weighted vests

Memory Difficulties:

- use strategies to increase recall (clues)
- use associations
- use visualization strategies
- ensure routines, consistency
- provide organizational supports
- coach through strategies to increase use
- work with student to develop strategies together (personal – importance)
- provide initial sound cues
- use highlighting
- use colour coding
- use mnemonics
- use visuals – schedules
- employ imagination and humour
- pre-plan for linking new knowledge to old
- brainstorm good ideas
- focus on areas of strength
- be creative in finding ways to make learning memorable and meaningful
- use repetition, repetition, repetition
- use agendas
- provide checklists
- use consequence maps
- use models – web / graphic organizers
- do task-analysis
- provide brain gym activities
- use structure, routine
- slow down instruction and change expectations
- use concrete, hands on activities
- diagnose exact memory problem
- chunk instructions
- have student take photos
- use pictures
- use buddy supports
- teach metacognition
- use multiple choice on tests
- teach them about memory

Perseveration:

- give warnings of activity change
- use visual time chart to give big picture
- use transition hand signals
- allow time
- develop a system using a timer or tickets, etc to create a structure for the perseveration
- figure out what the triggers are and try to alleviate them
- build the object/subject of perseveration into the curriculum if possible
- allow a specific amount of time to the perseverative behaviour
- have peers (not teacher) explain why “enough is enough”
- go to another room to get it out of their system
- be pre-emptive
- provide visual schedule
- practice making transitions
- use cueing
- delay opportunities
- reduce expectations
- provide a method to identify concerns
- involve the student
- provide positive feedback
- provide direct activities
- use Premack
- If...Then...
- teach to skill/interest level
- give time to present concerns

Helpful FASD Websites

www.fasdoutreach.ca
- BC Ministry of Education's Provincial Outreach Program for Fetal Alcohol Spectrum Disorder
- website provides access to many eLearning videos, educator resources, an FASD News blog, and much more

www.fasdconnections.ca
- a website committed to helping Adolescents and Adults with FASD and their caregivers
- provides access to excellent information, resources and articles in a number of areas

www.fasd.alberta.ca
- Alberta Government's FASD website that provides links to information, resources, events, etc
- provides a direct link to their popular "FASD Learning Series" videos

www.fasdintervention.wordpress.com
- the Intervention Network Action Team (iNAT) blog that shares news, events, research, resources and perspectives on interventions for individuals affects by FASD across the lifespan
- all posts to the blog are archived by the month and year

www.gov.mb.ca/healthychild/fasd
- Manitoba Government's FASD website that provides links to information about prevention, support, resources and research
- provides a downloadable educators guide "What Educators Need to Know About FASD"

www.asantecentre.org
- provides information about their services but also many resources, connections with community supports, and other information

www.knowledge.ca/program/fasd-finding-hope
- documentary featuring many of BC's FASD experts and families living with FASD
- provides a strong introduction to what FASD is and shares family stories

www.nofas.org
- an organization with the goals of working towards the prevention of FASD and providing supports for those living with the disorder
- provides access to information about FASD and videos featuring many experts in the field

www.fascets.org
- Diane Malbin's website that provides information about FASD as well as training and resources

www.motherisk.org/FAR/index.jsp
- links to current FASD research articles

www.neurodevnet.ca
- a group of organizations that are dedicated to helping children overcome neurodevelopmental disorders, including FASD
- website provides some great overview videos and access to resources and current research

LEIC Planning Tool

Team Members: _____ Date: _____

_____

LEARNER: Who is this learner? (a "snapshot")					
Name:		**Chronological Age:**		**Date of Birth:**	
Perceived Developmental Levels: (use all available sources of assessment information) * Ways to represent levels: choose age levels, grade levels, wba/ ba/avg/aa/waa, 1-4, or other	**Academic:** Reading: (decoding) (comprehension) Writing: Math: **Social-Emotional:** **Communication:** Expressive: Receptive: **Self Determination/Independence:** Lifeskills: **Physical Functioning:** Fine motor: Gross motor:				
Sensory Issues:					
Strengths:					
Learning Style:					
Interests:					
Other Information: (from R.I.O.T - Read, Interview, Observe, Test) *Consider parent/student input					

Expectations of learner in the environment	**Requirements of the learner's brain to meet expectations**	**Poor Fit?**	**Possible PRIMARY DISABILITIES**
If a poor fit, then secondary disabilities / behaviours may exist.			
Secondary Disabilities/Behaviours	**Setting** (ie. when, where, how often?)		

Accommodations (to make a **Good Fit**)		
ENVIRONMENT	**INSTRUCTION**	**CURRICULUM**
		Test-taking Accommodations:

Note: this planning sheet is designed for those who have had current training in FASD theory and practice. Please view the eLearning modules on the website www.fasdoutreach.ca and contact your District Partner. Property of POPFASD – March 28, 2012

LEIC Planning Tool Guide

LEARNER: Who is this learner? (a "snapshot")					
Name:		**Chronological Age:**		**Date of Birth:**	

Perceived Developmental Levels: (use all available sources of assessment information) * Ways to represent levels: choose age levels, grade levels, wba/ba/avg/aa/waa, 1-4, or other	*** Indicate clearly which representation of levels you are using (eg. "6 years" or "grade 6")** **Reading:** Overall (decoding, fluency, comprehension), where are his/her reading skills? **Writing:** At what level can this student express his/her thoughts on paper? **Math:** At what level does this student function in math (computation, concepts, problem solving)? **Social-emotional:** At what level does this student's social-emotional behaviour indicate? **Receptive language**: How well does this student comprehend incoming verbal information? **Expressive language:** How well does this student communicate their thoughts verbally? **Lifeskills:** How independent is this student when it comes to functional skills? **Physical:** Are there fine and/or gross motor issues with this student?
Sensory Issues:	Are there any sensory issues that need to be addressed? Is this student over/under sensitive to external stimuli (sounds, lighting, smells, touch, etc.)?
Strengths:	What are this student's strengths? This information needs to be built in to the programming for this student.
Learning Style:	How does this student learn best? Are they a visual, auditory, kinesthetic, or multi-sensory learner?
Interests:	What does this student like to do? This information will help develop a program based on interests.
Other Information: (from R.I.O.T - Read, Interview, Observe, Test) *Consider parent/student input	Info. from RIOT: What is the family situation? Any health concerns? Previous school history? Is there community and/or cultural support/involvement? Any assessment information, observation notes, parent/student interview records, etc?

Expectations of learner in the environment	**Requirements of the learner's brain to meet expectations**	**Poor Fit?**	**Possible PRIMARY DISABILITIES**
What do we want the student to do? Student will follow directions, student will be on time for class, student will change from one activity to another easily, student will focus on task for __ minutes, student will wait for his/her turn to respond, student will complete his/her work, etc.	What does the student's brain have to do to meet our expectations? Store/retrieve from memory, focus, screen out distractions, think ahead, make plans, process quickly, inhibit reactions, think and use language at age-appropriate level, generalize skills to all settings, shift attention, self regulate, think abstractly, etc		Which of the following are observable? Slow processing, impulsivity, memory issues, generalizing difficulties, abstraction issues, inattention, language difficulties, dysmaturity, perseveration sequencing difficulties, sensory issues cause/effect difficulties, need to move

If a poor fit, then secondary disabilities / behaviours may exist.

Secondary Disabilities/Behaviours	**Setting** (ie. when, where, how often?)
What is your student's response to his/her current school program? What behaviours are you seeing in the classroom and school?	When does this behaviour typically occur? Where does this behaviour occur? How often does this behaviour occur?

Accommodations (to make a **Good Fit**) **Have you included general and SPECIFIC accommodations for this student?** **Do some of your accommodations utilize the student's strengths, interests, and learning style?** **Do your accommodations support the suspected primary disabilities?**		
ENVIRONMENT	**INSTRUCTION**	**CURRICULUM**
What changes to your classroom setting can you make to better support the suspected primary disabilities? These strategies and adaptations may include ideas for supporting the student who displays sensory issues, motor issues, organizational issues, communication issues, anxiety issues, and academic issues. e.g. providing visual directions or colour-coding duotangs for the student with memory issues	Which instructional strategies can you try that would support the suspected primary disabilities? Again, these strategies may address a student who displays sensory, motor, organizational, communication, anxiety, and academic issues, but maintains a focus on building on strengths and supporting the primary disabilities. e.g. providing transition warnings for a student who perseverates or presenting one direction at a time for students who process more slowly	How can we make the curriculum, resources, materials, and activities a better fit for this student? Taking into account the student's strengths, interests, and learning style plus any sensory, motor, organizational, communication, anxiety, and academic issues, which resources or adaptations to materials/activities/assessment will best serve this student? e.g. for the student who gets frustrated by the amount of work, chunk that work into more manageable pieces **Test-taking Accommodations:** What accommodations does this student need to complete tests and other assessments?

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Benefits of Assessment

Assessment…

1. Changes everyone's understanding of how the structure and function of the student's brain may be affected and how these changes impact behaviour. Provides a rationale for shifting our thinking from changing the student's behaviour to changing our behaviour to focus on strengths and accommodate needs.

2. Reduces frustration for all…and increases success. Provides a sense of relief in knowing that the behaviour is linked to the organic differences in the brain

3. For the student, explains reasons of "feeling different" and feeling that s/he just doesn't "fit".

For all, provides a common framework of understanding and language for collaborative short-term and long-term planning by linking assessment to planning.

4. Identifies strengths and needs in a variety of areas (e.g.…skills, medical issues etc.)

5. Provides ideas about ensuring effective supports and resources

6. Allows an opportunity for all those involved with the student (including the student) to form a "team" and work together. In turn, each team member shares part of the responsibility – no one person gets "burned out" providing all the supports…and all share the successes.

7. For the student, if appropriate interventions are put in place, will hopefully prevent the development of secondary disabilities.

And remember….assessment is not labelling! Assessment is a process of developing understanding, based on acquired and shared knowledge, and applying the understanding to develop appropriate and positive goals and strategies.

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