



Idak • Learning Disabilities Association of Kingston

The right to learn, the power to achieve

116-993 Princess St. Kingston ON K7L 1H3 (Phone) 613-546-8524

Website: www.ldakingston.com E-mail: ldak@ldakingston.com

Winter 2015 Newsletter

LDAK Upcoming Workshop

Thursday January 29th Board Room Time: 7- 8:30 pm

Venue: Ongwanada Resource Centre 191 Portsmouth Avenue "FREE"

"Reality Checklist - Life After High School"

So, you've survived high school, and want to go to university or college.

What's in your academic tool kit?



Speaker: Gail Eaton-Smith, Learning Disabilities Strategist, Queen's University
For students, parents & teachers.

Please call or email to pre-register. Email: ldak@ldakingston.com 613-546-8524

Volunteers Needed

LDA Kingston is seeking to build our volunteer base for our *Charity Bingos*. The volunteer would be required to take a brief 1.5 hour information session, prior to participating in the volunteer bingo. Age requirement is 18 years and older to volunteer.

The bingos are held in a quiet, smoke-free environment on Montreal Street and the session is 2 hours in length. Volunteers work in pairs from our organization. The volunteer's job is to call back the winning card number. Volunteers do not sell cards or handle any money. Volunteers may participate at their convenience.

If you may be interested, please email Lana at: ldak@ldakingston.com

PLEASE POST UNTIL March 19th, 2015

GROUPS AND MEETINGS

KIDS CAN PRINT - Occupational Therapy for Children

- Assessment and Individual Treatment for children in JK and up.
- Therapy focuses on skills required for efficient handwriting – print or cursive (pencil grip, hand strength, dexterity, letter & number formation, legibility).
- Practical ideas to help your child with attention span & organizational skills.
- Therapy in your home. Flexible schedule year round.
- Educational Presentations for parents/teachers on “The Building Blocks to Teaching Printing and Writing”.

Designed to meet the needs of your group.

Contact : Marianne Hall, Occupational Therapist at kidscanprint@gmail.com 613-549-2636

The Reading Clinic

UNLOCKING POTENTIAL, RESHAPING FUTURES SINCE 2001

www.thereadingclinic.ca

Specialists in Dyslexia and Learning Disabilities
Yes! Reading, Writing and Math



New! Twice Weekly After School Sessions Available

2 locations: 559 Bagot St 1287 Woodbine Rd

Contact: Jan MacLean 613 547-5179 jan@thereadingclinic.ca

Quintilian Social Club

An opportunity to meet new friends and practice social skills in authentic social situations.

Grades 3+ Contact **Laura DeSousa, Director of Programming 613-542-0400**

www.quintilianschool.org



The Reading Room: Intervention, Remediation, Treatment

The Reading Room offers students with language based learning disabilities the opportunity to learn using research based, multi-sensory programs.

Before, during and after school sessions are offered throughout the school year.

Call 613-328-0223 or email: info@the-reading-room.ca

Things Fall Apart: Occupational Health and Safety for Workers With LD and ADHD

Despite huge progress in education and legislation development, accidents in the workplace are still an all-too frequent occurrence for automotive and transportation workers across the country. Workers with learning disabilities are at a higher risk for workplace accidents too. Here, we offer a broad round up of some workplace realities along with some health and safety tips.

“Oh that’s sore,”” a librarian recently said, rubbing her wrist. “Rough day in the reference section?” her friend asked with a slight smugness.

Aside from the odd paper cut, what’s the worst accident that could happen in a library? Turns out librarians have one of the higher rates of repetitive strain injuries (RSI’s) across the board. Seems years and years of pulling and placing books on-and-off of shelves can lead to bruised wrists, pulled tendons and other injuries most of us wouldn’t think twice about. But that can also be perceived as “accident lite” especially when the focus shifts to other sectors like transportation.

In 2012, The Ontario Workplace safety and Insurance Board paid workers and their families \$2.67 billion to compensate for work-related incidents; this, despite the fact that Ontario has the lowest rate of workplace mishaps in the country.

And despite continued decline in serious workplace injuries, 650 of those incidents were considered serious enough to result in lost time from work. That’s enough to have a big impact on your business’ bottom line, as well as affecting customer service, lost productivity, colleague overtime, and possibly increased insurance costs as well.

A 2009 Institute for Work and Health study suggested that young workers with ADHD and dyslexia might be at an increased risk of injury because of these disabilities.

Led by Dr. Curtis Breslin, and based on a 2003 Canadian Community Health Survey, the study tracked 14,000 youth who had worked during the previous year. Of these, 4.4% disclosed some type of LD or ADHD. Youth with dyslexia were determined to be 2.7 times more likely to be injured than their non-disabled counterparts. Youth with ADHD were even more likely to be injured on the job.

“....young workers with ADHD and dyslexia might be at an increased risk of injury...”

“Dyslexia seems to have something unique, apart from demographics and work situations, to contribute to work injury rates among youth,” said Breslin.

Young workers without disabilities—those under 25—are the most likely to be injured on the job. Part of the reason is because of insufficient training, a lack of experience, misunderstanding risks or procedures or simply lacking the confidence to say something when encountering potential dangers in the workplace. There is a legal imperative to meet the requirements established in the provinces’s Occupational Health and Safety (OHS) Act and employers and other stakeholders face consequences if they fail to meet standards or suddenly find themselves responsible for an incident.

The Costs of Workplace Safety

Workplace safety is serious and real corporate concern. There are obvious economic realities associated

Things Fall Apart: Occupational Health and Safety for Workers With LD and ADHD

with safe workspaces and the monitoring and enforcement of workplace safety provides incentive for businesses to achieve a certain standard.

Every province and territory has a worker's Compensation Board (WCB), including Nunavut, which combines its own offices with the Northwest Territories office. Part of the cost of operating a business is a premium by their WCB. This fee varies depending on the safety of the industry being monitored as well as the organization's own safety rating.

Naturally, some industries are more likely to have a higher rate of injuries than others, including those involving heavy machinery, speed, and moving parts. During a two-year period between 2003-2005 more than 300,000 time loss injury claims were filed.

Breslin, stated that the interrelationship between dyslexia and injury levels emphasizes the role that education can play in occupational health and safety.

"The accommodation of diverse learning styles found in schools, where learning disabilities are a high-profile issue, drops off the map in the workplace," he points out. "That leaves the education system in the best position to improve the literacy of all students, including those with learning disabilities, so they can get the most out of the training they receive in the workplace."

He went on to suggest that OH&S programs blend universal design principles into their training methodologies.

Carter Hammett...LDAO Communiqué

Law School Admission Council Settles Disability Lawsuit

LSAC, the organization that administers the law school admission test (LSAT) has agreed to a settlement on a claim that it failed to accommodate exam takers with disabilities. A class action lawsuit was initiated by a group of students, including students with learning disabilities and/or ADHD, who had been denied accommodations for various reasons.

The lawsuit alleged that LSAC, routinely denied accommodation requests, even in cases where applicants have submitted proper paperwork and demonstrated a history of testing accommodations. The US Justice Department had intervention status in the case, which argued that students were denied their rights under the Americans with Disabilities Act.

Under the terms of the agreement, LSAC will pay \$7.73 million to compensate the more than 6,000 individuals, who over the past five years had requested accommodations such as extra time. One litigant with dyslexia was allegedly denied extra time despite extensive documentation of the diagnosis and his long history of testing accommodations on exams, the SAT and other tests.

As part of the settlement agreement, LSAC will make it simpler and easier for students to get accommodations on the test. The council will also reform its policies and stop flagging LSAT scores for people who receive extended time—a practice the lawsuit alleged was discriminatory because it identified to law schools that a test taker had a disability.

Reprinted with permission "LDAO Communiqué"

What Does This Mean For Everyday Life?

Practical Tips for Interpreting Psychoeducational Assessment Reports

By Dr. Marjory Phillips, Ph.D., C.Psych.

Dr. Marjory Phillips obtained her Ph.D. in Clinical Psychology at the University of Waterloo. She has a passion for working with children with disabilities and their families. Before joining Integra in October 2007, Marjory started a community-based children's Psychology Clinic at Queen's University in Kingston, Ontario. Prior, to that, she worked for 12 years as a clinician and manager in a multidisciplinary children's treatment centre, providing assessment and treatment to children with disabilities. At the treatment centre, Marjory's work also included community consultation and the development of educational programming regarding pediatric acquired brain injuries.

Psychological or psychoeducational assessment reports provide a wealth of knowledge about how a person learns and processes information. However, the professional jargon and practical applications of the assessment measures and test findings can be difficult to interpret.

The tests can present a gap in translation say Phillips. "The tests are technical. We need to work in partnership with families, educators, kids to make sense of it." While testing is standardized, she says the College of Psychologists only requires that test results be captured and presented in writing. The way the information is presented, writing style, testing instruments and feedback can vary widely and wildly.

Teachers forget that it's a report. It's about the child, but often a parent is reluctant to share. We need people to understand that the process needs to be treated respectfully. It's a great resource but it's not magical. People need to know how to make use of it. Once you get past the jargon, everyone should be able to read it for practical purposes. They can be very useful for helping the student make sense of his world."

Psychological or psychoeducational assessment reports contain a wealth of useful information about how a person learns and makes sense of the world. However, reports are written in a variety of styles and structures which can make it challenging to navigate and to distill practical information for application to everyday life. It is important for educators, particularly those writing a student's individual education plan (IEP), to consult and work collaboratively with school psychologists to understand the findings in a student's psychology assessment report. The report is a useful resource and it is my hope that the more comfortable everyone is in reading and understanding the information, the more the knowledge can be applied and used in a practical way to help the student at school.

The following frequently asked questions and tips are intended to help educators navigate a psychological assessment report with ease.

1. How are reports organized?

Psychologists or Psychological Associates follow guidelines established by the College of Psychologists of Ontario which require some basic elements in all reports. These include demographic information about the student, dates of testing, a list of tests given, and assessment findings. It is up to the individual assessor to decide how the information is organized in a report. Most reports contain the following sections: Reason for referral; background information; procedures or tests administered; behavioral observations; test results; diagnosis or formulation; recommendations.

2. What is standardized testing and what do the numbers mean?

Standardized testing means that we give exactly the same instructions, prompts and materials to every student, trying to keep what we do the same as possible so that we can better identify differences among the students. Using published tables of scores, we compare the student's individual performance to hundreds (and thousands) of other students the same age ("normative sample").

Raw Scores are the actual scores a student earned on a particular test. Since tests can differ in their units of measurement, we need to transform raw scores into scores that we can compare across all tests. Most often, we use percentiles, or the percentage of individuals whose score lies below the score of the test-taker. It is similar to rank ordering: If a student scores at the 10th percentile on working memory, that means that 90% of people scored higher than that

What Does This Mean For Everyday Life?

student, or that the student scored in the bottom 10% of the sample.

Using percentiles, we can compare a student to others her age, and we can compare a student's score on particular tests to scores on other tests (looking at her profile). Sometimes, psychology reports will avoid numbers (including percentiles) and will instead report results with descriptive terms. These terms are associated with particular tests, such as the WISC. Of key note, we expect 50% of the population to have scores within the "average range" (percentiles between 25 and 75). Low Average (9th-to-24th percentile) is actually below average, and High average (75th-to-90th percentile) is much higher than most. Most importantly, the numbers don't tell the whole story about how the student approached the task or what strategies he used. Look for the interpretation beyond the numbers.

3. The report is really long. What should I look for?

Date of testing: it can be handy to know how long ago the assessment took place. Learning patterns are generally fairly stable after the age of eight, so the test results may still apply even if the report was written years before. However, the older the report, the more caution is needed in considering whether the results still fit the student you see now.

Reason for Referral: look for who had concerns about the student and who requested the assessment. Look for whether this is a 'reassessment' and whether the learning concerns started at an early age, or whether the concerns are relatively recent.

Background Information: look for information about the student that might be relevant to his learning and behavior. For example, a student who has moved frequently has likely changed schools often and may have missed sections of curriculum. Or there may have significant family stress or loss at one time that may have interfered with the student's mastery of something.

Behavioral Observations: does the student described in the report sound like the student you know? If not, is it the environment that differs? Or has the child changed?

List of Tests: look to see whether this particular assessment is comprehensive with a relatively lengthy list of tests that assess different things, or was it intended for a specific purpose, such as 'gifted' designation evaluation. A comprehensive assessment usually includes tests of thinking and reasoning (e.g. WISC or WJ), academic achievement (e.g. WIAT, WJ), and processing (e.g. memory-WRAML or CMS, processing speed-WISC, executive functioning-BRIEF, NEPSY, D-KEFS, etc.).

Test Results: Consider the student's profile as a pattern. What are the areas of significant strength? (percentiles higher in those areas for that student) and areas of need? (percentiles relatively low).

Diagnostic Impressions or Summary & Conclusions: Diagnosis is a controlled act and is restricted to members of particular self-regulating professional colleges. Diagnosis is not the same thing as identification. The revised Policy and Program Memorandum 8 for Learning Disabilities has just been released by the Ontario Ministry of education. It contains policy directions about the criteria for identification of LDs , and will be used by school psychologists to determine whether a student's profile meets criteria for an exceptionality.

Recommendations: Assessors try to make recommendations that follow logically from the test findings. However, this is an area for ongoing collaboration. Applying the test findings to the student's current situation is a process and often requires discussion with the student, parent, educators, and professional staff. Recommendations in a report are just suggestions to get the process started.

With improved understanding and common language, we can collaborate to optimize the learning environment for all of our students.

LDAO Communiqué

Reading, Writing & Math Tips from The Reading Clinic

Reading Tip: Yikes! Why is the letter Y so Tricky!

It's important that we encourage our children to 'sound out' as they read. And for that reason, it's up to us as parents and educators to make sure we know the sounds that letters represent.

The letter 'y' can be especially tricky! 'Y' at the front of a word is always a consonant, like in yes, yell, and yap and it is pronounced like 'yuh'. But when a 'y' is anywhere else in a word, it is acting as a vowel, and can make a few different sounds. At the end of small words, it makes a long 'i' sound, like in try, shy, sky, and why. At the end of longer words, it makes an 'ee' sound, like in candy, and happy. It makes the same 'ee' sound when it's a suffix attached to a base word, like in fluffy and sunny.

So if you use your ears when you're spelling, spell a final 'ee' sound with a 'y' and you'll be right most of the time. Help your child to become a smarter reader and speller by pointing out how 'y' can change its sound depending on where it is in a word! (*Jennifer Harrison is an Orton-Gillingham trained Reading Therapist and co-developer of the Yes! Reading Program*)

Writing Tip: Should I use 'a' or 'an' before a word?

Students struggle with when to use the indefinite article 'an'. First of all, 'a' and 'an' signal that a noun (person, place or thing) is coming! 'An' is always used before a word that starts with a vowel (a,e,i,o, and u). For example: an apple, an elephant, an idea, an ox, an umbrella. 'An' is also used before an adjective (describes the noun) that starts with a vowel. For example: an awful day, an early night, an ice cream cone, an oven mitt, an ugly bug.

If the noun or preceding adjective doesn't start with a vowel, then you use 'a'.

For example: a bat, a cake, a dog, a frog, a grey car

It helps students to know that the reason we use 'an' instead of 'a' in front of a vowel is because it is easier to say! (*Catherine Oakley is a retired teacher with a Specialist in Special Education and developer of the Yes! Writing Program*)

Math Tip: First concept of place value

The first time a child is introduced to the concept of place value is when they are learning the teen numbers (11 to 19). Some children are confused about why these numbers are written as 2 digit numbers when up until now all numbers were just one digit (0-9). Therefore take it slow when teaching teen numbers.

The following are common errors children make when they have a weak understanding of place values:

They write fourteen as 41

They show $15 = 1 + 5$

They show $12 + 3 = 42$

Naming teen numbers can be confusing. Eleven and twelve have to be learned as new words and thirteen to nineteen cause problems because the last digit is said first. For example in naming 14, "four" is heard first and thus children may mistakenly write what they hear first and put it down as 41 instead of 14. To help avoid this problem, teach your child at first to call 11 as "one ten and one one", 12 as "one ten and two ones" 13 as "1 ten and 3 ones" and so on. Show the child numbers with blocks if you have them. Then we let the child know that we have nicknames for these numbers just like they may have nicknames for themselves. We explain nicknames are shorter and easier way to say the teen numbers. For example, instead of continuing to say "one ten and four ones", we gave it the nickname "fourteen" and although we hear the sound 'four' first we don't write the four first.

(*Jade Gunn is an Orton-Gillingham trained Reading Therapist and developer of the Yes! Math Program*)

©The Reading Clinic www.thereadingclinic.ca

L. D. A. K. EXECUTIVE

2014 - 2015

President	Gail Eaton-Smith
Past President	David Williams
Vice President	
Treasurer	Pat Dudley
Secretary	
Members at Large	Bill Cormier Jim David Claire Notman Doug Pero Jen Pero

RESOURCE CENTRE HOURS

Tuesday-Wednesday-Thursday

11 am—3 pm

(or by appointment)
Saturday & Sunday Closed

Resource Centre Co-ordinator

Lana Greenwood

Disclaimer

*THE LEARNING DISABILITIES ASSOCIATION
does not endorse or recommend any of the
facilities listed or any of the methods,
programmes, products or treatments offered by
such facilities.*

*Our aim is to keep the community informed about
services and facilities that are available to people
with learning disabilities.*

*We urge consumers and service providers to
review carefully any programmes and services
listed in order to select those which will meet
most appropriately the identified needs of the
person with learning disabilities.*

Membership Application Form

Name: _____

Address: _____

CITY _____ PROVINCE _____ POSTAL CODE _____

Telephone: (H) _____ (W) _____

ANNUAL DUES:(Effective April 2/04)

- | | |
|---|--------------------------|
| Family/Individual - 1 Year Fee -\$50 | <input type="checkbox"/> |
| Student (1 Year Fee Only) - \$20 | <input type="checkbox"/> |
| Institutional (1 Year Only) - \$125 | <input type="checkbox"/> |
| Professional (Private Practices)
1 Year Fee - \$75 | <input type="checkbox"/> |

I would like to volunteer to help with:

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Other | |
-

Membership Advantages:

- ⇒ subscription to Communiqué
- ⇒ affiliation with local, provincial and national levels of LDA
- ⇒ free information on learning disabilities
- ⇒ free access to Kingston's resource centre and the lending library of LDA Ontario
- ⇒ discount on LDA conferences

**Your membership is important in providing
a stronger voice within all levels of the
Association.**

Please tear off and mail this form and cheque
(made out to **LEARNING DISABILITIES
ASSOCIATION OF KINGSTON**) to
Learning Disabilities Association of Kingston
116-993 Princess St. Kingston On K7L 1H3

THANK YOU