

# Alphabet Children: A simulation



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# **AGENDA**

## **1. Simulation in characteristics and identification**

- Who are these students?
- How do we identify the gift and the learning issues and challenges?

## **2. Developing the IEP: The Talent Centered Model for Twice Exceptional Students**

- How do we make curriculum accessible to these special learners?
- What kinds of accommodations are appropriate? What is the role of writing?
- How do we meet their social and emotional needs?

## **3. Questions**

### ***Attention Deficit Disorder (ADD)***

1. Consider a criterion met only if the behavior is considerably more frequent than that of most people the same age
2. A disturbance of at least six months during which at least eight of the following are present:
  - *Often fidgets with hands or feet or squirms in seat ( in adolescents may be limited to subjective feelings of restlessness*
  - *Difficulty remaining seated when required to do so*
  - *Is easily distracted by extraneous stimuli*
  - *Has difficulty awaiting turn in game or group situation*
  - *Often blurts out answers to questions before they have been completed*
  - *Has difficulty following through o instructions from others (not due to oppositional behavior or failure of comprehension) failure to finish chores*
  - *Has difficulty sustaining attention on tasks or play activities*
  - *Often shifts from one uncompleted activity to another*
  - *Has difficulty playing quietly*
  - *Often interrupts or intrudes on others*
  - *Often does not seem to listen to what is being said to him or her*
  - *Often loses things necessary for tasks or activities in school or at home*
  - *Often engages in physically dangerous activities without considering possible consequences (not for purpose of thrill-seeking) e.g. runs into street without looking*
3. Onset before age of seven
4. Does not meet the criteria for PDD

### **Conduct Disorders (Oppositional Defiant)**

- Disobedient
- Sassy
- Blames others
- Shows off
- Irritable, cruel fights
- Loud threatens
- Temper tantrums
- Attacks people, jealous
- Impulsive
- Argues, poor peer relations teases
- Demanding
- Stubborn, moody
- Screams
- Hyperactive and distractible

### **Gifted and Talented**

- Advanced intellectual development or talent area

- Asynchronous development: cognitive development proceeds at a different rate from their physical social emotional development
- Overexcitabilities
  - a. Psychomotor: an unusual need for physical activity and movement. Energy may be converted into rapid talk, pacing, the use of hand gestures
  - b. Sensual: greater than normal perceptiveness of sensory experiences: unusual awareness and enjoyment of sensation, aesthetic awareness
  - c. Imaginational: inventiveness, the ability to visualize clearly, metaphorical speech, dreaming daydreaming fantasy and magical thinking
  - d. Intellectual: the desire to question, to analyze, the ability to delight in the abstract and theoretical in logical thinking and puzzles and problem solving
  - e. Emotional: an intensity of feeling and of relationships: preference for few close friends rather than many acquaintances; natural empathy and compassion susceptibility to depression anxiety loneliness

## **Creative**

- Aware of their own creativeness
- Original, radical, imaginative, unconventional in behavior, non-conforming
- Independent
- Risk taking
- Energetic: adventurous, sensation seeking, impulsive unwilling to give up, driving absorption
- Curious
- Sense of humor

## **Negative traits**

- Tends to question laws, rules authority in general
- Indifferent to common conventions and courtesies
- Stubborn, uncooperative resists domination
- Argues that the rest of the parade is out of step
- May not participate in class activities
- Argumentative, cynical, sarcastic rebellious
- Demanding assertive autocratic
- Low interest in details
- Sloppy, careless, disorganized with unimportant matters
- Self-centered intolerant tactless
- Capricious
- Temperamental, moody
- Emotional, withdrawn, aloof, uncommunicative
- Forgetful, absentmindedness, mind wanders, watches windows
- Overactive physically or mentally

## **Learning disabilities**

- Speaks well but reads poorly
- Confuses similar letters and words
- Difficulty with math
- Is clumsy
- Has difficulty understanding or following directions
- Has difficulty in expressing thoughts
- Has trouble understanding time and distance
- Short attention span
- Is easily distracted
- Is overactive or inactive listless
- Is impulsive cannot wait cannot foresee consequences

## CASE STUDY: BLAINE

### **Early Childhood:**

- Alert youngster and seemed to need little sleep.
- Loved being read to and playing with his Lego bricks.
- Started talking and walking late but once begun his developmental levels in motor and verbal tasks quickly surpassed those of his age mates.

### **Nursery School**

- Teacher thought he was a genius due to his advanced vocabulary, background knowledge, art work and building structures.
- Teachers focused on weaknesses and readiness skills such as listening skills, following directions, and accomplishing all tasks assigned.
- Blaine developed a negative attitude about school and didn't want to attend.
- Parents removed him and placed him in another nursery school where they had less structure and allowed him to work up to his own level.

What characteristics and resulting needs does Blaine show at this point? Should he be classified? What should the classification be and recommendations at this juncture?

**Kindergarten:**

- Entered kindergarten at five years of age where he performed well for the first several months.
- Started blurting out answers,
- Had difficulty learning his letters
- Motor skills were not at the same level as his extraordinary verbal skills.
- Impulsive and was becoming a behavior problem especially when he was asked to do things he found difficult.
- The school had the parents complete the *Connor Parent Rating Scales* (Conners, 1989) which includes items relating to conduct disorders and referred them to a pediatric neurologist for a consultation.
- The pediatric neurologist diagnosed Blaine as having ADD and prescribed Ritalin
- That summer Blaine attended summer school where he learned his letters within two weeks.

Using characteristics in checklists do behaviors demonstrated thus far lead to a particular classification? Should he be classified? What should the classification be and recommendations at this juncture?

## **First Grade**

- When Blaine entered first grade, behavior was under control,
- He encountered difficulty learning to read.
- Placed in the lowest reading group.
- In January, his parents began to take him to the public library where he learned to read. within a month. Using books of his choice with interesting content, many of which were nonfiction, his skills soared.
- Remained in low reading group.
- By midyear Blaine began to display aggressive and impulsive behavior.
- Classmates began to tease him unmercifully especially when out on the playground. “Blaine, the Pain” and often threw things at him.
- Blaine lashed out physically in playground.
- Put on a behavioral contract and improved somewhat
- Spring suspended for provoking the teacher to such a great extent that she threw a chair at him.
- During that summer, Blaine attended an enrichment program for gifted students and experienced no difficulties socially or academically with his intellectual peer group.
- At home he read constantly completing four boxcar children novels in three days

Using characteristics in checklists do behaviors demonstrated thus far lead to a particular classification? Should he be classified? What should the classification be and recommendations at this juncture?

## Second Grade

- Complained about writing and refused to do spelling and math.
- Behavior worsened on playground.
- Parents requested 504 assistance with aid on playground which was refused.
- Medication regimen was changed to include Clonidine
- Started seeing a psychiatrist. -- in addition to attention problems Blaine had become very anxious.
- No classification given by school
- Behavioral interventions including four and a half hours a day of individual instruction to address his high cognitive ability. Even in this setting Blaine displayed low frustration tolerance and has at times ripped up pages in the book after being asked to do repetitious or routine work.
- Felt socially isolated;
- Teasing and harassment didn't stop.
- Developed stomachaches and no longer wanted to go to school.
- He asked his mother, "Why did God give me ADD?. I wish I would die so other kids would feel sorry for me."
- Prompted by several episodes of behavioral regression and noncompliant behaviors and poor listening in school setting. Blaine was removed from school in spring of second grade and placed on home instruction.

Using characteristics in checklists do behaviors demonstrated thus far lead to a particular classification? Should he be classified? What should the classification be and recommendations at this juncture?

### Third Grade

- Home instruction resulted in bad depression;
- School wants to diagnose him as emotionally disturbed
- Parents hire an advocate and classification is NI (neurologically impaired or Learning Disabled).
- Teacher did not differentiate his curriculum. Depression worsened.
- Advocate gets school to consent to send him to private school.

Using characteristics in checklists do behaviors demonstrated thus far lead to a particular classification? Should he be classified? What should the classification be and recommendations at this juncture?