

TEACHING CHILDREN WITH *INTELLECTUAL DISABILITY HOW TO READ

**Notes from presentation by Kathleen Whitbread, Associate Professor of Education
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at the 2017 Council of Parent Attorneys and Advocates national meeting.**

1. HISTORY

- a. Children with ID not being taught to read
- b. Children with ID being taught to read functionally only (stop signs, etc.)

2. MYTHS

- a. Wait until a child is talking before starting reading instruction
- b. Children with ID are sight word readers
- c. Reading instruction has to be developmentally appropriate
- d. Focus on **functional** reading
- e. Don't read books to a child if they do not understand the vocabulary
 - i. Usually the child can understand at a higher level that they can express
- f. Kids with ID plateau in their reading

3. UNDERSTAND THE BIG FIVE

a. **Phonemic awareness.** The phonological awareness **continuum**



1. Rhyme, word play, alliteration - helps children **hear** the differences in language ("Peter Piper Picked A Peck Of Pickled Peppers")
2. Blend and segment sentences - words are chunks of information that when you put them together they have meaning
3. Blend and segment syllables
4. Blend and segment onsets/rimes
5. Blend & segment phonemes - THIS is **phonemic awareness**
 - a. 100% auditory. Can blend and segment sounds. No letters, no words. Child can HEAR the individual segments of sounds.
 - i. "What sound do these words begin with?" boy, box, bike
 - ii. What is the middle sound in the word sack?
 - iii. What word am I saying? /t/ ... /a/ ... /p/
 - iv. How many sounds are in the word **shop**?
 - v. What will I have if I change the /r/ in rug to /m/?
 - b. If you do the above activities with a child and they do not understand, there may be an issue.

b. **Phonics** - that point at which you pair the symbol (letter) with the sound.

- i. Understand that there is a predictable relationship between:

1. phonemes : the sounds in spoken language, and
2. graphemes : the letters that represent those sounds
3. And using this knowledge to decode to “sound out” words
- ii. Approximately 85% of the words in the English language are decodable using phonics if you know the rules of phonics
- iii. Teach phonics systematically and explicitly.
- iv. Introduce concepts in a logical sequence
 1. For example - teach high utility letters/sounds (a, m, s...) before low utility letters/sounds (x, y, z)
 2. Alphabetical grouping - NO!:
 - a. Group 1: abcdefghi
 - b. Group 2: jklmnopqr
 - c. Group 3: stuvwxyz
 3. Research based - YES! These letters make more words:
 - a. Group 1: tbfmcair
 - b. Group 2: ogdseulhk
 - c. Group 3: pjvwzqyz
 4. Teach syllable types
 - a. Closed - ends with consonant, single vowel, usually short - cat, picnic
 - b. Open - ends with vowel, usually long - he, veto
 - c. Silent 3 - Silent 3, end of the word, long vowel - make, like
 - d. Vowel team; two vowels together make one sound - pain, head
 - e. R-controlled - vowel followed by letter r neither long nor short - far, or, harvest
 - f. Consonant - le
- v. This is not an area where teachers should be creative.

c. Fluency

- i. The ability to read accurately, quickly, and with proper expression and comprehension
- ii. Speed may not be the most important priority for readers with ID
- iii. Many kids with ID speak slowly so having fluency of a typical reader may be meaningless. Fluency probably should not be a goal.
- iv. Doesn't matter how fast they read so long as they UNDERSTAND what they read
- v. MJ note - fluency an issue with our children because of dysarthria

d. Vocabulary - address asap. Don't wait until they know phonics.

- i. Must have a LOT of vocabulary instruction.
 1. Connect new words to known words
 2. Connect new words to child's life
 3. Use the word in lots of different ways
 4. It takes time - keep reinforcing it.
 5. TEACH IT UNTIL THEY GET IT.

e. Comprehension - address asap. Don't wait until they know phonics.

- i. Use kid-friendly definitions: e.g. **share** means giving something you have to someone else
- ii. Often lags behind decoding in students with ID
- iii. Research supports direct, systematic instruction of comprehension strategies (Allor paper)

4. WHAT WORKS

- a. Systematic (hearing, touch, speaking), multisensory, individualized -- RESEARCH BASED. This is not new.
- b. Comprehension
 - i. No known program that works but a very specific research summary that says what the strategies should be. Lots of research on “look backs” (going back to where the character was introduced and reading it again)
- c. EDMARK is OK but sight word only. No phonics, etc. Have predetermined that the child will not learn to read go to sight word program. Fine as an add on, but should not be the exclusive program.
 - i. Research says we should teach kids with ID whole words - but not ONLY whole words. No research says that.
- d. [UNIQUE LEARNING SYSTEM](#) program - fine as an add on, but should not be an exclusive program.
- e. [EARLY LITERACY SKILL BUILDERS](#) - ELSB. Program for very impaired children e.g. cannot hold a pencil, etc.
 - i. Although upon review of the program should work for mod ID.

5. GOOD STRATEGIES GONE AWRY

- a. “Okay let’s sound this word out. s/i/n/g what do you have?” No. Es-aye-en-gee is not **sing**.
- b. “Look for smaller words hiding inside larger words like father, mouth, and ready.” NO! Father is not FAT-her.
- c. Beware of literacy apps.
 - i. /An/ and /ap/ are different sounds. So “ants on an apple” is wrong. /an/ and /ap/ are slightly different sounds.
 - ii. K is for knife. No!
 - iii. G is for giraffe. Sound gee (g) and jih (giraffe) are two different sounds. Confusing for child.
 - iv. X is for xylophone. Zai is the sound not X. Confusing.

6. LEARNING PROFILE - Children with ID typically have:

- a. Weak auditory working memory - e.g. multiple instructions
- b. Relative strength in “implicit” memory task
 - i. Things that are routine every day - strength
 - ii. Things you do every day without really thinking such as singing a song or signing your name
- c. More difficulty with “explicit” memory - weakness
 - i. Remembering facts, such as names of letters, telephone numbers, or computer passwords
- d. Strong visual learners

- i. Difficulty remembering rules of language
 - ii. Whole word reading comes easier than phonics
 - iii. Difficulty with phonemic awareness activities
 - 1. Children with ID must be taught over and over and over again. Don't underestimate repetition. Don't give up. Repeat at home, at school.
 - 2. INCREASE FREQUENCY AND INTENSITY. Don't make goals easier if not met.
 - e. Difficulty processing information presented orally
 - f. Motivated by social interaction.
- 7. HOW LONG WILL THIS TAKE?
 - a. Allor study
 - i. Moderate to borderline ID
 - ii. longitudinal, randomized control (4 yrs)
 - iii. Systematic, direct, explicit instruction
 - iv. 45/5 days weeks in small groups
 - v. 2-4 years to make ONE YEAR OF PROGRESS
 - vi. A CHILD WHO CANNOT READ BY AGE 8 IS AN EMERGENCY
- 8. ASSESSMENTS
 - a. Beware!!! TOWRE, GORT, CTOPP, WJ, etc. may not assess her appropriately. The assessments should be accommodated, modified for the child if needed. Scores may not be accurate.
 - b. Use assessments that assess the child appropriately. Adapt them.
 - i. Woodcock Johnson alone will not help you plan the reading program.
 - c. CONSORTIUM OF READING ASSESSMENTS - good assessments
 - i. [Core Vocabulary Screening](#) - ADAPT THE ASSESSMENT TO THE CHILD.
 - d. ADAPTING ASSESSMENT MEASURES
 - i. Choose valid, reliable assessment measures
 - ii. Incorporate AAC when the child is being evaluated.
 - iii. *Pre-teach and practice assessment procedures
 - iv. Reduce working memory load
 - v. Break assessment into short blocks of time
 - vi. Enlarge print, increase white space on page
 - vii. Separate long lists of words; use index cards or a whiteboard
- 9. EMAIL DR. WHITBREAD - She trains teachers, etc. and will evaluate
- 10. EVALUATIONS
 - a. Schools must evaluate the child's present levels of academic achievement and the related developmental needs.
 - b. Get a very good reading evaluations
- 11. TIPS
 - a. May have to keep the child in the [RTI model tier 3](#) but in special ed. Many schools reduce the level of instruction once they're in special ed. Don't let them do that.
 - b. Learn the different evidence-based reading programs

- i. All will have built-in progress monitoring - make sure you see it on a regular basis.
 - ii. Buy the handbook for Gillingham, etc.
 - c. Insist on reading programs that are evidence based, scientific and peer reviewed.
 - d. Attend the national reading seminars
 - e. Special education is a service, not a place. BUT, please remember that knowing how to read is one of the best ways to be included in our print driven society.
 - f. If a child doesn't know how to read, how do they protect themselves from medical mistakes or reading from a hospital many?
 - g. TRUTH - children with ID have a very difficult time making friends. Books become your friends.
12. IF YOUR CHILD DOESN'T KNOW HOW TO READ, YOU MUST BECOME A READING EXPERT.
13. SEE NATIONAL READING PROGRAM'S RECOMMENDATIONS.
14. HIGHLY QUALIFIED INSTRUCTIONS SHOULD NOT JUST BE FOR L.D. OR RTI - DEMAND HIGHLY TRAINED INSTRUCTORS FOR ID
15. IF A CHILD HAS BEEN RECEIVING SYSTEMATIC READING INSTRUCTION FOR SEVERAL YEARS AND STILL CANNOT READ, **SWITCH PROGRAMS.**

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* Intellectual disability formerly known as mental retardation - IQ 70 or below.