HANDBOOK FOR TUTORS OF AMERICAN RIVER COLLEGE STUDENTS WITH DISABILITIES

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PROJECT

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HANDBOOK FOR TUTORS OF AMERICAN RIVER COLLEGE
STUDENTS WITH DISABILITIES

A Project

by

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College of Education
Abstract

of

HANDBOOK FOR TUTORS OF AMERICAN RIVER COLLEGE
STUDENTS WITH DISABILITIES

by

Stevin T. Overton

American River College [ARC] is the largest of four community colleges in Sacramento, California. ARC students who are disabled are provided academic counseling and assistance through Disabled Student Programs and Services [DSPS]. During the author’s internship at the DSPS, it was discovered there was a lack of training for tutors of students who had disabilities. Even when students meet the eligibility requirements to become tutors, they may not be aware of a specific technique or material that might help the students who are disabled. This project is the development of a handbook designed for students, students who tutor students who have disabilities, and other individuals concerned with the education of students who have disabilities. Providing this handbook to tutors before they begin tutoring new students will have a positive effect on student learning. This approach will help new tutors better understand the abilities and limitations of students with disabilities, and will make the tutors more effective, yielding a deeper level of comprehension and enhanced academic performance by the students with disabilities.
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Chapter 1

INTRODUCTION

Background

American River College [ARC] is a community college situated in Sacramento, California, its main campus being located at 4700 College Oak Drive. It is one of the four community colleges of the Los Rios Community College District and is currently the largest community college in the state (ARC, 2009d). ARC has a sizeable student population that roughly boasts over 38,000 students who attend yearly (ARC 2009a).

The college has in its operation the largest Disabled Student Programs and Services [DSPS] of the four colleges. The DSPS assisted 3,100 disabled students in the 2007-2008 school years (Barr, 2008). The students who received services at DSPS ranged in age from 18 years to those over 40; in ethnicity, ARC has over 20 differing ethnicities accounted for at the college. In addition, socioeconomic status ranges from households earning less than $7,500 to those earning $40,000 or more (Barr, 2008).

Students who are disabled are protected by codes, regulations, and laws that protect their right to education. These protections, such as Title 5 of the California Administrative Code [CAC], allow students who are disabled to access programs and services which include assessment of their skills and abilities, special class instruction, counseling, vocational preparation, and other special services (CAC, 2005). In addition, section 504 of the Rehabilitation Act of 1973 protects the rights
of individuals with disabilities in programs and activities that receive federal financial assistance from the U.S. Department of Education [USDE]. Section 504 furthermore requires a school district to provide a “free appropriate public education” [FAPE] to each qualified student with a disability who is in the school district’s jurisdiction, regardless of the nature or severity of the disability. In addition, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student’s individual educational needs as adequately as the needs of non-disabled students are met (USDE, 2007).

Moreover, the Americans with Disabilities Act [ADA], Titles I and IV, and its amendments were signed into law to prevent discrimination against individuals with disabilities that persists in such critical areas as employment, housing, public accommodations, education, transportation, and access to public services (ADA, 1990).

Tutoring is one of the services provided by ARC DSPS that can help students who are disabled gain access to the educational system. With an increasing amount of students enrolling with disabilities since 2005 (Barr, 2008), the demand for tutors to work with disabilities has increased. In addition, class sizes are often too large and class periods often too short to give individual assistance to each student. Therefore, tutoring has become the vehicle that helps to remedy these deficiencies and enhance the classroom lesson.

Because of the aforementioned factors, tutoring has become an integral part of coming to the aid of the students who are disabled. Student tutoring has several
advantages over direct instruction from a teacher. For one, tutoring allows a student to study below-level material without embarrassment (K. Read, personal interview, March 6, 2009). It also motivates self-paced and self-directed learning. Moreover, another positive aspect of student tutoring is that the student has a better chance of relating to the tutor if they are both students. The student is often more comfortable with a person from a non-teacher or authoritarian background. Still another advantage of student tutoring is when a tutor shares him or herself with another student to facilitate the learning process; value is added in both students’ lives (Read, 2009).

To become a tutor for the DSPS, there are only three main requirements: First, the tutor must be in good academic standing and be enrolled in at least six units at ARC; second, the tutor must have taken the class in which he or she is going to tutor and earned a “B” grade or better; and third, the tutor must be able to maintain student confidentiality. Experience with people who are disabled is helpful, but not necessary (ARC, 2009b).

The purpose of this project is to help the tutors at ARC DSPS become more knowledgeable about the student they are tutoring, in part by teaching them to understand the impact of the disability on the student. Being more knowledgeable about the student and understanding how a disability affects the student will help the tutor’s efforts be more successful and thus lead to better academic success for the student. By providing a handbook to each tutor, the tutor can reach a student who is disabled more effectively and accomplish better understanding of the class material.
Statement of Problem

Tutoring services are not as effective as they should be. This is based on basically four factors:

1. The Tutoring Support Services Coordinator at ARC DSPS has stated that other than the packet given to each perspective tutor (consisting of a sample sheet of how to fill out the tutor’s time sheet; actual timesheet; and attached seven-page handout consisting of tutoring hints, tips, policies, and services guidelines), the tutors are still lacking valuable information pertaining to tutoring students with differing levels of disabilities and the various ways that each can be specifically helped (J. Matsubara, personal interviews, March 8 and September 10, 2009).

2. Interviews with 10 tutors revealed that each of the tutors had similar questions relating to procedures and questions that were not addressed in the handout that is given to the prospective tutors before they begin (D. Hunt, personal interview, April 6, 2009).

3. The coordinator of ARC’s DSPS has expressed a need for the project: There was a handbook, but it has become outdated as it was last completed in 1989 (J. James, personal interviews, October 9, 2008, and September 15, 2009).

4. In order to successfully tutor someone with a learning disability, it is important to know what a learning disability is and how it can affect an individual in academic settings. Once learning disabilities are understood, then a tutor should become aware of techniques and strategies that work best when tutoring students who are learning disabled (Kurnoff, 2001).
Definition of Terms

Disability

A person can meet the ADA guidelines of disability by having a record of or being regarded as: "(a) Has a physical or mental impairment that substantially limits one or more major life activities, (b) has a record of such an impairment, or (c) is regarded as having such an impairment" (ADA, 1990, n.p.).

Disabled Student Programs and Services [DSPS]

May be referred to by other similar names such as Programs and Services for Disabled Students, Disability Resource Center, and so forth. A variety of resources, services, and programs are provided which afford students the opportunity to participate fully in all aspects of college programs and activities through reasonable accommodations. Examples of such accommodations are alternate media, assistive technology, reader services, and tutoring (ARC, 2009c, 2009d).

Learning disability

A persistent condition or presumed neurological dysfunction which may also exist with other disabling conditions. This dysfunction continues despite instruction in standard classroom situation. Common attributes are "...severe to above intellectual ability, severe processing deficit, measured achievement in an instruction or employment setting, and measured age-appropriate adaptive behavior in an instructional or employment setting" (California Administrative Code [CAC], 2005, n.p.).
Low vision

One is considered to be legally blind when the best corrected central acuity is less than 20/200 (perfect visual acuity is 20/20). Low vision denotes a level of vision that is 20/70 or worse and cannot be fully corrected with conventional glasses. Low vision is not the same as blindness. Unlike a person who is blind, a person with low vision has some useful sight. However, low vision usually interferes with the performance of daily activities, such as reading or driving. A person with low vision may not recognize images at a distance or be able to differentiate colors of similar tones (Kellogg Eye Center, 2009).

Student with a disability

Any person who is registered at ARC to enroll in classes, has applied to DSPS for services, and has a disability. The disabilities considered which would make a student eligible to receive services are: "Acquired brain injury, communication, developmental, learning, physical, psychological, and other (disorders and limitations not currently accepted as a disability by state law or regulation for DSPS funding, such as Attention Deficit Disorder and obesity)” (ARC, 2009d, n.p.).

Tutoring

A person, in this instance, a student, who gives individual instruction to another student to help the student help him or herself. Tutors help their student by reinforcing classroom lessons and providing student-to-student instruction to strengthen comprehension of academic material. A DSPS tutor does so voluntarily, and does so for pay, $8.25 per hour as of Spring 2009 (ARC, 2009b).
Delimitation of the Project

The project, entitled *Handbook for Tutors of American River College Students with Disabilities*, was specifically designed for the new tutors at the DSPS of ARC, but it could be applicable at the other three community colleges in the Los Rios Community College District that have tutoring programs.

The project was done in 2009 and based upon current medical information and current policies and procedures. As new medical breakthroughs occur, and conditions, medicines, treatments, and technologies improve, this project should be updated. In addition, as tutoring policies and procedures change, the manual should be updated.

The project also may have some amount of bias built in, as the author is interested in the education of students with disabilities, and for the past 3 years has been trained to be an advocate for this group.

Organization of the Project

Chapter 1 includes the Background, Introduction, and Statement of Problem of the Project. This chapter also contains Definition of Terms, Delimitation of the Project, and the Organization of the Project.

Chapter 2 is composed of a Review of Related Literature on the aspects of disability, definitions of the various disabilities that are applicable to the DSPS, why tutor training is needed to help students who are disabled, and the identification of the tools and methods that are utilized in assisting college-age students who have various levels of disabilities.
Chapter 3 explains the methods used to gather the information for the design, contents, and the assembling of the Handbook.

Chapter 4 presents the Summary and Recommendations of the project.

The Appendix is comprised of the Handbook itself. The References complete the project.
Chapter 2

REVIEW OF RELATED LITERATURE

Introduction

The review of related literature was done which encompassed literature established within the last 10 years. The review is organized first describing the definition of a disability. It then proceeds to discuss which specific disabilities a student might have that would make him or her eligible to receive services at the American River College Disabled Student Programs and Services [ARC DSPS]. It continues, giving an overview of what (legal) protection is afforded to students who are disabled. Then it proceeds further to briefly describe in more detail how the many types and kinds of disabilities will be narrowed down to a cohesive group that will then be discussed.

Further, the review will discuss why there is a need for tutoring, and a need for tutoring students who have disabilities.

Finally, the review will proceed by discussing the types of tutoring available to students, and conclude by discussing some tutoring programs and strategies that will conclude the literature review.

Disability Defined

The Americans with Disabilities Act, otherwise known as the “ADA”, defines an individual of having a disability if the person “. . . who has a physical or mental impairment that substantially limits one or more major life activities; has a record
of such an impairment; or is regarded as having such impairment” (U.S. Equal Employment Opportunity Commission [EEOC], 2009c, n.p.).

American River College has a number of disabilities that make a student eligible to receive services at the DSPS. These disabilities include acquired brain injury, Asperger’s Syndrome, autism, communication disability, developmental disability, learning disability, physical disability, and psychological disability. Other disabilities, disorders, limitations, or disabilities not currently accepted as a disability by state law or regulation for DSPS funding, (e.g., Attention Deficit Disorder, obesity) are not qualified for acceptance for a student to receive services (ARC, 2009d).

Legal Protection

Physical or mental disabilities in no way diminish a person’s right to fully participate in all aspects of society, yet many people with physical or mental disabilities have been precluded from doing so because of discrimination; others who have a record of a disability or are regarded as having a disability also have been subjected to discrimination. Unlike individuals who have experienced discrimination on the basis of race, color, sex, national origin, religion, or age, individuals who have experienced discrimination on the basis of disability have often had no legal recourse to redress such discrimination. Moreover, individuals with disabilities continually encounter various forms of discrimination, including outright intentional exclusion; the discriminatory effects of architectural, transportation, and communication barriers; overprotective rules and policies; failure to
make modifications to existing facilities and practices; exclusionary qualification standards; segregation; and lost job opportunities (EEOC, 2009b).

To address the above findings, the Americans with Disabilities Act was made into law in 1990 to mandate the elimination of discrimination against individuals with disabilities. It was to provide a clear, strong, enforceable standard to address discrimination against those with disabilities, and ensure the federal government play a central role invoking the congressional sweep of authority to address day-to-day discrimination faced by people with disabilities (EEOC, 2009b).

The ADA consists of parts that are specific to certain areas (such as Title I is specific to prohibiting discrimination in employment), and these areas are broken down into parts referred to as "Titles" (which are always typed using Roman numerals) and "Sections." The U.S. Department of Education [USDE] (2007) Office for Civil Rights enforces Title II of the ADA of 1990 (Title II), which prohibits discrimination based on disability; and the EEOC (2009b) is responsible for enforcing Titles I and V of the ADA. Practically every school district and postsecondary school in the United States is subject to the ADA.

The ADA prohibits discrimination on the basis of disability. It also states the definition of a disability, which is three-pronged in nature. According to the ADA, an individual with a disability is a person who: (a) Has a physical or mental impairment that substantially limits one or more major life activities; (b) has a record of such impairment; or (c) is regarded as having such an impairment (EEOC, 2009c). The disability must substantially affect major life activities, and also affect major
bodily functions. In addition, if a person is regarded as having such an impairment, (that lasts 6 months or longer), or if a person is regarded as having an impairment, he or she would meet the requirements of being deemed disabled (EEOC, 2009c).

Another form of legal protection for students with disabilities is the Rehabilitation Act of 1973. Practically every school district and postsecondary school in the United States is subject to either the ADA or the Rehabilitation Act, both having similar requirements. After the ADA and the Rehabilitation Act have been discussed, the author will describe and discuss Title 5 of the California Administrative Code.

The Rehabilitation Act (like the ADA) is also broken down into “Sections” and “Titles.” The author will discuss Section 504 of the Rehabilitation Act (1973) as that section of the Act is pertinent to prohibiting discrimination against individuals with disabilities, doing so by protecting these individuals in programs and activities that receive federal financial assistance from the U.S. Department of Education (USDE, 2007).

The Rehabilitation Act of 1973, section 504, is a national law that protects qualified individuals from discrimination based on their disability and is enforced by the Office for Civil Rights within the U.S. Department of Health and Human Services (DHHS, 2009). The U.S. Equal Employment Opportunity Commission is responsible for enforcing Sections 501 and 505 of the Rehabilitation Act of 1973 (EEOC, 2009b).
The Rehabilitation Act was one of the first “rights” legislation to prohibit discrimination against people with disabilities. However, this law applied to programs conducted by federal agencies, those receiving federal funds—such as colleges participating in federal student loan programs, federal employment, and employment practices of businesses with federal contracts. Thus, if any college received financial aid from a government source, the Rehabilitation Act makes it illegal for that institution to discriminate against those individuals with a disability. Doing so could put the college at risk of legal action, and violating the Rehabilitation Act could put their funding at risk as well (DHHS, 2009).

Title 5 of the California Administrative Code [CAC] enables community college districts to use information for determining a student’s eligibility to receive authorized special services provided by the DSPS (Disability, 2009). This is the backbone of the funding for many of the community colleges that are in California.

These codes, regulations, and laws apply to ARC students. Thus, these rights and privileges lie in the protection of three main legal precedents cited above; one being the Americans with Disabilities Act, the second being the Rehabilitation Act of 1973, and the third being Title 5 of the California Administrative Code, which is specific to funding for students with disabilities who attend institutions of education in California (Disability, 2009).

With the three forms of legal protections previously discussed (ADA, Rehabilitation Act, and Title 5, which addresses community college funding), students who are disabled are required to receive educational services designed to
meet the individual needs of such students to the same extent as the needs of students without disabilities (USDE, 2007). The following section discusses the number of students with disabilities enrolled in the DSPS at ARC, and the various disabilities that are eligible for students to receive services at the DSPS.

Count of Disabled Student Programs and Services Students

Between the years of 2003-2008, students who were disabled constituted no less than 14.44% of the total ARC population. In the 2003-2004 academic year, 2,643 students enrolled and registered with the DSPS. In the 2004-2005 academic year, enrollment of students with disabilities was at its highest at 17.92% of the college’s population, that being 3,607 students. In the academic year of 2006-2007, students who were disabled constituted 16.23% of the ARC population, that being 3,091 students. In the academic year of 2007-2008, students with disabilities constituted 15.57% of the population, that being 3,100 students (Barr, 2008). In addition, for the academic year of 2008-2009, there were 2,909 students with disabilities registered and enrolled with the ARC DSPS (California Community Colleges Management Information System [CCCMIS], 2009a).

Without proceeding into an effort of discussing every disability, which would be a disservice to the effort made at this juncture, it would be more feasible to discuss the disabilities that are most prevalent in the students who use the services of the DSPS (CCCMIS, 2009a).
Learning Disabilities

Among all of the disabilities that affect DSPS students, learning disabilities (LDs) comprise the third largest group to receive services at American River College, following behind students with “Other” disabilities (disabilities that do not fall into the other named categories), and then psychiatric disabilities respectively (CCCMIS, 2009b). LDs are also the fastest growing population of people with disabilities in state/federal vocational rehabilitation programs (Brodwin, Tellez, & Brodwin, 2002).

Learning disabilities are sometimes considered an “invisible” disability in that it is not initially evident upon first meeting the person (Givner, 2002). Generally, LDs refer to a variety of disorders in the domains of listening, speaking, reading and writing, mathematics, and reasoning. These disabilities interfere with a person’s ability to store, process, and produce information, and are not expected, given the person’s general level of functioning (Givner, 2002).

The data is sobering when describing the LD population. Dr. Christine Givner (2002 states:

LD students drop out at twice the rate as their non-disabled peers. Up to 60% of adolescents receiving treatment for substance abuse have LDs. Sixty-two percent of LD students were unemployed 1 year after graduation. Fifty percent of females with LDs will be mothers, many being single mothers, within 3 to 5 years after leaving high school. Thirty-one percent of adolescents with LDs will be arrested 3 to 5 years after leaving high school. (p. 375)
Bender (2008) characterized students with LDs as being less engaged in the learning task, unable to cope with multiple instructions, and poorly organized in their thinking and work habits. According to Bender, approximately 75% of students with learning disabilities are male, partly because males are more physically active than females at many age levels.

With the aforementioned being an introduction to learning disabilities, several different types of specific LDs that are most prevalent in students registered with the DSPS will be discussed below (J. James, personal interview, October 9, 2008).

*Developmental Reading Disorders*

*Dyslexia.* Dyslexia is a brain-based type of learning disability that specifically impairs a person’s ability to read. These individuals typically read at levels significantly lower than expected despite having normal intelligence (Matthews, 2003).

The ability to decode and understand a new word is dependent on the person’s ability to break it down into phonemes, the basic units of sound. Dyslexia is the result of a deficiency in this phonemic processing. It cannot be spread and is not a contagion, although it is transmitted genetically (Matthews, 2003).

Students with dyslexia have frustrations that often center on their inability to meet expectations. Over the years, the frustration mounts as classmates surpass the students with dyslexia in reading skills (Matthews, 2003). They also perform erratically within tasks; their errors are inconsistent. On some days, reading may
come fairly easily, however, on another day, they may barely be able to write their own name.

Adults who have dyslexia have also shown impairments in phonological awareness and rapid naming, and it is likely that these variables reflect genuine impairments, as opposed to some form of developmental delay. It can also be argued that phonological awareness and rapid naming represent distinctly different cognitive components underlying reading (Wolf & Bowers, 1999), giving rise to different subtypes of adult dyslexia.

**Dysgraphia.** Dysgraphia is a neurological disorder characterized by writing disabilities. Specifically, the disorder causes a person’s writing to be distorted or incorrect (National Institute of Neurological Disorders and Stroke [NINDS], 2009c). The disorder generally emerges when the child is first introduced to writing. He or she makes inappropriately sized and spaced letters, or writes wrong or misspelled words, despite thorough instruction. Although the cause of the disorder is unknown, it is suspected that it comes in part from damage to the parietal lobe of the brain. The use of computers can be used to remedy the effects of the bad handwriting.

**Dyscalculia.** People who have dyscalculia are often intelligent. They are good with accelerated language, reading, and writing, but have a high difficulty in math. They have a poor long-term memory, and often have trouble grasping the broader concept of things. They may have a poor sense of direction; inconsistent results when adding, subtracting, multiplying or dividing; and may have trouble
keeping score during sporting events. They also are not very coordinated (Ansari & Karmiloff-Smith, 2002).

**Developmental Disorders**

Asperger’s syndrome and autism are regarded as very serious developmental disorders characterized by severe impairment in the development of verbal and nonverbal communication skills, marked impairment in reciprocal social interaction (a lack of responsiveness to or interest in people), and almost nonexistent imaginative activity (NINDS, 2009a). Autism is also known as infantile autism or Kanner’s syndrome (Pierangelo, 2004).

*Asperger’s syndrome.* A Vienna physician by the name of Hans Asperger who specialized in pediatrics first discovered (what would later be called) Asperger’s syndrome. His work brought him into contact with a number of boys who found it difficult to “fit in” socially. Along with their poor social skills, they had a difficulty with the social use of language, and had a limited use and understanding of facial expression. They also had stereotypical behaviors and often had “abnormal fixations” on certain objects (Cumine, Leach, & Stevenson, 1998).

Asperger’s syndrome [AS] is an autism spectrum disorder [ASD], one of a distinct group of neurological conditions characterized by a greater or lesser degree of impairment in language and communication skills, as well as repetitive or restrictive patterns of thought and behavior. Other ASDs include classic autism, Rett syndrome, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (usually referred to as PDD-NOS) (NINDS, 2009a).
Students with Asperger’s (they often call themselves “Aspies”) are very intelligent, and the fact that students with autism and Asperger’s have above average intelligence was echoed during a personal interview (March 10, 2009) with Dana Brittingham-Garrido, a DSPS counselor who works with many students who have autism and Asperger’s syndrome.

Brittingham-Garrido stated that many of her Asperger’s students were highly intelligent, and many have an acute attention to detail, many to a point of obsession: “Many will get so deep into a part of an assignment but then not complete the remainder of it because they were so focused on a specific part.” She also shared with this author that many of her Asperger’s students were bright but could also be shy and withdrawn, and many had difficulty with social interactions.

Although many students with Asperger’s syndrome are capable of achievement, the impact of their individuality on others makes them vulnerable to bullying, teasing, and ridicule from their peers, which often makes them withdraw socially (Cumine et al., 1998).

The syndrome is prevalent and thought to be in the region of two per 10,000, and it is three to four times more likely to be found in boys than girls (Ninds, 2009a). Teachers and tutors should be aware that most Asperger’s students have trouble socially, lack the skills to make friends, and thus may be more aloof than the other students. They are often not adept in picking up social cues. In addition, they are similarly not adept in reading body language or tone of voice cues, and fail to grasp implied meanings of language, such as when one would say, “It’s cold in here”
at face value—other people would take the hint and close the window. Asperger’s students may also be awkward, clumsy, unorganized, write sloppily, and leave tasks unfinished (Cumine et al., 1998).

_Autism._ Autism (sometimes called “classical autism”) is the most common condition in a group of developmental disorders known as the autism spectrum disorders (ASDs). Autism is characterized by three distinctive behaviors. Autistic children have difficulties with social interaction, display problems with verbal and nonverbal communication, and exhibit repetitive behaviors or narrow, obsessive interests. These behaviors can range in impact from mild to disabling. Autism varies widely in its severity, and symptoms and may go unrecognized, especially in mildly affected children or when more debilitating handicaps mask it. Scientists are not certain what causes autism, but it is likely that both genetics and environment play a role (NINDS, 2009b).

A commonly held belief is that Asperger’s syndrome should be regarded as a sub-category of autism--part of a wider spectrum, but with enough distinct features to warrant a separate label. This view is also useful as it is generally accepted that the intervention and treatment approaches for students anywhere within the autism spectrum will share the same foundation (NINDS, 2009b).

Again, as with Asperger’s syndrome, autism is more common in males, and the condition appears at a ratio of approximately three or four to one. Those with autism have problems with long strings of verbal instructions, and have problems with remembering the sequence (Pierangelo, 2004).
It was recently thought that one out of 150 people had autism because television ads with a blue piece of a jigsaw puzzle at the end, representing the effort to solve the puzzle of autism, gave this statistic (Autism Society of America, 2009). On October 6, 2009, the journal *Pediatrics* released new statistics compiled by the Center for Disease Control on the prevalence of autism, reporting that the rate has increased from 1 in 150 to 1 in 100. According to the *Atlantic* journal, this is another staggering leap in an apparent epidemic--more than doubling the rate of children diagnosed with autism as reported in 1996 (Becker, 2009).

**Physical Disabilities**

Title 5 of the California Administrative Code defines a physical disability as a visual, mobility, or orthopedic impairment (Disability, 2009). It goes on further to add that mobility and orthopedic impairment means a serious limitation in locomotion or motion function.

Physical disabilities are comprised of disabilities that are not classified as learning disabilities, psychiatric or mental disabilities, or disabilities that would fall into the “Other” category of ARC DSPS disabilities that would make a student eligible to receive services. The ARC DSPS has services and programs for the following disabilities that are of a physical nature:

(a) Visually impaired/blind,
(b) orthopedic disabilities/mobility impairment,
(c) hearing impaired/deaf, and
(d) physical/functional impairment. (ARC, 2009d, n.p.)
Visually Impaired

Visual impairment is the diminishment of the ability to see. The terms “partially sighted,” “legally blind,” “low vision,” and “totally blind” are commonly used to describe visual impairments. A person who has lost most of his or her sight, cannot see much more than light or some large shapes, and has central visual acuity of 20/70 to 20/200 in the better eye with correction (perfect vision is considered to be 20/20) is considered to be visually impaired. A visually impaired or partially sighted person with correction sees at 20 feet what the normal eye sees at 70 to 200 feet (Nielsen, 2002).

Blind

A person who is legally blind has central visual acuity of 20/200 or less with correction in the better eye or has a very limited field of vision, such as 20 degrees at its widest point. This means that even with correction, there is no more than 10% normal vision in the better eye, and a person who is legally blind sees with correction at 20 feet what the normal eye sees from a distance of 200 feet or more (Nielsen, 2002).

Blind and visually impaired (partially sighted) students face a major challenge of the overwhelming mass of printed material. Most students who are blind use a combination of methods of assistance such as readers, brailed books and lectures, and computers. Instructors are responsible for accommodating both the student and the service provider. Most visually impaired students have measured vision, but they, too, meet the same challenges as the blind students. Academic accommodations for
visually impaired/blind students include the use of readers, audio taped texts and lectures, raised line drawings, computers with screen magnifiers, large print books, a closed circuit television magnifier, or other magnifying device (ARC, 2009f).

For students who have vision impairments, or other impairments that would prevent them from writing or typing term papers or other homework, students can receive assistance from the ARC Adaptive Technology Center [ATC], which is staffed by Ms. Mela Bennett, an Instructional Assistant. The Instructional Assistant [IA] has a working knowledge of the programs and equipment that can assist students in reading and producing typewritten documents. Training usually requires an appointment, and students are asked to bring their own USB memory stick (ARC, 2009h).

For those students who have low vision, are visually challenged, or do not have vision in either eye, the ATC has equipment that can assist these students with reading. Software programs such as “Kurzweil 3000” can scan and read textbooks and other documents. A program called “SuperNova” is a combined screen reader and magnifier with Braille support. “CCTV,” a closed circuit monitor enlarges text and other colored pictures (ARC, 2009h).

In addition to the above assistance that is available to visually challenged students, the ARC DSPS can provide in-class aides that are available to provide “hands on” assistance in the classroom or computer lab and other on-campus areas. Out-of-class aides provide help with multiple tasks and need not have knowledge of a particular course. Tutors are also available to provide interactive help to students
and their academic needs, and note-takers are available to help those with perception and mobility impairments (ARC, 2009d).

Orthopedic Disabilities

Orthopedic disabilities mean a serious limitation in locomotion or motion function (Disability, 2009). An orthopedic disability involves the skeletal system--bones, joints, limbs, and associated muscles. The result of orthopedic problems varies but, generally, students may have problems using legs, arms, and hands. This is a heterogeneous grouping of conditions with a wide range of causes. Examples of some of the more common causes of orthopedic impairments are: Traumatic spinal cord injury, stroke, muscular dystrophy, cerebral palsy, epilepsy, muscular-skeletal disorders, rheumatoid arthritis, cardiovascular disease, coronary heart disease, respiratory disorders, emphysema, asthma, endocrine-metabolic disorders, diabetes, and amputation of all types (West Virginia Department of Education, 2009).

Those with orthopedic impairments are physically disabled, and their educational performance is directly affected by this condition. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member) and impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (Rehabilitation Act, 1973).

Orthopedic disabilities can cause problems with coordination, walking, vision, speaking, hearing, (lack of) stamina, paralysis, seizures, and emotional and cognitive difficulties (University of Dayton, 2009).
In addition to therapy services and special equipment, those with orthopedic
disabilities may need what is known as “assistive technology” (Pierangelo, 2004).
These communicative devices and computer technology are discussed under the
“Mobility Impairments” section directly below.

*Mobility Impairments*

Mobility impairments mean a serious limitation in locomotion or motor
functions that indicate a need for one or more of the services or programs available
from DSPS (ARC, 2009d). Mobility impairments can be the result of many different
impairments, including injuries to the spinal cord, arthritis, neurological conditions
such as muscular dystrophy or cerebral palsy, or even missing limbs. Students may
or may not use mobility aids such as wheelchairs, canes, crutches, braces, and
prostheses. There may be resultant limitation of speed, strength, endurance,
dexterity, and/or coordination, particularly fine motor coordination (Queens
University, 2009). Students will need more time to travel between classes and might
be late arriving, so extra time may be needed to allow a student to travel throughout
the campus.

Many students with mobility impairments contend with issues outside of the
classroom such as arrangements for transportation to and from the library, medical
care, attendant care for daily living needs, and so forth. All are very time
consuming, so extensions on assignments may be required. Flexibility with deadlines
may also be helpful to students with mobility impairments, and extra space must be
prepared for students who use wheelchairs and similar adaptive equipment (Queens University, 2009).

For students who do not have use of their limbs, particularly their arms or hands, the Adaptive Technology Center [ATC] can also be of help. Adaptive equipment such as “joy” sticks that alternate the operation of the computer mouse, adjustable tables, and other keyboarding implements that can help a person who may have the above impairments can be used to accommodate those who have mobility impairments (ARC, 2009h). Note takers and in-class aides are also available for support services provided through the DSPS.

There are also computer software programs to help assist students with mobility impairments (such as impairments to one’s arms, hands, or upper body). One such program is called “Dragon Naturally Speaking.” Although this program requires a short period of initial training, the voice recognition software recognizes a person’s speech patterns and cadence to dictate a sort of “talk to text” usage for dictation. Thus, homework and written assignments can be completed using this technology (M. Bennett, personal interview, April 8, 2009).

*Hearing Impaired*

Hearing is described in terms of loudness and pitch. The hearing apparatus reacts to vibrations, which are sound waves that travel through the air. The vibrations are measured in terms of cycles per second, called hertz (Hz). For the ear to perceive these vibrations, they must be of sufficient intensity. Intensity is measured in decibels (dBs). Zero decibels is the threshold of hearing, the softest
sound the normal human ear can detect. A whisper is generally around 20 decibels, normal conversation 55 decibels, and a jet plane at take off roughly 140 decibels (Brodwin et al., 2002).

“Hard-of-hearing” is defined as a person whose hearing is disabled (usually 35-69 dB) such that it is difficult, but not impossible, to understand speech through the ear alone, with or without a hearing aid. A “hearing impairment” is a “communication disability” in that the impairment means a total or partial loss of hearing function that impedes the communication process essential to language, education, social, and/or cultural interactions (ARC, 2009e).

**Deafness**

Deafness is defined in one whose hearing is disabled (usually 70 dB or greater) such that understanding conversational speech thorough the ear alone is precluded, with or without a hearing aid (Brodwin et al., 2002).

Although a teacher can have a lesson plan typed up and copied, a deaf or hard-of-hearing student may miss the benefit of spontaneous question-and-answer sessions during class. To help with this, there are assistive devices such as tape-recorded lectures, books and lectures on MP3, PDF, and CD. In addition, closed caption (also known as “CC”) television can also be placed in the classroom, as well as interpreters, so a student who is deaf can have access to the total class experience (ARC, 2009e).

Interpreting is the process of transmitting spoken English into American Sign Language [ASL] and/or gestures for communication between deaf and hearing
individuals (Registry of Interpreters for the Deaf [RID], 2009). ASL is a complete, complex language that employs signs made with the hands and other movements, including facial expressions and postures of the body. It is the first language of many deaf North Americans, and one of several communication options available to deaf people. ASL is said to be the fourth most commonly used language in the United States (National Institute on Deafness and Other Communication Disorders [NIDCD], 2009).

Just as with other languages, specific ways of expressing ideas in ASL vary as much as ASL users themselves do. ASL users may choose synonyms to express common words. ASL also changes regionally, just as certain English words are spoken differently in different parts of the country. Ethnicity, age, and gender are a few more factors that affect ASL usage and contribute to its variety [NIDCD, 2009].

A “qualified interpreter” means an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary. This definition focuses on the actual ability of the interpreter in a particular interpreting context to facilitate effective communication between the public entity and the individual with disabilities (Job Accommodation Network [JAN], 2009).

*Physical Impairments*

Physical impairments are defined as visual, orthopedic or other health-related impairments. (Visual and orthopedic impairments have been covered in an earlier section.) Other health-related physical impairments occur when the capacity to
move, coordinate actions, or perform physical activities is significantly limited, impaired, or delayed, and is exhibited by difficulties in one or more of the following areas: Physical and motor tasks, independent movement, and/or performing basic life functions. The term shall include severe orthopedic impairments or impairments caused by congenital anomaly, cerebral palsy, amputations, and fractures if such impairment adversely affects a student’s educational performance (Massachusetts DOE, 2009).

Health impairment means a serious dysfunction of a body part or system that necessitates the use of one or more of the assistive/supportive services or programs available from DSPS. In addition, other health impairments include all of those not described among the previous (above) impairments and disabilities (ARC, 2009d).

*Functional Impairments*

A functional limitation is the inability to perform an action or a set of actions because of a physical or emotional restriction. This determination involves analysis of the nature and severity of the impairment, the duration of the impairment, and the permanent or long-term impact of the impairment (Pennsylvania College of Technology [PCT], 2009).

Functional limitations are (dependent of the person’s disability) the inability to complete tasks that (because of the disability) a person who is non-disabled has no problem completing (PCT, 2009). These limitations result in a reduction in activity and ability, due to severe physical or mental impairment, to the degree that the person requires services or accommodation not typically made for other individuals
in order to prepare for, enter, engage in, or retain employment, academics, or day-
to-day activities (Bureau of Rehabilitation Services [BRS], 2009).

Psychological Disabilities

In this section, the author will discuss the disabilities of a mental,
psychological, or emotional nature that are eligible for a student to receive services
from the ARC DSPS.

A psychological disability is a persistent psychological or psychiatric disorder,
emotional or mental illness which: (a) Is listed in the American Psychiatric
Association Diagnostic and Statistical Manual (4th ed., rev.) [DSM IV-R] (APA,
2000), or succeeding equivalent revisions, and is coded on Axis I or Axis II as
moderate or severe; (b) reflects a psychiatric or psychological condition that
interferes with a major life activity; and/or (c) poses an educational limitation
(ARC, 2009d).

Psychiatric Disorders and other Mental Illnesses

There are over 400 diagnostic labels and subtypes that could be discussed
under the above general categories (Brodwin et al., 2002). To narrow this down into
a more manageable area of discussion, the author has chosen to discuss the main
disorders of a psychological nature for which students are eligible to receive services
from the DSPS at American River College (James, 2009).

Therefore, mood disorders such as bipolar disorder, dysthymia, cyclothymia,
and major depressive disorder (also known as unipolar major depression) will be
discussed. In addition, mental impairments such as schizophrenia and mood
disorders caused by medical conditions or medication will also be discussed. Further, disorders stemming from injuries to the brain such as traumatic brain injury [TBI] and acquired brain injury [ABI] will also be discussed. Lastly, injuries caused by the environment, such as post traumatic stress disorder [PTSD] will also be discussed.

Mood disorders. About 20.9 million American adults, or 9.5% of the population, have mood disorders, which include major depressive disorder, dysthymic disorder (a chronic, mild depression), and bipolar disorders (also called manic depression). Major depressive disorder is, by itself, the leading cause of disability among Americans age 15 to 44 (National Institute of Health [NIH], 2008).

Mood disorders are outside the bounds of normal fluctuations from sadness to elation. They have potentially severe consequences for morbidity and mortality. Mood disorders often coexist, or are comorbid, with other mental and somatic disorders. Mood disorders rank among the top 10 causes of worldwide disability (Holmes, 2001).

- Bipolar disorder is a recurrent mood disorder featuring one or more episodes of mania or mixed episodes of mania and depression. Bipolar disorder is distinct from major depressive disorder by virtue of a history of manic or hypomanic (milder and not psychotic) episodes. Other differences concern the nature of depression in bipolar disorder. Its depressive episodes are typically associated with an earlier age at onset, a greater likelihood of reversed vegetative symptoms, more frequent episodes or recurrences, and a higher familial prevalence. Another noteworthy
difference between bipolar and non-bipolar groups is the differential therapeutic effect of lithium salts, which are more helpful for bipolar disorder (NIH, 2008).

The mood disturbance can range from pure euphoria or elation to irritability to a labile admixture that also includes dysphoria. Thought content is usually grandiose but also can be paranoid. Grandiosity usually takes the form both of overvalued ideas (e.g., “My book is the best one ever written”) and of frank delusions (e.g., “I have radio transmitters implanted in my head and the Martians are monitoring my thoughts”). Auditory and visual hallucinations complicate more severe episodes. Speed of thought increases, and ideas typically race through the manic person’s consciousness (NIH, 2008).

Nevertheless, distractibility and poor concentration commonly impair implementation. Judgment also can be severely compromised; spending sprees, offensive or disinhibited behavior, and promiscuity or other objectively reckless behaviors are commonplace. Subjective energy, libido, and activity typically increase, but a perceived reduced need for sleep can sap physical reserves. Sleep deprivation also can exacerbate cognitive difficulties and contribute to development of catatonia or a florid, confusional state known as “delirious mania.” If the manic patient is delirious, paranoid, or catatonic, the behavior is difficult to distinguish from that of a schizophrenic patient. Clinicians are prone to misdiagnose mania as schizophrenia in African Americans. Most people with bipolar disorder have a history of remission and at least satisfactory functioning before onset of the index episode (NIH, 2008).
• Dysthymic disorder is defined as a chronic dysphoric mood (irritable mood) persisting at least 2 years in adults. Marked periods of chronic depression with periods of poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration, or difficulty making decisions with feelings of hopelessness are signs and symptoms of the disorder. The disorder is confirmed when the person exhibits at least two of the signs or symptoms listed above nearly every day, with intervening normal moods lasting no more than 2 months during a 2-year period (Holmes, 2001).

• Cyclothymia is marked by manic and depressive states, yet neither are of sufficient intensity nor duration to merit a diagnosis of bipolar disorder or major depressive disorder. The diagnosis of cyclothymia is appropriate if there is a history of hypomania, but no prior episodes of mania or major depression. Longitudinal follow-up studies indicate that the risk of bipolar disorder developing in patients with cyclothymia is about 33%; although 33 times greater than that for the general population, this rate of risk still is too low to justify viewing cyclothymia as merely an early manifestation of bipolar type I disorder (Surgeon General, 2009).

• Major depressive disorder features one or more major depressive episodes each of which lasts at least 2 weeks (APA, 2000). Since these episodes are also characteristic of bipolar disorder, the term “major depression” refers to both major depressive disorder and the depression of bipolar disorder.

The cardinal symptoms of major depressive disorder are depressed mood and loss of interest or pleasure. Other symptoms vary enormously. For example,
insomnia and weight loss are considered to be classic signs, even though many depressed patients gain weight and sleep excessively. Such heterogeneity is partly dealt with by the use of diagnostic subtypes (or course modifiers) with differing presentations and prevalence. For example, a more severe depressive syndrome characterized by a constellation of classical signs and symptoms, called melancholia, is more common among older than among younger people, as are depressions characterized by psychotic features (i.e., delusions and hallucinations) (APA, 2000). In fact, the presentation of psychotic features without concomitant melancholia should always raise suspicion about the accuracy of the diagnosis (vis-à-vis schizophrenia or a related psychotic disorder). The so-called “reversed vegetative symptoms” (oversleeping, overeating, and weight gain) may be more prevalent in women than men. Anxiety symptoms such as panic attacks, phobias, and obsessions also are not uncommon (NIH, 2008).

When untreated, a major depressive episode may last, on average, about 9 months. Some 80 to 90% of individuals will remit within 2 years of the first episode. Thereafter, at least 50% of depressions will recur; after three or more episodes, the odds of recurrence within 3 years increases to 70 to 80% if the patient has not had preventive treatment. Thus, for many, an initial episode of major depression will evolve over time into the more recurrent illness sometimes referred to as unipolar major depression. During a depressive episode, the person is preoccupied with feelings of depression, worthlessness, hopelessness, and guilt.
Each new episode also confers new risks of chronicity, disability, and suicide (Brodwin et al., 2002).

- Differential diagnosis: Mood disorders are sometimes caused by general medical conditions or medications. Classic examples include the depressive syndromes associated with dominant hemispheric strokes, hypothyroidism, Cushing’s disease, and pancreatic cancer (APA, 2000). Among medications associated with depression, anti-hypertensives and oral contraceptives are the most frequent examples. Together, mood disorders due to known physiological or medical causes may account for as many as 5 to 15% of all treated cases. They often go unrecognized until after standard therapies have failed (Surgeon General, 2009).

- Schizophrenia is one of the most common diagnoses of clients who seek rehabilitation services (Holmes, 2001). Schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history. About 1% of Americans have this illness. Symptoms include hallucinations, delusions, disorganized speech, catatonic behavior, or flat affect. Hallucinations are the most obvious symptoms, and delusions are usually reflective in a person’s speech pattern. At times, it may be impossible to follow what a person is trying to say. Negative symptoms include withdrawing or a flat affect upon times of interaction (National Institute of Mental Health [NIMH], 2009).

    There are different phases of this illness, and five major types. Schizophrenia usually causes lifelong impairment. The onset usually occurs in the late teens or early twenties. The prodromal phase signals the start of the person to deteriorate
from previous levels of functioning, and begins to exhibit some signs of the disorder. In the active phase, the person exhibits full symptoms of the disorder, but the person may not realize that he or she has the disorder. The person’s actions usually are so strange that the person’s family or law enforcement may intervene to implement psychiatric help. Most require hospitalization (Brodwin et al., 2002).

In the residual stage, most symptoms disappear, but the person still may exhibit milder forms. To be diagnosed as having schizophrenia, one must suffer symptoms continuously for 6 months. Complete recovery is uncommon (Brodwin et al., 2002). The five major types of schizophrenia are paranoid, disorganized, catatonic, undifferentiated, and residual, and they are similar to the phases discussed above.

_Anxiety Disorders_

Students with the diagnoses in this category can have a variety of disorders that are included. In this section of mental illnesses, the students, generally, who have an anxiety disorder and come to the DSPS for services have either depression, a type of anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder [OCD], or PTSD having been diagnosed if they have a mental illness.

Anxiety disorder is characterized as excessive anxiety and worry about a number of events or activities. The person finds it difficult to control the worry. Restlessness or feeling keyed up or on the edge, being easily fatigued, or having difficulty with concentrating are key symptoms. Irritability, muscle tension, sleep
disturbances with the difficulty falling or staying asleep, or restlessness or unsatisfying sleep also are symptoms of the disorder (Holmes, 2001).

- Depression: Also known as unipolar disorder, (major) depression is a syndrome of a persistently sad, dysphoric mood, accompanied by disturbances in sleep and appetite, lethargy, and an inability to experience pleasure (anhedonia). Depression occurs in up to 17% of adults, affecting all racial, ethnic, and socio-economic groups. It can profoundly alter social, family, and occupational functioning. It affects both sexes but is more common in women (Holmes, 2001).

Each person diagnosed with an anxiety disorder will act differently, as each person’s symptoms may be slightly different from another person being diagnosed with the exact same diagnosis. Many people with depressive disorder experience major depressive symptoms and are too dysphoric or lacking energy to seek help. Conversely, those experiencing manic symptoms typically do not recognize that something is wrong.

Another complication of depression is that of the risk of suicide, which is the most serious consequence of major depression. It is estimated that 15% of those who are untreated with severe depression attempt suicide. The person’s feelings of worthlessness, guilt, and hopelessness are so overwhelming that he or she no longer considers life worth living. Nearly twice as many women as men attempt suicide, but men are far more likely to succeed (Holmes, 2001).

- Generalized anxiety disorder has similar symptoms as panic disorder, obsessive-compulsive disorder, and other types of anxiety, but they are all
different conditions. Generalized anxiety disorder is characterized by persistent, excessive, and unrealistic worry about everyday things. People with the disorder, which is also referred to as GAD, experience exaggerated worry and tension, often expecting the worst, even when there is no apparent reason for concern. They anticipate disaster and are overly concerned about money, health, family, work, or other issues (Helpguide, 2009). Sometimes just getting through the day produces anxiety. They do not know how to stop the worry cycle and feel it is beyond their control, even though they realize that their anxiety is more intense than the situation warrants.

GAD affects 6.8 million adults, or 3.1% of the U.S. population, in any given year. Women are twice as likely to be affected. The disorder comes on gradually and can begin across the life cycle, though the risk is highest between childhood and middle age. Although the exact cause of GAD is unknown, there is evidence that biological factors, family background, and life experiences, particularly stressful ones, play a role.

Like other anxiety disorders, GAD is treatable. Cognitive-behavioral therapy is effective for many people, helping them to identify, understand, and modify faulty thinking and behavior patterns. Some with GAD also take medication. Relaxation techniques, meditation, yoga, exercise, and other alternative treatments may also become part of a treatment plan. Other anxiety disorders, depression, or substance abuse often accompany GAD, which rarely occurs alone (Helpguide, 2009).
• Obsessive-compulsive disorder [OCD] is an anxiety disorder characterized by uncontrollable, unwanted thoughts and repetitive, ritualized behaviors a person feels compelled to perform. Those who have OCD probably recognize they have obsessive thoughts and compulsive behaviors that are irrational but, even so, they are unable to resist them and break free (Helpguide, 2009).

OCD causes the brain to get stuck on a particular thought or urge. For example, a person with OCD may check the stove 20 times to make sure it is really turned off, or might scrub their hands until they are scrubbed raw, or drive around they same street for hours to make sure that the bump they heard while driving was not a person they ran over. OCD has two components associated with it that relates to understanding the totality of the disorder. One component is the obsession of the disorder. The second component is the compulsion (Helpguide, 2009).

Obsessions are involuntary, seemingly uncontrollable thoughts, images, or impulses that occur over and over again in one's mind. Those with OCD do not want to have these ideas--in fact, they know they do not make any sense--but they cannot stop them. Unfortunately, these obsessive thoughts are usually disturbing.

Compulsions are behaviors or rituals that a person feels driven to act out again and again. Usually, compulsions are performed in an attempt to make obsessions go away. For example, if a person with OCD is afraid of contamination, he or she might develop elaborate cleaning rituals. However, the relief never lasts, and the obsessive thoughts usually come back stronger. Thus, the compulsive behaviors often end up causing anxiety as they become more demanding and
time-consuming (Helpguide, 2009). Most people with obsessive-compulsive disorder fall into one of the following categories:

*Washers* are afraid of contamination. They usually have cleaning or hand-washing compulsions.

*Checkers* repeatedly check things (oven turned off, door locked, etc.) that they associate with harm or danger.

*Doubters and sinners* are afraid that if everything is not perfect or done just right, something terrible will happen or they will be punished.

*Counters and arrangers* are obsessed with order and symmetry. They may have superstitions about certain numbers, colors, or arrangements.

*Hoarders* fear something bad will happen if they throw anything away. They compulsively hoard things they do not need or use. (Helpguide, 2009, n.p.)

- Post traumatic stress disorder [PTSD] is one of the most common anxiety disorders experienced by clients seeking rehabilitation counseling, and has gained significant attention in recent decades due to the considerable number of Vietnam War veterans and Iraq War veterans displaying its symptoms (Brodwin et al., 2002). PTSD is characterized by a specific group of symptoms that sets it apart from other types of reactions to trauma. Increasingly, evidence points to four major types of symptoms: Re-experiencing, avoidance, numbing, and arousal (National Center for Post Traumatic Stress Disorder [NCPTSD], 2009). These symptoms involve a sort
of mental replay of the trauma, often accompanied by strong emotional reactions. This can happen in reaction to thoughts or reminders of the experience when the person is awake or in the form of nightmares during sleep.

PTSD has four basic symptoms that are associated with the disorders. These symptoms are avoidance, numbing, arousal, and length and severity. Avoidance symptoms are often exhibited as efforts to evade activities, places, or people that are reminders of the trauma. Numbing symptoms are typically experienced as a loss of emotions, particularly positive feelings. Arousal symptoms reflect excessive physiological activation and include a heightened sense of being on guard as well as difficulty with sleep and concentration. To qualify for a formal diagnosis of length and severity symptoms, the symptoms must persist for over 1 month, cause significant distress, and affect the individual's ability to function socially, occupationally, or domestically (NCPTSD, 2009).

Soldiers are not the only group that exhibit signs of PTSD. The disorder can also be found in victims of rape and assault, fire survivors, or any situation where one has experienced a traumatic incident. Some studies have shown that over half of the veterans with PTSD had been aggressive over the last 4 months, threatening physical violence, destroying property, or having a physical fight with someone (Tull, 2008).

Emotional experiences, and anger and aggressive behavior may be ways of establishing a sense of control. Anger may also be a way of trying to express or
release tension connected to uncomfortable emotions often associated with PTSD, such as shame and guilt.

Learning more effective ways of coping with stress may also be helpful in managing anger and aggressive behavior. Some coping skills that may be particularly helpful are deep breathing, mindfulness, taking "time-outs," and identifying the short- and long-term negative and positive consequences of different behaviors (Tull, 2008).

**Brain Injuries**

Approximately 1.5 million Americans per year sustain a brain injury. Of those, 50,000 people will die as a result of brain injury, while 80,000 people per year will experience long-term disabilities as a result of their injury (Brain Injury Association of Washington [BIAWA], 2009). There are two main types of brain injury: Traumatic brain injury and acquired brain injury. In the section below, the author will discuss open and closed head injuries, acquired brain injury, and traumatic brain injury.

- Open head injury: When the person’s brain matter has been penetrated, such as by stabbing or gunshot. Skull fractures, visible brain matter, and obvious bleeding indicate the trauma. Often the patient goes into a coma or the physician pharmacologically induces a coma directly following the trauma. The coma may last minutes, weeks, or months. Some patients develop infections while others need their lost skull material replaced with artificial plates (Brodwin et al., 2002).
• Closed head injury: A trauma in which the brain is injured as a result of a blow to the head, or a sudden, violent motion that causes the brain to knock against the skull. A closed head injury is different from an open head injury in that no object actually penetrates the brain. Closed head injuries can be diffuse, meaning that they affect cells and tissues throughout the brain; or focal, meaning that the damage occurs in one area. Closed head injuries can range from mild to severe. Degree and rate of recovery is highly dependent upon individual circumstances. The amount of time spent unconscious or in a coma, as well as how much of normal activity is recovered within the first month are good indicators of long-term recovery (BIAWA, 2009).

• Acquired brain injury: Also referred to as "atraumatic brain injury," an acquired brain injury [ABI] is one that has occurred after birth, and is not hereditary, congenital, or degenerative. Common causes of acquired brain injury include near drowning, lightening strike or electrical accident, trauma to the head or neck, heart attack or stroke, shock, and aneurysm. The prognosis of an ABI is determined by a variety of factors, including the severity of the damage, the length and the severity of the coma, and the location and size of any traumas. The more severe the injury, the longer the recovery period and the chance of more long-term effects (BIAWA, 2009).

An example of a trauma leading to an ABI is the story of a student whom this author had the opportunity to meet, as the student attends the weekly meetings of the Traumatic and Acquired Brain Injury Support [TABIS] group at ARC every
Wednesday. This young man’s story is representative of how a trauma that did not originate directly from a brain injury resulted in the person having a brain injury which affected his cognitive abilities.

He was leaving a birthday party when a stray bullet struck him in the left underarm. Life-threatening complications led to his heart stopping three times. Each time his heart stopped, his brain was deprived of oxygen, crucial to maintaining cognitive functioning and abilities. The lack of oxygen to the student’s brain resulted in him having an ABI.

He was in a coma for 5 months. When he did awake, he thought he was 16 years old (he was 22). He did not remember he had a son, a girlfriend, or that he lived in Sacramento (he had lived in Oakland with his grandmother). He thought he was in the hospital there (in Oakland). He could not remember anything about his life past the age of 16.

This young man’s cognitive abilities were affected to the point that he had to relearn basic things: To walk, talk, feed himself, and to dress. Although his cognitive abilities have been seriously affected, he is currently in school, albeit taking basic classes in reading and English, and his academic achievements have been all but erased (TABIS, 2008).

- Traumatic brain injury. Every 23 seconds, an American suffers a TBI. The force is large enough to break through the skull and damage the soft brain, or to cause the brain to move within the skull. The Brain Injury Association defines a TBI as "... an insult to the brain, not of degenerative or congenital nature but
caused by an external physical force that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities or physical functioning” (as cited in Schwartz, 2002, p. 363). Types of injuries that cause the skull to break and hurt the brain include car crashes, falls, sports, gunshots, and physical violence.

There are also different types of traumatic brain injuries that cause the brain to be moved back and forth within the skull that cause a rapid acceleration or deceleration of the head, such as motor vehicle accidents and Shaken Baby syndrome. In these cases, the movement within the skull causes nerve fibers in the brain to separate and damage to brain tissue (BIAWA, 2009).

Each person who lives with the disabling effects of a TBI does so differently. Some people experience psychosis, depression, restlessness, combativeness, and other symptoms. Other symptoms include short-term and long-term memory loss, inability to concentrate or focus, inability to comprehend numerical sequences, disinhibition, lower cognitive functioning, sleeping for long periods and needing more sleep than normal, and a host of other difficulties. Ambulation can also be affected, along with vision, speech, and control of one’s limbs (BIAWA, 2009).

An example of a person who could be classified as having had experienced a TBI is the accident involving Natasha Richardson. Many Americans have become more acquainted with this term (TBI) and how a simple accident can turn fatal when earlier this year Ms. Richardson, an actress who many thought had skills unparalleled to even some of the best actresses, died from a small fall during a ski accident.
Ms. Richardson was on a ski slope and was balancing herself on her skis when she simply lost balance, and falling backwards struck the back of her head on the packed snow. What she suffered was an epidural hemotoma—a condition where an accumulation of blood, along with the compression of the brain striking against the skull result in a serious medical condition. Both epidural and subdural hematomas have a 50% mortality rate (Kluger, 2009).

Types of Assistance for Students

_Tutoring_

_Why tutoring is needed._ Arguments about the effectiveness of teaching have been raging since the 1960s, when students charged professors teaching irrelevant courses. In the 1970s, the criticisms shifted to style. Lecturing, in particular, was attacked as alienating to learners who wanted more hands-on engagement with ideas. For example, researchers found that students only hear, write down, and internalize about 42% of the material presented in a lecture, and then forget 50% of that within 2 months. When receiving a surprise test a week later without being allowed to use their notes, students recalled only 17% of the information from a classroom lecture (Rotenberg, 2005).

Because of the disconnect that students have with learning the material, larger class sizes and less time for individual instruction, tutoring has become an essential means of helping students get the extra help they cannot get from their teachers. Tutors can provide individualized and specialized assistance that will enhance
students’ learning skills and support their teachers’ instructional work in the classroom (Rotenberg 2005).

*Students with disabilities need for tutoring.* For many years in American history, persons with disabilities were not able to participate in many activities. Having a disability too often meant that the person would be unable to attend college or work in the job of his or her choice. Today, clearly, that is not the case. Many people with disabilities attend college and are extremely successful in school and work. Two relatively recent laws, the Rehabilitation Act of 1973 and the Americans with Disabilities Act (1990) have ensured that persons with disabilities have equal opportunity in school and the workplace.

Although tutors are not informed officially of their students’ disability statuses, many students choose to reveal general information about their disability to their tutor. The tutor must strive to create a comfortable atmosphere in which the student is at ease. In this setting, it should become easier for the student and tutor to talk about limitations in learning and studying. In any case, the tutor will always need to conform the tutoring style to the specific needs of the student (University of Iowa, 2009)

In working with students with disabilities, tutors will encounter new demands and challenges. It is often helpful (if the student is agreeable) for the tutor to ask what learning strengths and limitations the student has and what strategies the student has used to compensate for his or her limitations. Regardless of the student’s
preferred learning style, generally, the multi-modal approach is best. Tutors should try to incorporate many learning approaches when working with these students.

Because of the fact that many LD students have their disability slow things down, and repetition is often a tool needed to help them learn a lesson, tutoring is the remedy for the lack of additional instruction (time) from teachers due to shortened class periods or class size. In addition, tutoring is of help due to the one-on-one instruction opportunity that is often lost in the classrooms (Lynchburg College, 2009). Tutoring also allows an opportunity for students to study below-level material, and ask questions without the embarrassment of doing so in a class full of their peers (K. Read, personal interview, March 6, 2009).

In addition, tutors can provide a different viewpoint, allowing students some diversity in their learning. Another major concern is with students’ written work. Some students struggle to produce written work that is understandable and grammatically correct. Tutors may need to help students with written work within individual classes, even though they are not tutoring writing specifically. Poor writing may give the impression of a sloppy or disorganized person. Unfortunately, in a large class, instructors often do not take the time to make specific comments about the grammar, content, and organization of each student’s paper. In these situations, tutors can act as helpful “editors” of their student’s work, but the focus must go beyond grammar. Tutors must also consider organization and understand-ability. If a tutor feels as though a student has serious problems with writing, the
tutor may want to consider referring the student to a writing lab for extra help which can assist a student in developing his or her writing skills (University of Iowa, 2009).

Tutors can also act as advisors to their students. Though it is not technically part of the job description, many tutors find themselves offering advice about good classes, not-so-good classes, and various professors. At times, other students are the best advisors. Faculty members are not prepared to answer many student questions. Tutors can help their students overcome fears about being in a new big place. Students must move beyond being intimidated and face the challenges of university life. Tutors are needed to make their students’ academic experience more fulfilling (University of Iowa, 2009).

Generally, after a student with a disability visits the DSPS and speaks to a counselor and asks for help (in the form of a tutor), an effort is made to find a tutor available for that specific class. Tutors are more often requested, and supplied for, when students have a need in an academic class. Classes such as art, physical education, cooking and culinary classes, and classes of that general nature are not often supplied with tutors (J. Matsubara, personal interview, September 12, 2009).

The majority of students requesting tutors are students who need help with English, reading, and math. At the Learning Resource Center [LRC], a newly built building on the American River College campus, students can either come in and make an appointment or have "drop-in" tutoring in reading and math. There is a class that is designated specifically to teach tutors, Interdisciplinary 320. This class goes over material that specifically teaches a student to be a peer tutor and introduces
him or her to learning study skills, listening skills, learning skills, being effective, and teaches what techniques will work. Not all of the students take advantage of the class (Read, 2009).

*Tutoring students with learning disabilities.* Tutoring a student with a learning disability is not much different than tutoring any other student. It may, however, challenge a tutor to be more patient and creative. LD students are very intelligent, but they have trouble demonstrating it in the classroom because of a breakdown in some area of learning. Their listening skills are weaker than average, and they need more time to complete their work. Students with learning disabilities usually have the most trouble with organization of their papers, as well as spelling (Lynchburg College, 2009).

Students with LDs have an average to high intelligence, but also have a large difference between their verbal IQ and performance IQ. Their disability causes a breakdown in six areas: Attention, perceptual-motor, memory, language, executive, and reasoning. It is found that these students learn best through using a multi-sensory approach (using visual, auditory, verbal, and tactile methods) (Lynchburg College, 2009).

Some types of LD involve nonverbal abilities that affect math skills and even social skills, instead of verbal ones that affect reading and writing. There are types and degrees of LD that can be very subtle and primarily affect one’s ability to accomplish a myriad of everyday tasks. For example, a non-verbal LD can prevent a person from dealing with many day-to-day problems and can cause difficulty
with planning and organization, and can affect academic endeavors or even finding a job (Wren, 2000). This lack of competence can in turn affect one’s confidence and ability to cope. This could cause panicky feelings, frustration, helplessness, hopelessness, and depression.

Thus, motivation is a tool that can help students who have LD a great deal. Assisting a LD student to be motivated helps to lift his or her spirits, and some of the depression that many of the problems associated with LD manifest. Helping LD students remain motivated can be done by using empathy and understanding when listening to their difficulties with their disability. This is paramount to helping them get through the different problems they have to face on a daily basis (Wren, 2000).

Tutoring strategies and programs. There are various strategies and programs that are available to help tutor students with disabilities. Among some of the more pertinent ones is the Responsibility Strategy that was introduced by Dr. Charles Maher of Rutgers University. This is a tutoring strategy that can be used to help students with learning disabilities. Dr. Maher found that students with learning disabilities (some with behavioral problems) often received attention for bad behavior or incomplete work. When he could find an LD student with strong math or reading skills, he would select this student to serve as a "peer tutor" to other students who were in lower grade levels. This allowed the LD student to teach other students, receive attention in a positive light, and from the new privileges earned from their efforts, the LD student’s behavior would change to orderly conduct and positive behavior (Bender, 2008).
Another strategy that can be used to tutor students is using Bloom’s Taxonomy, also known as the six levels of cognition. Knowing these levels of thinking can help a tutor develop questioning techniques. The first level is knowledge. Knowledge requires memory only, and the tutor could have the student repeat information as memorized. This is the “define,” “recall,” and the “who, what, where,” et cetera part of the technique. The levels get more challenging from one level to the next. The second level is using comprehension. This requires the student to apply more than just simple memorization— it requires the student to describe, compare, and rephrase. The third level requires application of knowledge to determine a single correct answer. Doing this would be having the student write an answer, classify, choose, or solve a problem.

The fourth level requires analysis. Here the student is asked to identify motives or causes, draw conclusions, and determine evidence. The fifth level is synthesis. At this level the student is asked to make predictions, produce original communications, and solve problems. The sixth and last level is evaluation. Here the tutor asks the student to make judgments, offer opinions, and decide or evaluate an argument. Depending on the ability level of the student, a tutor can use one or more parts of a level to help tutor the student (Fitchburg State College, 2009).

A program that can be used to help students form their ideas, organize thoughts, prioritize concepts, and be used as a tutoring aid is the software program called “Inspiration.” Mela Bennett (personal interview, April 14, 2009) informed this author that the user, whether that be the tutor, a teacher, or the student, can
manipulate the circles and objects around the screen to create flowcharts or diagrams. Main themes can be placed at the top of the page, and details of those themes can be placed below, connecting the central ideas to one another. This can be used as a tool for students to understand themes from a lecture, study for a test, or build an outline in preparation of writing a composition (see Figure 1).

Figure 1. Goal setting. From Inspiration Software, Inc. Retrieved May 2, 2009, from www.inspiration.com
There are other forms of assistance for students who are disabled in addition to help with academics. This assistance, which will be discussed below, is for students with more basic and essential needs, as students come to the DSPS from all levels of socio-economic status.

*Non-academically Based Needs*

Essential needs are the needs that are most basic. Abraham Maslow’s hierarchy of needs based the levels of needs comprising two groups: Deficiency needs and human needs. With deficiency needs, each lower need must be met before moving to the next higher level. The first level of needs are hunger, thirst, and bodily comfort. The second level is safety/security, being out of danger. Thus, people attempt to satisfy their most basic needs before they can move on to needs that are less basic and more complex (Huitt, 2004).

Since 2003, the largest percentage of students who were enrolled in the DSPS and received services were students in the “less than $7,500 annual income range” (CCCMIS, 2009). Consequently, many of the DSPS students are socio-economically disadvantaged. Many of these disadvantaged students may be hungry, and do not have enough food, clothing, or may be homeless. Here, basic and essential needs have to be met before a student can be asked to excel academically. So, to remedy those deficiencies, the counselors at the DSPS have been trained to address and serve those issues (James, 2009).

Thus, if a student is homeless, there are counselors at the DSPS who are professionally trained to have knowledge about shelters and emergency housing
resources so that need can be addressed immediately. It is of no help if the student has problems that place him or her at immediate risk, and counselors and the institution’s sole focus is academics. Thus, the DSPS can assist a student if he or she is homeless or if hungry and has no access to food. If this is the case, counselors there can refer the student to a food closet or shelter such as Loaves and Fishes in Sacramento.

ARC also has programs such as California Work Opportunity and Responsibility to Kids [CalWORKs], which is directed toward helping students on welfare gain employment, and Extended Opportunity Programs and Services [EOP&S], which recruits and assists students who show academic and financial need. ARC also has a Career Counseling Center to assist students with such things as help building a resume to help with job searches.

A student can also get help if he or she has a substance abuse problem. The DSPS counselors are knowledgeable to the extent that if they do not have an exact answer to a question or problem, they know where to look and what resources to refer to, so they can come to the aid of a student. Thus, there are many times where the counselors work together to find an answer to a problem—in this case, recommending a drug and alcohol program to a student who may have a substance abuse problem. It is important that the student have some form of stability before he or she can be expected to succeed academically (James, 2008).
Types of Adaptive Assistance

Adaptive technology. Also referred to as “tools” or “assistive technology,” it includes devices and equipment designed to make life easier or to help perform a specific task. Today, technology "levels the playing field” for many people with disabilities at home, school, and in the workplace. Assistive and adaptive technologies include such things as communication devices, equipment to improve mobility, computers, and other technologies designed to maximize the independence and productivity of people with physical, intellectual, and other disabilities (Technology, 2009).

Computers are essential tools in all academic studies. They can enhance the independence, productivity, and capabilities of people with disabilities. Computers can benefit people with low vision, blindness, speech and hearing impairments, learning disabilities, mobility, and health impairments. Each of these impairments poses challenges to accessing and using a standard computer and electronic resources. For example, a student who is blind is unable to read a computer screen display or standard printouts. A student with a spinal cord injury may not have the motor control and finger dexterity required to use a standard mouse and keyboard (Access STEM, 2009).

Access to computers for students with disabilities involves two major issues: Access to the computers themselves and access to electronic resources such as word processors, spreadsheets, and the World Wide Web. Adaptive hardware and software can facilitate computer access for people with disabilities. Adaptive technology
solutions may involve simple, readily available adjustments such as using built-in access devices on standard computers, or they may require unique combinations of software and hardware such as those needed for voice or Braille output, or accessible audio books for students with disabilities such as visual impairment or dyslexia. With titles available in every subject area and grade level, digitally recorded audio textbooks help students challenged by the printed page (Recording for the Blind & Dyslexic [RFBD], 2009).

Accommodations for students are made by considering computer input, output, and documentation for specific impairments. Many accommodations require advance planning with the student, educational team, and, in postsecondary settings, the disabled student services counselor. Often an adaptive technology specialist is available who can make recommendations and set up the assistive technology (Access STEM, 2009).

The following is a description of how adaptive technology is made available to help the students with disabilities at the ARC Adaptive Technology Center.

*Adaptive Technology Center.* As discussed earlier, students can be assisted with technology by use of the Adaptive Technology Center [ATC]. The author had the opportunity to speak with Ms. Mela Bennett (April 14, 2009), an Instructional Assistant who works to help students in the ATC at American River College. She was kind enough to explain the functions of some of the equipment and how the equipment (such as screen magnifiers, readers, and software programs) works.
Initially upon walking into the room, roughly a dozen computer monitors and scanners lay in between each monitor. A student could take whatever document he or she was given, scan it, and then do a number of things with it after it was scanned. The monitor displays the document on the screen, and software can enlarge the print and images to extremely large fonts to aid those with visual difficulties. In addition, the contrast of the image can be reversed--whereas the usually black print on white background is reversed to white print on black background.

At the immediate left, another room holds two computers with a special purpose. At least one of these computers is loaded with the software called “Dragon Naturally Speaking.” This is a software program where, after an initial training session, the student is able to dictate into a microphone and have what he or she says appear directly on the screen in real-time speed. This software can be of great help for students with a range of different disabilities, such as dyslexia and dysgraphia, to those students who are visually impaired, or those who do not have (full function of) their upper limbs, hands, fingers, or thumb (ARC, 2009h).

Summary

The preceding information was compiled using Internet searches, including an ERIC database search, books from the library of California State University at Sacramento, interviews from staff members from various departments and programs at American River College, and current related periodicals. This concludes the Literature Review.
Chapter 3

METHODS

The information was gathered using numerous sources at several intervals throughout the completion of this project. This project was started by this author enrolling in and successfully completing EDS 250, Educational Research. This class was a requirement for Master’s level students and focused on research gathering methodologies. With instruction, those in the class were encouraged to use this opportunity to build an idea as to what the student would eventually choose to write about when it would come time to do his or her Master’s thesis or Master’s project.

The next step in assembling this project was to have generated a working thesis or project topic. The student was then required to meet with his or her adviser, and have that adviser talk with the student about his or her ideas for the project, taking into account the feasibility of it and if the project was appropriate in terms of content and scope. If this was approved (hopefully, the student had already done sufficient research to ensure the topic had the requisite amount of information available and would not be too large in scope), then the student would begin a review of the related literature. The literature review would entail seeking pertinent information from a multitude of sources encompassing the last 10 years.

The review for related literature was started by using the California State University at Sacramento [CSUS] library, and continued there by using the ERIC database to query tutor-related articles. From that database, the author was given a
list of periodicals and journals that were peer reviewed, and that information was
sifted through for timely and appropriate content.

The gathering of information did not stop at the printed word. Interviews
were held with professionals in the field of education, specifically tutoring. Ms.
Kathy Read was kind enough to speak with the author as to some of the things that
she felt were most important that dealt with tutoring. Ms. Read is in charge of the
tutoring at the Learning Center and is the Dean of Interdisciplinary Studies, and
some of her curriculum was used in creation of the Handbook.

The author was also able to speak to some of the Instructional Assistants;
among them were Cheryl Burkhart and Kathleen Cronin, an LD specialist since 2005
who works at the DSPS. Information and recommendations obtained from those
interviews have been included in this project. Jon James, Coordinator of the DSPS
since 1980, was also asked for his input; his suggestions were included, and the
author received his approval of the project’s content. In addition, the author received
suggestions from Ms. Burkhart and Ms. Cronin upon showing them the final version
of the project as well. Moreover, the author obtained advice and input from Ms.
Jessie Matsubara, Coordinator of Tutoring Support Services.

All of the people interviewed for the project worked at American River
College. The responses and insight given by the interviewees were very helpful.

The Handbook that the author has produced will be handed out as a
supplement and resource guide to accompany the current materials supplied to each
new tutor who is assigned a student.
With the aforementioned accounting of periodicals, journals, and information gathered from various Internet sources, books from the CSUS library, some current magazines, and interviews from learning instructors and coordinators, it is felt that a full accounting of sources from different places and persons has been done, ensuring an honest and wide picture of the project.

Thus, the compilation of the appropriate, timely, and relevant material has resulted in the completion of this Master’s project, being suitable for shelving in the CSUS library. The completion of the project also results in the production of a handbook, entitled *Handbook for Tutors of American River College Students with Disabilities, Fall 2009*, that can be of assistance to students, aids, and prospective tutors to have as a resource to help tutors of American River College students who have disabilities. The Handbook appears in the Appendix.
Chapter 4

SUMMARY AND RECOMMENDATIONS

Summary

The need for tutoring and for tutors who are more educated about their student can have a direct effect on the potential academic success of that student. Tutors who have helped students in the past have done so much to their own benefit, as they do so for monetary reasons. It is not emphasized, nor required, that the tutor know much about his or her student, or the disability of the student, or the knowledge of their learning styles. Whether they are on medication, and whether the student is functioning at optimal levels of focus and concentration due to those meds, is information that can be valuable to the tutor-tutee relationship.

In the 2008-2009 academic year, the ARC DSPS served nearly 3,000 students. In servicing those 3,000 students, there are nine basic disability categories that enable students to be eligible to receive services. These categories are Acquired Brain Injury, Developmentally Delayed Learner, Hearing, Visual, Speech/Language or Mobility Impaired, Learning Disabled, Psychological Disability, and Other Disability. There are numerous specific impairments within each of the afore-mentioned categories, such as dysgraphia, dyscalculia, and dyslexia being impairments in the Learning Disabled category. That being the case, it is needless to say that there are a host of students who need help to succeed academically, and having a tutor who is knowledgeable about the disability of his or her prospective student should be an “at-minima” requirement to tutor that student.
Once a tutor becomes more familiar with the student he or she is tutoring and becomes familiar with his or her disability, the tutor will be more prepared to understand the specific behaviors and symptoms that may affect the tutor-tutee relationship. When this familiarity happens, there is a better chance of the tutor being more comfortable and more receptive to the student. With this improved understanding, the tutor is better prepared to help the student succeed academically by helping him or her overcome the obstacles that his or her disability presents.

Thus, the author has compiled information from various sources and produced a Handbook which should help tutors of students with disabilities be better prepared and informed of the different methods that are available to help the students whom they will tutor. Due to the fact that students with disabilities have varying abilities and learning styles, the Handbook can be used as a resource guide so a tutor can familiarize himself/herself with the different learning styles, then use a particular style (if the student is receptive to it) or a combination of styles to tutor the student more effectively.

The Handbook contains such information as describing what makes an effective tutor to giving tips and hints to help students with learning disabilities. Also included is the topic of being aware of cultural differences. Continuing, the Handbook includes topics such as developing study skills and being an effective note taker. Moreover, the author has created several checklists, including one that helps bolster academic success that consists of steps to take before seeing a tutor, and a checklist that helps tutors be more successful when tutoring students with disabilities.
In addition, nearing the later pages of the Handbook, the author has inserted definitions of the types of disabilities, what disabilities are, and campus phone numbers and campus map.

In conclusion, the new Handbook that has been created can be used as a tool given to each new prospective tutor so that a person who has had no previous experience as a tutor, or tutoring students who have disabilities, can use a resource to know more about the student and his or her disability. In addition, the Handbook also can help the future tutor understand the symptoms of the student with disabilities and how those symptoms may affect the student’s learning process. Finally, the Handbook can help future tutors understand the behavior of their student, and understanding their behavior can serve to make a strong foundation with their student.

Recommendations

After completing this project, there are limitations to the extent of the research that was compiled. Due to the specific scope, limited timeframe, and the particular literature that was reviewed and compiled for this project, more research should be done on the effects of tutoring on small groups of students. To this point, tutoring has generally been done on a one-to-one basis, and more research is needed to determine the effect of tutoring students in small groups of multiple students.

In addition, the author recommends more research to investigate the relationship between the symptomology of students’ disabilities and the measured effect of tutoring. Because of the different symptoms of these students, and the
plethora of disabilities that are represented in the students on campus or that are enrolled with the DSPS, this would be a good area to research for future knowledge. A similar point of contention would be more research to investigate the behavior of students with disabilities and its effect on tutorial efforts.

The author also recommends research into a tutor’s use of repetition and its effects and ability to reinforce lessons for those with problems of concentration, memory, and long-term retention. Repetition may be helpful, as many LD students and those with TBI need repetition to help them remember; although this is a tool that is mentioned in the Handbook, more research should be done as to measure repetition and its effects.

To conclude, the author recommends future research in the form of a follow-up study so that the effectiveness of the Handbook that was produced might be assessed. The study could start by taking into account the grades of a specific number of students before their tutor was given the Handbook. Then those students’ grades can be tracked and compared over a specific amount of time on a “before and after” basis. This might be a good way to determine if use of the Handbook will have led to the tutors being better prepared to tutor their students, and if that preparation (in part with other factors) will have led to the students registering better grades. This concludes the recommendations section of Chapter 4.
APPENDIX

Handbook for Tutors of American River College
Students with Disabilities
HANDBOOK FOR TUTORS OF
AMERICAN RIVER COLLEGE
STUDENTS WITH DISABILITIES

Fall 2009

Produced by: Stevin T. Overton
HANDBOOK FOR TUTORS OF

AMERICAN RIVER COLLEGE

Students with Disabilities

Forward from the Author

Greetings! Just a few words from the author. I'm Stevin Overton, a Masters student at California State University, at Sacramento, in the Vocational Rehabilitation Counseling program, about to graduate who has been working over the past three semesters putting this thing together for you. As I realize today's world can be full of responsibilities, you've got classes, tests to study for, homework to do, maybe a part-time gig you're working, not to mention your social life, and it never seems to be enough time to get all of the things done you need to get done in a day. I do hope you take some time to go through the pages of this Handbook and familiarize yourself with what is inside.

As I am a student myself, I understand that you have to prioritize and allot only so much time to each project, each subject of homework, each phone call. So I know, I've been there. And I'm NOT trying to make extra work for you by giving you another book to read, but hopefully, you can use this book and use it to help make things easier for yourself.

What I've assembled is a Handbook to help tutors that may not know much about disabilities or have any experience tutoring someone, especially someone who has a (learning) disability. So here I have put together something that explains the disabilities that your student may have. If you can take some of your time and read about the disability that your student has (if that info is provided or they are comfortable sharing that with you) understand the disability, the symptoms, how it affects your student, it will help YOU help your student!

So. Take some time. Read up. The front the Handbook goes over tutoring, and you will find checklist for students and for tutors. In the
middle, you will find strategies, tips, and methods. Near the back, you will find definitions.

And one last thing - the students enrolled with the DSPS may have disabilities, mental, physical, psychological, and even learning disabilities... but THEY ARE NOT RETARDED!!! Many of the students who may have developmental disabilities (such as Asperger’s Syndrome and autism) are very bright and highly intelligent. The problem they may have, is they may lack the social skills that are so important, skills that we feel comfortable with and manage without much thought.

In closing, I ask you to skim through the book, stop and read the sections that you feel are most pertinent to your student that you’re going to tutor, and use that as a starting point to get to know him or her. Don’t look at the Handbook as homework - it’s a tool that is there for you to use to help you tutor your student. You have been entrusted to aide a fellow student in his/her academic pursuits - take that responsibility very seriously. Wouldn’t YOU want someone to help YOU, just the same?

Respect one another, help one another.

And GOOD LUCK!

"You can teach a student a lesson for a day; but if you can teach him to learn by creating curiosity, he will continue the learning process as long as he lives". Clay P. Bedford
TO THE PEER TUTOR

COLLEGE IS DIFFERENT

In high school, your fellow students probably represented a fair cross section of American young people. For that reason, the pace and standards of education were geared to the average student, not to the superior one, and the work you had to do was based on what could be expected of the average student. Like many people, you may have discovered that you could get by with very little work. Or even if you did work reasonably hard, competition wasn’t so stiff and you didn’t have to be particularly efficient about studying.

Standards of work. Now what’s the situation in college? Only about 30 per cent of students who finish high school go on to college. Though there are some exceptions, these tend to be the better high school students. Certainly many more of the superior students than the poorer ones go on to college. Now you are in a faster league. All around you are students who were honor students, or at least very good students, in high school. You might have been the valedictorian of your high school class, but there are usually dozens of valedictorians in a class of college freshman. In college, the pace and standards of education are geared to the superior group of students, not the average you knew in high school. The kind of work you used to do to merit an A or B can now easily get marked C, D, or even F.

Most students who go to college don’t realize how much will be expected of them. Because many students don’t gird themselves for a much tougher job of studying, they are disappointed and discouraged with their poor showing. This is why we believe this statement is especially useful for the high school student and the student entering college. If such a student can get a real idea of what is ahead and how to prepare for it, his chances of staying in college, liking it, and doing well will be enormously increased. You would be surprised how many students drop out of college without graduating. Many of these people are as able as those who make the grade, and in very many cases a little knowledge of the proper approach to study would have kept them in college.

On your own now. Aside from competition and standards of work, there’s another big difference between high school and college. In high school, the work was pretty well laid out for you. Most of it was covered in class, and homework, which was easy for the superior students, could be done mostly in the one or two periods set aside for study. You were graded to a large extent on what you did in class and on day-to-day homework. You might have had a few term papers and long-range assignments to do on your own, but for the most part you were paced by the daily round of classes.
All this is reversed in college. You spend relatively few hours in class, and except for laboratories and quiz sections, you are not graded very heavily on your participation in class. Instead of having an hour or two of homework for five or six hours of class, you now have two or three hours of outside work for every hour of class. There are not study periods in which you have little choice but to study. Instead, there are hours between classes that you can use profitably or waste away as you choose. On the whole, you are not required to do homework day by day and have it ready for the next class. Rather, you are given some assignments, and nobody checks on whether you did them or not for a week, a month, or even a whole college term. You may have an occasional quiz or hour exam, but in most courses whether you sink or swim depends on how you do in one, two or three examinations.

What this all means is that you are suddenly thrown on your own. You are now treated like an adult who can be given some general directions and then left to figure out for himself how and when he will do what he is supposed to do. This drastically different situation requires long-range, sustained motivation and wise budgeting of time. Many college students simply aren’t prepared for this.

Survival Skills for the Learning Disabled Student

The student with a learning disability must take charge of the situation as well as ask for help. The Learning Skills Program at Monterey College provides students with tips for success, such as the following:

1. Your commitment to college must be deep and genuine. It must be a high priority in your life.
2. Start early to seek career counseling so your choice will be compatible with your strengths and you can plan how to reach long range goals.
3. Use your family as a support system. Some family members are readers, typists, or sound reading boards.
4. Approach professors before classes to ask about what kinds of tests are given, how many papers are required, the grading criteria, class size, number and size of texts, and extra help from teaching assistants.
5. Take fewer classes each quarter (6–9 credit hours) and balance easy classes with more difficult ones. Plan on the possibility of more years to finish.
6. Use compensatory techniques such as tape recorders, auditing classes before registration, taking a library tour, consolidating class locations, and purchasing texts in advance.

HANDBOOK FOR TUTORS OF

AMERICAN RIVER COLLEGE

Students with Disabilities

What you will find in this Chapter

An introduction to Tutoring
  What “is” tutoring?
  What are the benefits?
What are the characteristics of a “Good Tutor”? 
  Five Steps to Being an Effective Tutor
  Tutoring Hints
  Tutoring Strategies & Tips
  Tutoring LD Students
  Tutor Checklist
  A “Student Task Checklist”
Introduction to Tutoring

What is Tutoring?
Tutoring is an age-old practice. The dictionary definition describes a tutor as a person who gives individual, or in some cases small group, instruction. The purpose of tutoring is to help students help themselves, or to assist or guide them to the point at which they become an independent learner, and thus no longer need a tutor. The role of the tutor is diverse. Content knowledge is an essential ingredient for a tutor; however, to be truly effective, a tutor must combine content knowledge with empathy, honesty and humor. Empathy requires a tutor to “read” the emotional states, attitudes and perceptions of their students. Empathy is the ability to see others from their personal frame of reference, and to communicate this understanding to the person involved. In order for tutors to establish a supportive relationship with their students, tutors must be open and honest. Students are often reluctant to talk with a stranger about their academic problems. If a tutor is perceived as genuine and having a strong desire to listen, students will be more willing to open up and discuss their problems. Humor can also play an important part in a tutoring session. Humor can reduce tension. Shared laughter is a powerful way to reinforce learning. Humor can set students at ease and increase rapport. Humor can also be used to compliment, to guide or to provide negative feedback in a positive manner. In addition, a successful tutor demonstrates a caring attitude. Caring consists of being organized for the tutoring session, being punctual, establishing a learning relationship with the student, developing unique tutoring strategies, and becoming familiar with the learning process. Tutoring is sharing yourself with another student in a way that makes a difference in both your lives.

There are many benefits to tutoring.
- Heightens sense of competency/adequacy in conforming to new role.
- Encourages higher levels of thinking.
- Permits more advanced students to study below-level material without embarrassment.
- Increases motivation to learn in order to maintain new role.
- Increases ability to manage own learning and study strategies.
- Increases subject-specific knowledge.
- Increases related general knowledge.
- Increases understanding of subject area.
- Improves attitude toward subject area.
- Provides more empathy with students.

There are also many benefits to the students who receive tutoring.
- Offers more individualized, systematic, structured learning experience.
- Provides greater congruence between teacher and learner, closer role model.
- Improves academic performance and personal growth.
- Improves attitude toward subject area.
- Generates stronger effects than other individualized teaching strategies.
• Provides intensive practice for students who need it.
• Improves self-esteem.

There are many benefits to the college.
• Increases opportunity to reinforce instruction.
• Increases positive student interaction.
• Enhances measurable positive changes in attitude towards teaching/learning for the participants.
• Improves educational climate.
• Facilitates ethnic and racial integration.

Characteristics of Good Tutors
Intelligence alone does not indicate success as a tutor; but what kind of person, what kind of student you are does. It takes a certain kind of person to be a good tutor. Some of the characteristics noticeable in good tutors are:

• A positive outlook: The belief that things can be changed through action.
• A desire to help others: The willingness to become involved with people at first hand and in depth.
• Empathy: The ability to feel what another person is feeling.
• An even disposition: Patience, gentleness, understanding, and fairness.
• An open mind: A willingness to accept other people and their point of view.
• Initiative: The ability to see what needs to be done and to do something about it.
• Enthusiasm: A liking for your subject, and a wish to share it with others.
• Reliability as a worker: Punctual, dependable, steady.

Summary of What Students Need:
• Positive expectations
• Mutual respect
• Flexibility
• Humor
• Enthusiasm
• Acceptance that everyone makes mistakes
• Effective communication
• Applications/reasons for learning
• Connections between new material and prior knowledge
• "The Big Picture"
• Organization
• The language of the discipline
• Thinking or wait time before answering
• Separation of relevant from irrelevant information
• Techniques for: Time management, test taking, relaxing, studying, notetaking, organizing, representing and remembering concepts and their relationships.

From the curriculum of American River College Introduction to Tutoring [IN 320], by Kathy Read, Dean of Interdisciplinary Studies, who is in charge of tutoring at the ARC Learning Center, 2008-2009.
Five Steps to Being an Effective Tutor

**STEP ONE: Know What is Expected of You As A Tutor**

Tutoring is the process of getting students to become independent through questioning. Tutoring should help students develop self-confidence and improve study skills. In addition, the tutoring session should provide students with an opportunity to speak up and ask questions, an opportunity sometimes unavailable or missed in a regular classroom situation.

Tutoring is a well-balanced question/ information exchange in which both parties participate and, therefore, both benefit. Tutoring provides the practice and drill in specific course material needed by the student, while giving the tutor valuable review opportunities and the chance to develop and sharpen educational and communication skills.

Tutoring is not teaching. There are important differences between the role of the tutor and that of the classroom teacher. Approaches, relationships, and techniques are different. The tutor works in very close proximity with the student, usually one-on-one. The student may not be accustomed to the close contact and the interchange that occurs during a tutoring session. The tutor may have to consciously strive to develop a good rapport with the student within the environment.

**STEP TWO: Setting Up the Tutoring Session**

It is important to shape the tutoring environment. This can be difficult in the busy LRC; however, if you follow these simple procedures, you will have a successful session.

- Prepare yourself for the tutoring session.
- Prepare a greeting and review expectations.
- Be prepared for potential problems.

**STEP THREE: Meeting Your Student's Needs**

Assess the student's understanding of the subject by asking questions. Determine the student's need for them to succeed in the subject. Strategies will vary, but do remember to engage the student. Try not to lecture and attempt to use:

- Use good questioning techniques.
- Positive ways of correcting students.
- Positive problem solving.

**STEP FOUR: The Ingredients of a Good Tutoring Session**

The following are some of the necessary ingredients for a good session:

- Greet your Student and give them your undivided attention.
- Have empathy with your Student's problems.
- Be honest with your client.
- Set the Agenda.
- Have a sense of humor.
- Have the ability to "lighten up" a situation.
- Have a good interaction with your Student, a good give-and-take.
- Know your Student's strengths and weaknesses.
- Work through your Student's strengths to improve his/her weaknesses.
- Make your Student feel good about him/herself and his/her accomplishments.
- Know when to stop a session.
- End the session on a positive note.

*STEP FIVE: Ending the Tutoring Session*

Do not just say "good-bye" when the session is over. You should:

- Positively assess the work that was done during the session.
- 50 Ways to Praise Students.
- Give assignments if appropriate.
- Re-schedule for another session.
- Do any necessary tutor paperwork.
- Always end the session with a positive comment.

**Go To Assignment**
GUIDELINES AND POLICIES FOR SERVICES

Welcome to the Disabled Student Programs and Services. As a service provider you are an important part of our program and we are very glad to have you as part of our staff. Outlined below are our guidelines and policies for services.

TUTORING HINTS

HOW SHOULD I INTERACT WITH THE TUTEE?

Be yourself. No one wants you to play some special role. However, the more your behavior reflects the following characteristics, the more likely you are to enjoy the experience, profit from the interaction, and be helpful to the tutee.

Direct your attention to the problem and do not attempt to control the tutee’s behavior. This allows the tutee to set his/her own goals.

Instead of planning a concrete lesson, be alert to the possibilities that emerge as the lesson progresses. This spontaneity will support the desires of the tutee more than the strategy.

Although you have certain skills and advantages which the tutee does not have, remember that he/she has certain skills that you do not. Try for an equal status relationship. While you are there to help the student, this in no way implies that you are in any way a better person than the student you are tutoring.

AM I A TEACHER OR A FRIEND?

You are a person and, as such, there is no need to play a teacher or a friend role. If you can’t tolerate the student you are tutoring, discuss the situation with the tutor coordinator. As the tutoring experience develops, tutors usually become more aware of the value of a personal relationship both in itself and because it contributes to the learning process. View yourself and your tutee as individuals sharing a learning experience. This will lead to greater satisfaction and success.

HOW DO I ESTABLISH RAPPORT WITH THE TUTEE?

Seek mutual interests.

Occasionally ease up on the lessons and just talk personally. But always remember that your primary goal is to help the student learn.

Compliment the tutee on something that has real merit—i.e., "I’m glad you are understanding this (--------------------------you got 90 right out of 100."

Ask for a different tutee if there is a personality conflict that cannot be resolved. No one can relate well with all people. It is no reflection on you if a change is necessary.

Don’t take all reactions personally. They may be directed against society, and the chance to release them is meaningful. Remember, many students who need tutoring are unsuccessful in their studies. Humans have a tendency to rationalize and seek others to blame for their problems.
SOME AREAS IN WHICH A TUTOR MAY BE HELPFUL

Know how to get along in school, take tests, work in groups, make an outline study. Often working with tutees on developing these skills will improve their school performance more rapidly than concentrating on specific subject area improvement.

Increase motivation and develop curiosity and new ways of thinking for the tutees.

Encourage tutees to ask questions.

In practicing skills, use games to encourage drill. Don’t assume too much about your tutee—make sure he/she understands before going on to anything else. Get tutees physically involved. Try to devise practical problems for him/her to solve.

In helping the student to remember material, use review and repetition as methods of learning. Use games in which the information has to be used. Check what he/she does remember as a means of finding out what seems important information to him/her, and then relate information you consider vital items. Give concrete and vivid examples, and ask him/her to give you similar examples from his/her experience. Focus on concepts and then on facts.

DO:

- Follow the class schedule.
- At the end of each tutoring session, make sure the tutee understands the material covered.
- Before tests, concentrate on potential test material.
- Be prompt and have consistent attendance.
- Maintain close communication with the instructor.
- Act in ways which enable the tutee to trust you. Be open and encourage him/her to be open with you.
- Focus your attention on a joint exploration of the actual problem.
- Try to determine what you can do to reduce any threat you may be to the tutee.
- Try to be non-judgmental of the tutee.
- Be supportive without assuming responsibility for the tutee or for his/her problem.
- Get instant feedback. Solicit feedback from the tutee.
- At every opportunity, encourage tutee to reflect back on what has happened and evaluated. Get tutee to focus on his/her mental process, not on answers.
- Concentrate on learning how to learn (procedures, processes, clear thinking, problem solving) rather than on getting right answers. Your tutee must eventually work alone and must know how to do this effectively.

DON'T:

- Get trapped into a "telling" role. This is especially common when the tutee is over dependent.
- Take advantage of the situation to show how bright, knowledgeable, and experienced you are.
- Meet defensiveness and anxiety with pressure and argument about the facts. This usually increases defensiveness and decreases the possibility of "leveling" between tutor and tutee.
- Try to speak for the tutee or assume responsibility for him/her.
- Dwell on mistakes. Use them as a step in the learning process and toward growth.

From the packet given to new tutors, prepared by Jessie Matsubara, Coordinator of Tutoring Support Services at American River College, 2008-2009.
TUTORING STRATEGIES & TIPS

Below you will find some basic tutor strategies that are easy to use, understand, and apply in tutor sessions with students with various abilities and disabilities. These can be used for a variety of academic subjects:

**REPETITION** - Using repetition is a great way to help students with memory, focus, and concentration problems remember. Students often learn best when something is repeated many times. Ask a student to repeat what was just spoken. Ex. “Okay, a right angle has 90 degrees. Let me repeat that - a right angle has 90 degrees”.

**REPHRASING** - Stating a fact, then stating it differently, is called “rephrasing”. This is also a good strategy to help a student retain information and helps aid in the comprehension of the topic. Ex. “Okay, a right angle has 90 degrees. How many degrees does a right angle have”? Or, “What’s a right angle”?

**RAP** - “RAP” is a common learning strategy, one that aids reading comprehension. It can be taught to help a student with paragraph comprehension.

<table>
<thead>
<tr>
<th>R</th>
<th>Read the paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Ask questions about the content</td>
</tr>
<tr>
<td>P</td>
<td>Paraphrase the content</td>
</tr>
</tbody>
</table>

“Positivity” - Be positive! Be positive and give lots of praise. Try to avoid using words like wrong or incorrect. If the student gives a wrong answer, respond with, “Let’s try that again,” and be ready to ask questions to lead the student in the right direction.

NEVER do the students work. If they get stuck, ask questions that lead them to find the answer for themselves. Overton
TUTORING STRATEGIES & TIPS

Continued

"Be Prepared" - If possible, know beforehand what you are going to be tutoring so that you can plan ahead. Ask to borrow a textbook or make a copy of the chapters.

"Your turn, My Turn" - When working on reading, read aloud with the student. Ask them to read the first paragraph. Then you read the next one. Continue alternating until the assignment is finished. At the end of each paragraph remember to ask questions to be sure the student understood what has been read before starting a new paragraph.

"Use their Interest" - Use your knowledge about the student’s personal interests when making up practice problems and exercises. Ex. When studying grammar and composition, create sentences using his favorite football team if your student is a fan of football.

SLANT - Slant is a strategy that is designed to help students with mild disabilities increase nonverbal “teaching pleasing” behaviors in the classroom. This is a quick, easy way to teach a student to build a better relationship with their teacher.

S - Sit up.
L - Lean forward.
A - Act like you’re interested.
N - Nod your head (in agreement when the teacher has made a point).
T - Track the teacher with your eyes.

Overton
Tutoring LD Students

Tutoring Strategies
The Successful Tutorial - The Tutor as Counselor - Bridging Cultural Gaps - Reading Comprehension - Tutoring Grammar - Tutoring LD Students - Tutoring ESL Students - Tutoring Difficult Students - Three Stage Editing Guide

- Facts About Students with Learning Disabilities
- Impact on Written Expression
- Tutoring Students with Learning Disabilities
- Tutoring Students with Learning Disabilities in Writing
- The Successful Tutorial

Tutoring a learning disabled student is not much different than tutoring any other student. It may, however, challenge a tutor to be more patient and creative. Learning disabled students are very intelligent, but they have trouble demonstrating it in the classroom because of a breakdown in some area of learning. Their listening skills are weaker than average, and they need more time to complete their work. Students with learning disabilities usually have the most trouble with organization of their papers, as well as spelling. A successful tutor will emphasize the learning process over the final product of the paper to a student with learning disabilities.

Facts About Students With Learning Disabilities

- have average/high intelligence levels
- large difference between Verbal IQ and Performance IQ
- breakdown can occur in six areas: attention, perceptual-motor, memory, language, executive and reasoning
- learn best through multi-sensory approach (visual, auditory, verbal, tactile)

Impact on Written Expression

- spelling errors
- limited vocabulary
- lack of organizational structure in writing
- weak reading and comprehension skills prevent student from developing a convincing argument
- ADHD (Attention Deficit Hyperactivity Disorder) negatively impacts writing through poor time management

Tutoring Students with Learning Disabilities

- can not fix the problem for the student
- must be patient (disability often slows things down)
- do not rely only on language for explanations
- be supportive and positive
- focus on the learning process, rather than the final product
- encourage tutee to rely on the process to gain independence

Tutoring Students with Learning Disabilities in Writing

- emphasize that writing is a PROCESS
- time is a major factor in quality
- essays are structures that are built by the writer (visual)
- pre-writing techniques are important, such as brainstorming, webbing, outlines, etc.
- spelling and grammar should be corrected during editing
- extra grammar work is very valuable (on internet, computer programs, etc.)

In order to tutor successfully a student with a learning disability, a tutor must emphasize that writing is a PROCESS. Show the student a diagram of the writing process, or have him or her draw it for you. If he or she does it often enough, the process will eventually become automatic. A tutor should make sure that he or she is not talking too much. He or she should make sure that the student is physically doing the work, to keep him or her involved.

For more tips on a successful tutorial, see The Successful Tutorial.

Created by Sarah E. Hervey, in consultation with Jessica Baldwin, Learning Resources Coordinator at Lynchburg College.

Lynchburg College, 1501 Lakeside Drive, Lynchburg, VA 24501 (434) 544-8100

http://www.lynchburg.edu/s2418.xml 9/15/2009
**TUTOR CHECKLIST**

1. Make sure that you are prepared before you leave the house and have the items you will need to tutor your student (make sure you bring along extra pencils paper, calculator, laptop, dictionary, etc.). And **BE ON TIME**!

2. If possible, ask the Tutoring Support Services Coordinator if the disability of the student is known. If so, begin to learn about the disability, the symptoms, and how it affects the student’s learning.

3. Upon meeting the student, **smile**, say "Hello" and **Introduce yourself** by stating your name and informing them that you will be their tutor.

4. Take a few minutes to get to know the student. Take them to an area where you can talk freely. Ask them "if they would be kind enough to discuss their disability," and inform them "this is so you can better understand how to help them and understand where they might have difficulty."
5. When tutoring your student, use repetition, repeating a main point or important theme. Use questions like "Are you with me?" "Do you understand?" and "Got it?" to make sure they are understanding the lesson. Also, use positive reinforcement, and tell the student when they are doing a good job. In addition, phrases like "Hang in there, I know you can do this" can help to motivate a student.

6. At the end of the session, don’t just say "goodbye" and leave. First, ask your student if they have any questions. Next, review what you covered in the session. Then (if known), let the student know what you’ll be covering in the next session. Then, if all questions have been answered, smile, and then you can tell the student "Take care, see ya next session."

Overton
This Student Task Checklist is an aid to maximize a student's academic efforts. The first and most important step is to **read the material**. Secondly, if a student is confused with a portion of the reading, they need to write that down so it can be discussed. Thirdly, the student should attempt to complete the assignment. If help is needed, then proceed to the **fourth step** and seek it from the teacher. Fifth, after seeing the teacher, if the student still needs further assistance, the final step is to make an appointment to see a tutor.

The student, teacher, and tutor should sign or initial below in the appropriate places. The student should be aware that if steps 1 - 4 are not completed before seeing a tutor, they will be advised to do so before their meeting.

**STEP #1**

![Image](image1)

**STEP #2**

![Image](image2)
HANDBOOK FOR TUTORS OF

AMERICAN RIVER COLLEGE

Students with Disabilities

What you will find in this Chapter

Cultural Differences
What are some questions you could ask a foreign student?
Tips for working with ESL students
What is Listening?
Cultural Differences

What is culture? Culture refers to the sum total of acquired values, beliefs, customs, and traditions experienced by a group as familiar and normal. It includes language, religion, customs, and a history of the people. Students today come from a variety of cultural backgrounds.

During the 1980s, immigrants accounted for 1/3 of the total U.S. population growth. In 1984, approximately one in four school children were minority students. By 2020, that figure likely will increase to nearly one in two. During the next 20 years, the U.S. population will grow by 42 million. It has also been predicted that Hispanics will account for 47% of the growth, Blacks 22%., Asians 18%, and Whites 13%.

As a tutor, you will be working with students from other cultures. You will gain an appreciation for different cultures by providing the student with an atmosphere of trust and acceptance. Encourage the student to talk about his/her family and country. If you are asked about American customs, be sensitive to the tutee’s viewpoints. What is socially acceptable in the U.S. might be unthinkable in the student’s culture. Most foreign students are eager to talk about their country and traditions. This interaction might be a valuable learning experience for you.

Look at these five ways to bring more multicultural awareness to your tutoring.

Some questions you might want to ask a foreign student include:

- Tell me about your travels in other countries and the U.S.
- What are your impressions of life in the U.S.?
- Why did you decide to come to American River College?
- Have American customs been a problem for you?
- What do you miss most about your country?

When you begin tutoring a foreign student, be aware that sometimes the student will become dependent on you for more than just tutoring. The student might see you as a much needed new friend, or as a source of information about not only scholarly interests but also social interests. Student dependence can become an obstacle to bridging the cultural gap.

The following are tips for working with English as a Second Language (ESL) students:

- Speak clearly, naturally, and avoid using slang.
- Use repetition.
- Frequently ask the student if what you are saying makes sense.
• Ask students to become the tutor and explain the concept to you.
• Use restatement to clarify the student's response--I think you said . . . .
• If the student does not understand you, write down what you are saying.
• Encourage students to read and to use their dictionaries.
Be sure to look at the following sites. They will give you additional information on multicultural awareness.

What is Listening?
Which activity involves the most amount of listening? Students spend 20% of all school related hours just listening. If television watching and one-half of conversations are included, students spend approximately 50% of their waking hours just listening. For those hours spent in the classroom, the amount of listening time can be almost 100%. Look at your own activities, especially those related to college. Are most of your activities focused around listening, especially in the classroom?

How well do you really listen? Take this test to find out.
If you ask a group of students to give a one-word description of listening, some would say hearing; however, hearing is physical. Listening is following and understanding the sound; it is hearing with a purpose. Good listening is built on three basic skills: Attention, attention, and adjustment. These skills are known collectively as triple-A listening.

Listening is the absorption of the meanings of words and sentences by the brain. Listening leads to the understanding of facts and ideas. But listening takes attention, or sticking to the task at hand in spite of distractions. It requires concentration, which is the focusing of your thoughts upon one particular problem. A person who incorporates listening with concentration is actively listening. Active listening is a method of responding to another that encourages communication.

Listening is a very important skill, especially for tutors. Many tutors tend to talk too much during a tutorial session. This defeats the purpose of tutoring, which is to allow students to learn by discussion. Rather than turning the session into a mini lecture, tutors must actively listen and encourage their students to become active learners. Giving a student your full attention is sometimes difficult because you start to run out of time, or you find yourself thinking about your next question; however, the time you spend actively listening to your student will result in a quality tutoring session.

From the packet given to new tutors, prepared by Jessie Matsubara, Coordinator of Tutoring Support Services at American River College, 2008-2009.
LEARNING DISABILITIES

All statements about disabiling conditions are generalities. Each person with a disability has a unique set of assets and limitations. Each student should be viewed individually. A common error is to consider students with the same disability label as having the same abilities or limitations, or to compare one disabled student to another. With this precaution in mind, the following is a brief description of students with a learning disability.

WHAT IS A LEARNING DISABILITY?

According to the Title V regulations which govern the California community colleges, the definition of a learning disability is:

Learning disability in California community college adults is persistent condition or presumed neurological dysfunction which may also exist with other disabiling conditions. This dysfunction continues despite instruction in standard classroom situation. Learning disabled adults, a heterogeneous group, have these common attributes:

- average to above intellectual ability
- severe processing deficit
- measured achievement in an instructional or employment setting
- measured age-appropriate adaptive behavior in an instructional or employment setting

HOW DOES A LEARNING DISABILITY OCCUR?

The exact causes of a learning disability are unknown; they may be neurological, biochemical, psychological, or environmental in origin. The disability is often associated with deviations of function in the central nervous system.

COMMON MYTHS

1. The student is mentally retarded: False. The student’s problems are associated with information processing. Information received or transmitted is distorted; thus, the brain does not handle the information properly.

2. The student is lazy and unmotivated: False. Common instructional methods, such as lectures, are often inadequate for the student’s instructional needs. Individual assessment and alternative learning methods will increase the student’s academic performance and decrease frustration in learning situation.

From the packet given to new tutors, prepared by Jessie Matsubara, Coordinator of Tutoring Support Services at American River College, 2008-2009.
EDUCATIONAL IMPLICATIONS

1. The student's perceptual problems may require a different presentation of learning material. For example, a visual learner will have difficulty learning from a lecture which requires auditory skills. Individual tutoring as supervised by a specialist may be required to supplement the classroom experience. This can be provided by the learning disabilities program.

2. Auditory and visual distractions within a classroom may affect the student's ability to concentrate. For best performance, the student may require a secluded space to take tests or do written work.

3. The student who has difficulty with written symbols may need to use a reader or tape-recorded material instead of attempting to read printed material.

4. The student whose written work appears careless may not be able to communicate effectively in writing. With such students, oral examinations and reports are more valid evaluations of what has been learned. Other solutions include the use of typewriter or word processor.

5. The student who has difficulty with sequential memory tasks involving letters (spelling), numbers (mathematics), and following step-by-step instructions will benefit from tasks being broken up into smaller instructional parts. Tutorial services may be required.

PSYCHOSOCIAL CONSIDERATIONS

1. Many students have suffered embarrassment in past learning situations and will appear either shy or overly aggressive when faced with negative feedback. In time, as the student develops trust in an instructor, he/she will be more open to constructive criticism.

2. Many students have been inappropriately labeled as retarded or unmotivated and do not consider themselves worthwhile individuals. Confidence in their learning abilities after being shown new instructional methods improves self-esteem.

3. A learning disability is a hidden handicap. The students may be fearful of discovery by others. A helpful, understanding manner will help decrease the student's fear.

Call Rocky Dunne, Learning Disability Coordinator, 484-8487, to find out about services available to students and instructors.

From the curriculum of American River College Introduction to Tutoring [IN 320] by Kathy Read, Dean of Interdisciplinary Studies, who is in charge of tutoring at the ARC Learning Center, 2008-2009.
LEARNING DISABILITY CHECKLIST

A learning disabled person may exhibit several or many of the following behaviors:

_____ Demonstrates marked difficulty in reading, writing, spelling, and/or using numerical concepts in contrast with average to superior skills in other areas.

_____ Has poorly formed handwriting—may print instead of using script; writes with inconsistent slant; has difficulty with certain letters; spaces words unevenly.

_____ Has trouble listening to a lecture and taking notes at the same time.

_____ Is easily distracted by background noise or visual stimulations; unable to pay attention; may appear to be hurried and anxious in one-to-one meetings.

_____ Confuses similar numbers such as 3 and 8, or 6 and 9, or changes the sequence of numbers such as 14 and 41; has difficulty copying numbers accurately and working with numbers in columns.

_____ Exhibits an inability to stick to simple schedules; repeatedly forgets things, loses or leaves possessions, and generally seems "personally disorganized.”

_____ Appears clumsy or poorly disorganized.

_____ Seems disorganized in space—confuses up and down, right and left; gets lost in buildings; is disoriented when familiar environment is rearranged.

_____ Seems disorganized in time (is often late to class, unusually early for appointments, or unable to finish assignments in the standard time period).

_____ Displays excessive anxiety, anger, or depression because of the inability to cope with school or social situations.

_____ Misinterprets the subtleties in language, tone of voice, or social situations.

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HANDBOOK FOR TUTORS OF

AMERICAN RIVER COLLEGE

Students with Disabilities

What you will find in this Chapter

What are Learning Disabilities?
Learning Disability Checklist
Effects of Learning Disabilities on College Students
Learning Disabilities

A Learning Disability (LD) is a permanent disorder which affects the manner in which individuals with normal or above average intelligence take in, retain and express information. Like interference on the radio or a fuzzy TV picture, incoming or outgoing information may become scrambled as it travels between the eye, ear or skin, and the brain. This is one definition of a learning disability. Look at these additional definitions.

Abilities are frequently inconsistent, a student who is highly verbal with an excellent vocabulary has difficulty spelling simple words, a student who learns very well in lecture cannot complete the reading assignments. These striking contrasts in abilities and learning style were evident in many famous individuals. For example, Nelson Rockefeller had dyslexia, a severe reading disability, and yet he was able to give very effective political speeches.

Learning disabilities are often confused with other non-visible handicapping conditions like mild forms of mental retardation and emotional disturbances. Persons with learning disabilities often have to deal not only with functional limitations, but also with the frustration of having to "prove" that their invisible disabilities may be as handicapping as paraplegia. Thus, a learning disability does not mean the following:

- Mental Retardation: Students who are learning disabled are not mentally retarded. They have average to above average intellectual ability. In fact, it is believed that Albert Einstein and Thomas Edison had learning disabilities.
- Emotional Disturbances: Students who are learning disabled do not suffer from primary emotional disturbances such as schizophrenia. The emotional support they need is due to the frustration mentally healthy individuals experience from having a learning disability.
- Language Deficiency Attributable to Ethnic Background: Students who have difficulty with English because they come from a different language background are not necessarily learning disabled.

Effects of Learning Disabilities on College Students

Following are characteristic problems of college students with learning disabilities. Naturally, no student will have all of these problems.

Study Skills

- Inability to change from one task to another
- No system for organizing notes and other materials
- Difficulty scheduling time to complete short and long-term assignments
- Difficulty completing tests and in-class assignments without additional time
- Difficulty following directions, particularly written directions

Interpersonal Skills

- Impulsivity
- Difficulty delaying resolution to a problem
- Disorientation in time -- misses class and appointments
- Poor self-esteem
Reading
- Difficulty reading new words, particularly when sound/symbol relationships are inconsistent
- Slow reading rate -- takes longer to read a test and other in-class assignments
- Poor comprehension and retention of material read
- Difficulty interpreting charts, graphs, scientific symbols
- Difficulty with complex syntax on objective tests

Writing
- Problems in organization and sequencing of ideas
- Poor sentence structure
- Incorrect grammar
- Frequent and inconsistent spelling errors
- Difficulty taking notes
- Poor letter formation, capitalization, spacing, and punctuation
- Inadequate strategies for monitoring written work

Oral Language
- Difficulty concentrating in lectures, especially two to three hour lectures
- Poor vocabulary, difficulty with word retrieval
- Problems with grammar

Math
- Difficulty with basic math operations
- Difficulty with aligning problems, number reversals, confusion of symbols
- Poor strategies for monitoring errors
- Difficulty with reasoning
- Difficulty reading and comprehending word problems
- Difficulty with concepts of time and money

Learning Disabilities FAQ

Developing a Tutoring Program

Before determining what to work on, both you and the student must understand the student's specific strengths and areas for improvement. Your first few sessions together should be spent discussing the student's learning disability, how it may affect him/her in school, and techniques for compensating for it. This is also the time to build trust. We believe this can be accomplished by:

- Treating the student as an equal. The student may have a learning disability, but he/she also possesses knowledge and talent that you don't have.
- Listening to what is important to the student, what areas of learning does he/she want to focus on?
- Creating an atmosphere that permits the student to confide in you. It is important to find a location away from peers and teachers, where learning disabled students can feel comfortable to tackle problems without fear of being embarrassed.

Final determination of what to work on is based on the following factors:

- The nature and severity of the student's learning disability.
- The student's concerns.
- Course requirements.

We suggest listing information under each factor. Then use this information to determine priorities for the tutoring program. Some students may just require assistance with papers.
and reading assigned in their courses. Others also may want to work on supplementary materials. For example, a student planning to take a statistics course may want to review basic algebra concepts and overcome problems understanding fractions. A student with reading comprehension difficulties may want to focus on ways to improve his/her vocabulary.

There is a wealth of information regarding learning disabilities on the Internet. Look at these sites:

- Learning Disabilities
- Strategies for Faculty
- Tips For Students
HANDBOOK FOR TUTORS OF

AMERICAN RIVER COLLEGE

Students with Disabilities

What you will find in this Chapter

Learning Styles
Techniques that Work
Study Skills
How to Take Notes
Reducing Glare to Thwart Light Sensitivity
Learning Styles

Learning style is the way individuals concentrate on, absorb, and retain new or difficult information or skills. It is not the materials, or strategies that people use to learn; these are the resources that complement each person's style. Style comprises a combination of environmental, emotional, sociological, physical, and psychological elements that permit individuals to receive, store and use knowledge or abilities.

Exceptional Children, Vol. 49, No. 6, April 1985

Every student has a unique learning style. According to Jody Whelan, a psychotherapist, counselor and teacher, "Each learning style is like an instrument in an orchestra. Students need to know what instrument is theirs and how they fit into the orchestra."

Each student learns differently, at a different rate, using different learning styles. Everyone has a learning style. Our style of learning, if accommodated, can result in improved attitudes toward learning and an increase in academic achievement. By identifying your learning style, you will identify how you learn best. Learning Styles do not reflect levels of achievement or academic ability. No one style is better than the other.

Researchers have done experiments with at least as elements of learning style. They have found that most people respond strongly to between six and fourteen elements.

The element chart indicates perceptual strengths as being tactile/kinesthetic, visual or auditory learners. Perceptual elements are important to identify because they will identify the learner's preferred learning modality. You have probably noticed that when you attempt to learn something new you prefer to learn by listening to someone talk on the subject. Some students prefer to read about the concept; others want to see a demonstration of the concept. Learning style theory suggests that students learn in different ways and it is good to know your preferred learning style. Learn more about your particular learning style by taking this test. After you take the test, score it and print your score so you can complete your assignment.

By becoming familiar with learning style theory, you will be able to recognize your students' style and you will be able to make suggestions on how they can use that strength to help them study. Be sure to look at the suggestions. Look at these sites to learn more about learning styles:

- Modality Table
- Strengthen Your Learning
- How Your Learning Style Affects Mnemonics

Have you taken an introductory course in psychology? If you have, then you have probably taken a personality test. There are several personality models of varying usefulness and accuracy. The personality system in the Keirsey Sorter is based on Jung's theory of personality type. It was converted into a practical instrument by Myers and Briggs and is used extensively in education and career counseling. This test attempts to identify a person's personality "type." Personality influences the preferred approaches to acquiring and integrating new information. Take the personality test. The test measures extraversion versus introversion, sensing versus intuition, thinking versus feeling, and judging versus...
perception. There are 16 different personality types. What is your type? Look at this site for a more detailed description of your type.

Knowing your learning style preferences and your personality type can help you plan for activities that take advantage of your natural skills and inclinations. It will help you to be aware of your strengths and weaknesses and to capitalize on the strengths and to compensate for the weaknesses. It will also help you become a better tutor.
LEARNING STYLES

Learning styles, also referred to as "Differential Instruction", are more simply put as the differing abilities (or styles) that a student is most receptive and the most adept in learning. Being aware of what the styles are, a tutor can use the particular style of the student and teach them using methods that match that student's style of learning.

According to Dr. Howard Gardner, there are nine, and they are described below:

1. **Verbal-Linguistic**: An ability to understand and use the spoken and written communications.

2. **Logical-mathematical**: Ability to understand and use logic and numerical symbols and operations, recognize patterns, and see connection between separate pieces of information. These students excel in math and related fields such as computer programming.

3. **Musical**: Ability to understand and use such concepts as rhythm, pitch, melody, and harmony. These students are often highly sensitive to sounds.

4. **Spatial**: Ability to orient and manipulate three-dimensional space. These students excel in architecture, mapmaking, and games using differing visual perspectives.
(Learning Styles, Continued)

5. Bodily-kinesthetic: Ability to coordinate physical movement, or use the body to express emotion. Students with this ability excel in athletics.

6. Naturalistic: Ability to distinguish and categorize objects or phenomena in nature or demonstrate an extreme sensitivity to nature. This student would excel in zoology.

7. Intrapersonal: Ability to understand and use his or her own thoughts, feelings, preferences, perceptions, and interests. These students are very self-regulated.

8. Interpersonal: Extreme ability to understand, interpret, and interact well with others. Here, these students seem to “come alive” when working in small groups.

9. Existential: Ability to contemplate phenomena or questions beyond sensory data, such as contemplations of the infinite. This is the more recent of these intelligences described, and there are still questions about the reality of this as a separate intelligence.

Some of this material was based on the book "Differential Instruction for Students with Learning Disabilities", by William Bender, 2008.
Techniques That Work

We Learn...
- 10% of What We Read
- 20% of What We Hear
- 30% of What We See
- 50% of What We See and Hear
- 70% of What We Discuss With Others
- 80% of What We Experience Personally
- 95% of What We Teach Others

William Glasser

It has been estimated that it takes only three or four minutes for the average person to form a positive or negative first impression. What does this mean to a tutor? Make that first meeting with your tutee a positive experience. Be consistent in body, voice and words. Initiate eye contact. Listen with your body by smiling and nodding your head. Nonverbal messages are the most powerful form of communication. Take the communication skills test and find out how your communication skills rank. Establishing rapport with your tutee is very important. You can help create a good rapport by listening patiently and remaining open to what the tutee has to say.

It is also important to know why the student has requested tutoring. Some students know exactly where they are having trouble. Some students point out general areas of difficulty. Some students can only vaguely describe the source of their confusion. To help these students, simply ask them where they are having problems. It could be that they fear the subject because of past failure. It could be that they are taking the class because it is a requirement; therefore they have no interest in the subject. The students could also be lacking confidence in their ability to master the material, or they could be overwhelmed by the time requirements imposed on them for this particular class. The reason for the tutoring request is important because it will give you a focus to plan your future tutoring sessions.

Another approach to finding out why the student is seeking assistance is to review the course materials with the student. Use the course outline, text, or assignments to figure out precisely where the student is having problems. Ask questions that encourage students to state what they know about the material.

A technique critical to a successful tutoring session is the ability to ask the right question. There are many types of questions that a tutor can use in a tutoring session. Good questioning techniques are essential to a successful tutoring session. It is important to use the right words. Try asking "What do you understand?" If you ask students what they don't understand, they will be clueless. Another important aspect of asking questions is waiting for an answer. Many tutors are too quick to answer their own questions. Give students an opportunity to reflect on the question before they volunteer a response. Always wait at least 20 seconds for the student to answer your question. This "wait time" might be uncomfortable at first, but it can greatly improve the tutoring session.

Remember to ask leading questions. Questions that can be answered with yes/no have less
value that those that ask the student to demonstrate understanding. "What if" questions and analogies are excellent strategies for expanding student understanding. Become familiar with the Socratic Method of teaching. It is the oldest, but still the most powerful teaching tactic for fostering critical thinking.

Tutors can perform a valuable service when they assist students to figure out answers by themselves. There are three steps that can help you provide this service: Provide instruction, require a response, and give feedback. In other words, present the information briefly, have the student respond and talk about the material, let the student know when the answer is correct or incorrect. Learning to handle right and wrong answers is a vital part of tutoring.

In addition, you might want to look at some tips on how to motivate your students to learn. The two most important factors that lead to student success are a strong motivation to succeed and good learning skills.
Study Skills

*Learning is not attained by chance, it must be sought for with ardor and attended to with diligence.*  Abigail Adams

Good study skills are essential for good students. Since you are all good students, it is assumed you have good study skills. Do you? Take this simple test to determine the quality of your study skills. You probably already know your strengths and weaknesses; however, this test will remind you of possible areas that could be improved upon. Tutors are students who are successful learners. They have learned how to learn. As a tutor, it is your responsibility to communicate the principles of effective learning to your students. A good majority of the students who seek tutoring do not have good study skills. If these students took a course on study skills, it would probably cover a broad spectrum of subjects including time management, memory skills, test-taking skills, listening skills, notetaking skills, how to read a textbook, and learning styles. There is a wonderful site Study Skill Links. It contains some excellent links with valuable information for students who want to improve their study skills.

Encouraging students to develop good study skills requires you to assess the areas where students need help. Usually, students will not be able to accurately identify the areas where they need help. For instance, students who are always late for a tutoring appointment might need some time management techniques. You might ask them to describe the activities of their average day.

Some students have never learned how to take notes in class. You might ask the students you tutor if you can look at their notes. If you see that they do not know how to take notes, you could recommend that they look over the different notetaking systems. Or you can ask them to tell you how they prepare to take notes for a lecture class. If they are lacking positive notetaking skills, you might share with them some ideas on how to take good notes.

Many students do not realize that there are techniques for taking a test or, more importantly, how to overcome test anxiety. You can give the student ideas on how to prepare for tests. As a tutor, it is always helpful to go over returned tests with your students. You can also share with the students the benefits of looking at a returned test. As a tutor, you are a resource for your students.

If you find that some of your students have poor reading skills, you can provide them with handouts that could improve their reading skills. Tutors can also teach students how to use memorization techniques. Improved reading skills and improved memorization skills can be a big step toward being a successful student.

Students seeking tutoring have often experienced poor grades; this could be the direct result of their personal study habits. You can provide a valuable service to them by giving them direction and encouragement to develop good study skills.

Look at these wonderful sites for valuable information on how to improve your study skills.

- The Study Skills Help Page: Strategies for Success
- Charles Sturt University, New South Wales - Study Skills, Exam Techniques
- Virginia Polytechnic Institute and State University - Study Skills Self-help

From the curriculum of American River College *Introduction to Tutoring* [IN 320] by Kathy Read, Dean of Interdisciplinary Studies, who is in charge of tutoring at the ARC Learning Center, 2008-2009.
NOTETAKERS

ASSIGNMENTS

► All assignments are made from the Visually Impaired office. If a student requests additional services from you, direct him/her to the Disabled Student Programs and Services office.
► It is essential that you arrive to class on time. Some instructors give important procedural information during the first five to ten minutes of class. Tardiness is a reflection on the student you assist.

The Disabled Student Programs and Services office will provide carbon paper or access to a Xerox machine (if needed). Notetakers who wish to use the Xerox machine should check with the receptionist at the Front Desk.

NOTETAKING DIRECTIONS

1. Introduce yourself to the instructor and explain your function in the classroom.
2. Generally speaking, a notetaker is an unobtrusive member of the class. When a notetaker is not enrolled in the class, he/she is not an active participant in classroom discussion. However, if a word, thought, or idea is missed, and you feel it is important for the student’s notes, ask the instructor, when most appropriate, to help you fill in the missing information.
3. Notes are usually not taken for students when they miss class unless the students have called you prior to the class meeting and explained their absence.

Note: If your client misses class and does call you, notes must be turned in to our office.

To provide an accurate, neat, and readable set of notes which reflect and represent the teacher’s lecture as well as classroom discussion, follow the suggestions listed below:

1. Number, title, and date each page. This will help the student keep the notes in order.
2. Use a black pen if the notes will be Xeroxed.
3. Write legibly. Writing may look legible to you but completely unreadable to the student.
4. Do not use shorthand symbols.
5. Leave blanks where you are unsure. If the instructor says something and you miss it, leave a blank space and fill it in later when it is appropriate to ask the teacher.
6. Spell correctly. When you are not sure about the spelling of a particular word, indicate this by writing “sp?” above the word in question.
7. Use your paper space effectively. Leave a margin wide enough for additional notations the student might wish to make.
8. Listen for points of emphasis. Teachers often raise the pitch of their voice or repeat a concept when they want to stress a particular point. You can indicate this by underlining words or sentences or CAPITALIZING to denote emphasis.
9. Do not use the narrative form. Break your notes into something that is easy to read and from which the student may study. Use the outline method.
10. Use as many examples (from the instructor) as possible.
11. Use diagrams and illustrations.
12. If you abbreviate, make sure the student understands its meaning.

From the packet given to new tutors, prepared by Jessie Matsubara, Coordinator of Tutoring Support Services at American River College, 2008-2009.
PAY RATE

- You will be paid $16.50 per tape, or 2.0 hours (1.5 hours for reading and 0.5 for spot checks).

READING DIRECTIONS

1. Read slowly and distinctly.
2. If taping, play back tape to see if voice is audible enough.
3. Put some expression into your voice so that you do not sound monotone.
4. Try not to break up a paragraph between sides of a tape.
5. At the beginning of each tape, state the following: Name of book, chapter, and page number.
6. At the beginning of each page, state the page number.

SUPPLIES

- Supplies (tapes, tape recorders, reading materials, etc.) are provided by your respective coordinator.

Tapes
- Check out tapes with your respective support services coordinator. Fill out the provided tape levels completely and accurately. If you have any questions regarding missing information on labels, please don't hesitate to ask!

Recorders
- Fill out the "Tape Recorder Authorization Form," read it and sign it.

TAPE RETURN POLICY

- All finished tapes must be returned to your respective support services coordinator at least 24 hours prior to the time the student needs the tapes.

GENERAL RESPONSIBILITIES

- Get feedback. Encourage the student(s) to give you suggestions for making your assignments more valuable to him/her.
- Please keep our office informed of any changes or problems.

From the packet given to new tutors, prepared by Jessié Matsubara, Coordinator of Tutoring Support Services at American River College, 2008-2009.
Reducing Glare to Help Students with Light Sensitivity

Using a colored transparency, (such as this gold colored one that is in front of this page) is a simple and inexpensive way to cut down the glare from a white page. This is especially helpful (when working under fluorescent lights, which most college classrooms have) to reduce the glare for students who are light sensitive.

These single sheets can be found in various colors (gold, yellow, green, pink, etc.) and cost generally under a dollar for one sheet, and can be purchased at most copy centers such as Kinkos, or stores such as Office Max, Staples, Target, and Wal-Mart.
HANDBOOK FOR TUTORS OF

AMERICAN RIVER COLLEGE

Students with Disabilities

What you will find in this Chapter

Definitions
Adaptive Technology Center
ARC Department Phone Numbers
Campus Map
Definition of Terms

**Asperger's Syndrome:** An autistic disorder most notable for the often great discrepancy between the intellectual and social abilities of those who have it. Asperger's Syndrome is a pervasive developmental disorder that is characterized by an inability to understand how to interact socially. Typical features of the syndrome also may include clumsy and uncoordinated motor movements, social impairment with extreme egocentricity, limited interests and unusual preoccupations, repetitive routines or rituals, speech and language peculiarities, and non-verbal communication problems. People with Asperger's Syndrome ("Aspies" as many call themselves) generally have few facial expressions apart from anger or misery. Most have excellent rote memory and musical ability, and become intensely interested in one or two subjects (sometimes to the exclusion of other topics). They may talk at length about a favorite subject or repeat a word or phrase many times. People with Asperger's Syndrome tend to be "in their own world" and preoccupied with their own agenda.

The onset of Asperger's Syndrome commonly occurs after the age of three. Some individuals who exhibit features of autism (a developmental brain disorder characterized by impaired social interaction and communication skills) but who have well-developed language skills may be diagnosed with Asperger's Syndrome (Cumine et al., 1-4).

**Autism:** One of a group of disorders known as autism spectrum disorders (ASDs). ASDs are developmental disabilities that cause substantial impairments in social interaction and communication and the presence of unusual behaviors and interests. Many people with ASDs also have unusual ways of learning, paying attention, and reacting to different sensations. The thinking and learning abilities of people with ASDs can vary—from gifted to
severely challenged. An ASD begins before the age of three and lasts throughout a person’s life (CDC).

**Diabetic Neuropathy:** Nerve damage done by high blood sugar. Nerve fibers are damaged by the high blood sugar, and this most often affects nerves in the legs and feet. Depending on the affected nerves, symptoms of diabetic neuropathy can range from pain and numbness in the extremities to problems with the digestive system, urinary tract, blood vessels, and heart. For some people, these symptoms are mild; for others, diabetic neuropathy can be painful, disabling, and even fatal (WebMD.com).

**Disability:** A person can meet the ADA’s definition of disability by having a record of or being regarded as having an impairment that substantially limits one or more life activities (ADA).

**Dyscalculia:** A deficit in the processing of numerical and arithmetical information and is associated with neurodevelopmental abnormalities (for a review see Ardila & Rosselli, 2003; Getry, 2004). Children suffering from developmental dyscalculia fail in many numerical tasks, including performing arithmetical operations, solving arithmetical problems, and using numerical reasoning. Most of the developmental dyscalculia studies have been directed to higher level school-like concepts such as addition and multiplication (Ansari & Karmiloff-Smith, 2002).

**Dysgraphia:** A neurological disorder characterized by writing disabilities. Specifically, the disorder causes a person’s writing to be distorted or incorrect (National Institute of Neurological Disorders and Stroke, 2009c). The disorder generally emerges when the child is first introduced to writing. He or she makes inappropriately sized and spaced letters, or writes wrong or misspelled words, despite thorough instruction. Although
the cause of the disorder is unknown, it is suspected that it comes in part from damage to the parietal lobe of the brain. The use of computers can be used to remedy the effects of the bad handwriting.

**Dyslexia:** A specific reading disability due to a defect in the brain’s processing of graphic symbols. Dyslexia is a learning disability that alters the way the brain processes written material.

Two commonly held beliefs about dyslexia are that children with it are prone to seeing letters or words backward, and that the problem is linked to intelligence. Both beliefs are incorrect. The problem is a linguistic one, not a visual one, in dyslexia. In addition, dyslexia in no way stems from any lack of intelligence. People with severe dyslexia can be brilliant.

The effects of dyslexia, in fact, vary from person to person. The only shared trait among people with dyslexia is that they read at levels significantly lower than typical for people of their age. Dyslexia is different from reading retardation, which may reflect mental retardation or cultural deprivation. The treatment of dyslexia should be directed to the specific learning problems the person has. The usual course is to modify teaching methods and the educational environment to meet the specific needs of the individual with dyslexia ([MayoClinic.com](http://www.MayoClinic.com)).

**Dyspraxia:** A developmental disability characterized by difficulty in muscle control, specifically of the muscles involved in producing speech. It is caused by a neurological difference that has not yet been pinpointed. Treatment is via intensive speech therapy concentrating on oral-motor skills ([Dyspraxia.org](http://www.Dyspraxia.org)).
ERIC: Education Resources Information Center. A large database containing education literature. This database contains hundreds of thousands of articles relating to educational and research related topics (ERIC, 2009).

Fibromyalgia: A chronic condition characterized by widespread pain in muscles, ligaments, and tendons, as well as fatigue and multiple tender points; places on the body where slight pressure causes pain, sleep disturbance, fatigue, and often psychological distress. People with fibromyalgia may also have other symptoms, such as morning stiffness, tingling in hands and feet, headache, migraines, and problems with thinking (sometimes called "fibro fog") (CDC.gov).

IED: Improvised Explosive Device. A bomb constructed and deployed in ways other than conventional military action. They may be partially comprised of conventional military explosives, such as an artillery round, attached to a detonating mechanism. IEDs have been used extensively against coalition forces in the Iraq War, and by the end of 2007 have been responsible for approximately 40% of coalition deaths in Iraq (Wikipedia.com).

PTSD: Post Traumatic Stress Disorder. The DSM-IV-TR defines this as when a person witnessed or experienced a major trauma or event that threatens death or serious injury to self or others. A person with PTSD continues to re-live the event and has recurrent and distressing recollections of it to the extent it causes severe emotional distress (DSM-IV-TR, 2000).

TBI: Traumatic Brain Injury. Occurs when a sudden trauma causes damage to the brain. TBI can result when the head suddenly and violently hits an object or when an object pierces the skull and enters brain tissue. Symptoms of a TBI can be mild, moderate, or severe, depending on the extent of damage to the brain. A person with a mild TBI may
remain conscious or may experience a loss of consciousness for a few seconds or minutes.
Other symptoms of mild TBI include headache, confusion, lightheadedness, dizziness,
blurred vision or tired eyes, ringing in the ears, bad taste in the mouth, fatigue or lethargy, a
change in sleep patterns, behavioral or mood changes, and trouble with memory,
concentration, attention, or thinking. A person with a moderate or severe TBI may show
these same symptoms but may also have a headache that gets worse or does not go away,
repeated vomiting or nausea, convulsions or seizures, an inability to awaken from sleep,
dilation of one or both pupils of the eyes, slurred speech, weakness or numbness in the
extremities, loss of coordination, and increased confusion, restlessness, or agitation
(NINDS.gov).
Administrative Code. Title 5 identifies the following disabilities for funding purposes:

I. PHYSICAL DISABILITY means a visual, mobility, orthopedic impairment.
   (a) Visual impairment means total or partial loss of sight.
   (b) Mobility and orthopedic impairment means a serious limitation in locomotion or motion function.

II. COMMUNICATION DISABILITY is defined as an impairment in the process of speech, language, or hearing.
   (a) Hearing impairment means a total or partial loss of hearing function which impedes the communication process essential to language, educational, social and/or cultural interactions.
   (b) Speech and language impairments mean one or more speech/language disorders of voice, articulation, rhythm and/or receptive and expressive processes of language.

III. LEARNING DISABILITY is defined as a persistent condition of presumed neurological dysfunction which may exist with other disabling conditions. This dysfunction continues despite instruction in standard classroom situations. To be categorized as learning disabled, a student must exhibit:
   (a) Average to above-average intellectual ability
   (b) Severe processing deficit(s)
   (c) Severe aptitude-achievement discrepancy(ies)
   (d) Measured achievement in an instructional or employment setting.

IV. ACQUIRED BRAIN IMPAIRMENT means a verified deficit in brain functions which results in a total or partial loss of cognitive, communicative, motor, psycho-social, and/or sensory perceptual abilities.

V. DEVELOPMENTALLY DELAYED LEARNER is a student who exhibits the following:
   (a) Below average intellectual functioning; and
   (b) Potential for measurable achievement in instructional and employment settings.

VI. PSYCHOLOGICAL DISABILITY means a persistent psychological or psychiatric disorder, or emotional or mental illness. (Pursuant to ADA this does not include (a) transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from (b) compulsive gambling, kleptomania, or pyromania; and (c) psychoactive substance abuse disorders resulting from current illegal use of drugs)

VII. OTHER DISABILITY includes all of those not described above.

Title 5
3/93

The Community College District uses the information requested on this form for the purpose of determining a student’s eligibility to receive authorized special services provided by the Disabled Student Programs and Services (DSP&S) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor’s Office of the California Community Colleges or other state of federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850, and California Code of Regulations, Title 5, Section 56000 et seq.
Welcome to the Adaptive Technology Center

The Adaptive Technology Center utilizes adaptive software and hardware to meet the needs of students with various disabilities. The computer programs and equipment help students with class work, improve their learning skills, and prepare for tests.

The following tools are available for students in the Disabled Student Services, and Learning Disabilities program:

READING DIFFICULTIES

- Kurzweil 3000 - scan and read textbooks and other paper documents.
- SuperNova – combined screen reader and magnifier with Braille support.
- Kurzweil 1000 - scans and read textbooks and other paper documents.
- CCTV - closed circuit monitor for enlarging text and other colored pictures.

WRITING DIFFICULTIES

- Inspiration - visual learning tool for developing ideas using diagramming and outlining.
- Dragon Naturally Speaking - voice recognition program used for dictation text.

ADAPTIVE EQUIPMENT

- Joy stick - alternate choice for mouse operation.
- Keyboard guard - to control keyboarding using a plastic guard.
- Adjustable tables - for raising and lowering keyboard and/or monitor.
- Bat keyboard – one hand keyboard

For students to participate in the computer lab, counselors are encouraged to communicate via email or person to person contact with Mela Bennett to discuss the student’s disabilities and needs. Some of the computer programs may be used on a first-come first-served basis and others need to be reserved by appointments. Such as Dragon NaturallySpeaking, this computer program will require some training. The use of this software will require an appointment and an USB memory stick.

For students who are not ready for a computer class and do not need adaptive equipment, the Re-Entry Center offer computer classes for the absolute beginner. The classes are free and are taught one day for three hours. For more information call 484-8391 or 484-8207.

If you have any further questions please contact Mela Bennett or her staff at 484-8382 (OSP&S Front Desk) or email at BennettMT@arc.losrios.edu. You are always welcome to tour the Adaptive Technology Center and ask questions. The computer lab hours are Monday through Friday and the hours are posted on the ATC Lab door.
American River College

Department Phone Numbers

CalWORKs Supportive Services ........................................... 916-484-8059
College Police ..................................................................... 916-484-8591
eServices ........................................................................... 916-484-8152
Operator ............................................................................. 916-484-8011
Counseling Center/Orientation Schedule ......................... 916-484-8572
Assessment Center ............................................................... 916-484-8423
Career & Job Opportunity Center ..................................... 916-484-8492
Child Development Center ................................................. 916-484-8492
EOP&S .............................................................................. 916-484-8128
DSPS ................................................................................. 916-484-8382
Financial Aid ..................................................................... 916-484-8437
Business Services ............................................................... 916-484-8481
Admissions ......................................................................... 916-484-8261
Ethan Way Center ............................................................... 916-463-3276
Natomas Center ................................................................ 916-419-3055
McClellan Center ................................................................. 916-570-5000
Sunrise Center ................................................................... 916-961-7606
Tutoring ............................................................................. 916-484-8695
Bookstore ........................................................................... 916-484-8111
Health Center .................................................................... 916-484-8383
Oak Tree Math Tutoring ..................................................... 916-484-8997
Library ............................................................................... 916-484-8455
Work Experience ................................................................. 916-484-8182
Parts of Interdisciplinary 320 *Introduction to Tutoring,* (a one-unit class) used with permission from Kathy Read. The course is offered in coordination with American River College Tutorial Services Program and is designed to train students to become effective tutors.
Parking Information

Visitor Parking
A visitor parking area with parking meters is located by the Administration Building on College Oak Drive. The cost is 50¢ per 15 minutes. (No student parking is permitted in the visitors area.) Visitor permits are available from the Information Center in the Administration Building.

Parking Permits & Daily Tickets
All vehicles on campus 7:00 a.m. – 11:00 p.m. must display a permit or daily parking permit. Permits are not required during non-school days and weekends. For your protection, all vehicles should be locked and all valuables stored out of sight.

- Daily parking tickets are $1 and are dispensed from machines located in each parking lot. In case of machine malfunction, you may: 1) Purchase a ticket from another machine; 2) Contact a college police officer for a one-day permit. Notes about machine malfunction will not be accepted.

- Semester permits. A parking permit is $30 per semester. $15 for summer session. A permit entitles the student to day or evening college parking, and is available from the Business Services Office located in the Administration Building. Remember that a parking permit does not guarantee a parking space. A parking permit entitles you to park on campus where and when space is available.

Handicapped Parking
Automobiles of students with disabilities (and persons providing transportation services to students with disabilities) must display a semester or daily parking permit as do other students. However, special parking spaces for disabled students are provided in all student parking lots. A placard issued by the Department of Motor Vehicles for persons with disabilities, or a distinguishing license plate for persons with disabilities, must be properly displayed on the vehicle. Temporary disability permits are available from the Health Center; if you are issued a temporary permit you must also display a valid semester or daily parking permit.

Motorcycle
Motorcycle permits are $5 per semester. Motorcycles may only park in designated motorcycle areas. Motorcycles may not park in regular student spaces.

Tow-Away
Vehicles parked illegally in red zones and vehicles parked so as to impede the flow of traffic on campus streets, lot entrances and driveways, in front of fire hydrants or in other areas where emergency vehicles might be hindered, may be subject to being towed away at owner’s expense and inconvenience. Vehicles parked in staff or handicapped spaces are subject to tow-away.

Parking Citations
Permits are not required during non-school hours. A list of common violations is shown below, although other regulations are also enforced (CVC 21113).

<table>
<thead>
<tr>
<th>Code</th>
<th>Nature of Offense</th>
<th>Bail</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA.1</td>
<td>No valid permit</td>
<td>$25.00</td>
</tr>
<tr>
<td>SA.4</td>
<td>Fraudulent/unauthorized permit</td>
<td>$8.00</td>
</tr>
<tr>
<td>SA.5A</td>
<td>Outdated permit</td>
<td>$25.00</td>
</tr>
<tr>
<td>SA.6</td>
<td>Permit improperly displayed</td>
<td>$25.00</td>
</tr>
<tr>
<td>SA.7</td>
<td>Park over boundary lines</td>
<td>$25.00</td>
</tr>
<tr>
<td>SA.8</td>
<td>Take up two parking spaces</td>
<td>$25.00</td>
</tr>
<tr>
<td>SA.9</td>
<td>Park in driving lanes</td>
<td>$25.00</td>
</tr>
<tr>
<td>SB.</td>
<td>Not parked designated area</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.1</td>
<td>Unauthorized disabled zone</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.2</td>
<td>Unauthorized use permit</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.3</td>
<td>Park on service road</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.4</td>
<td>Red curb</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.5</td>
<td>Block gates</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.6</td>
<td>Bus zone</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.7</td>
<td>No parking any time</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.8</td>
<td>Loading zone</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.9</td>
<td>Overtime parking</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.10</td>
<td>Shoulder of the road</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.11</td>
<td>Fire lane</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.12</td>
<td>Park on roadway</td>
<td>$25.00</td>
</tr>
<tr>
<td>SD.13</td>
<td>Overnight parking</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

College Police
The College Police office is located south of Davies Hall (see reverse side).

- Office Hours
  Mon-Fri, 8:00 am-5:00 pm
- 24-Hour Phone
  (916) 558-2221

American River College
4700 College Oak Drive, Sacramento, CA 95841

This map is provided by the ARC Community Relations (916) 484-8646
www.arc.losrios.edu
ARC South Community College District
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