Introduction
and Overview

Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.

Individuals with Disabilities
Education Improvement Act of 2004 (IDEIA)

People with disabilities are a part of our society. We are not surprised to see individuals using walkers or wheelchairs in shopping centers, churches, entertainment venues, and schools. In some communities, crosswalks are designed with blinking lights and sound indicators for the safe crossing of those with hearing or vision loss. We find persons with cognitive disabilities working—sometimes with assistance—in our grocery stores or fast food restaurants; our colleges and universities are improving access and accommodation for students with disabilities. In our elementary and secondary schools, we find a wide variety of disabling conditions among the student body—some that will require special education services.

Defining Significant and Multiple Disabilities

Multiple disabilities means concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

IDEIA 2004 (sec. 300.8)
Individuals with Disabilities  
Education Improvement Act of 2004 (IDEIA)

Students with multiple and significant disabilities comprise approximately 2% of all students enrolled in special education programs (National Center for Education Statistics, 2006). The occurrence of significant and multiple disabilities, while less frequent than other disabilities, will most likely be apparent in some residents of our communities. In our schools and as teachers, we must be especially vigilant about ensuring opportunity and participation for children with significant and multiple disabilities. Significant disability occurs when there are functional limitations in the following seven major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, independent living, and economic self-sufficiency. Each of these areas will be explored more fully in subsequent chapters. In this book, teachers of students with multiple and significant disabilities will find practical, common-sense ideas and strategies that will help ensure the best possible educational outcomes for their students.

Disability From Birth Versus Acquired Disability

A disability occurring from the time of birth is commonly referred to as a developmental disability. A disability that occurs later in life as a result of accident, injury, or a disease process is commonly referred to as an acquired disability. Most students with significant disabilities have a developmental disability; this means that their development has been delayed since birth and their abilities have not followed the typical sequence of skill acquisition.

Some students with significant disabilities have an acquired disability. This means that they have had a period of early development that followed the typical sequence of skill acquisition. The age at which a child sustains an injury or disease process is directly related to the degree of disability that will result. For example, the most prevalent acquired disability resulting in significant and multiple disabilities in children or adolescents is traumatic brain injury (TBI). Severe brain injuries result from trauma in motor vehicle accidents, falls, or from external force such as in cases of abuse. Children sustaining a severe brain injury younger than age 7 are less likely than older children to recover cognitive abilities (Anderson, Catroppa, Morse, Haritou, & Rosenfeld, 2005).

Does it matter if the disability is developmental or acquired? Expectations matter. Following an acquired disability, families and educators may anticipate the return of skills the child previously had mastered. This is a valid approach to rehabilitation for a period of up to 24 months.

Similarly, families and educators of a child with a developmental disability may expect the child to follow the developmental sequence no matter how long it takes to achieve motor and learning milestones. This is a valid approach to habilitation until it becomes clear, generally before age 5, that the child’s skills are not following the typical sequence of development.

When significant disability is present beyond age 5 or for 2 years following an injury or disease, the focus of educational interventions must change so that the child’s most functional potential for life skills can be achieved.
Common Learning Characteristics

Students with significant disabilities have learning styles, preferences, and personalities unique to themselves as individual learners. Some common characteristics observed in many students with significant disabilities can include the following:

a. Use of alternative communication methods due to absent or limited vocalized speech
b. Need for assistance with physical mobility
c. Difficulty with generalizing learned skills across environments
d. Need for repeated practice in order to learn and maintain skills
e. Learning less material at a slower rate
f. Reliance on tactile and multisensory learning experiences due to limitations in vision or hearing
g. Need for instruction and support for recreation, leisure, and vocational activities
h. Need for instruction and assistance for community access or community-referenced learning
i. Need for a blending of functional and academic curricula

Each of these learning characteristics will be explored more fully in the chapters that follow.

Dignity and Respect

As educators of students with significant disabilities, we set an example for others by the ways in which we interact with our students. Our language, physical support, movement, and personal care of students must reflect the same degree of dignity and respect that would be offered to students without disabilities who are of the same age.

a. Language: Our students are people first, and our language must reflect that. Some examples of “person-first” language are listed in the following table.

<table>
<thead>
<tr>
<th>Inappropriate Descriptors</th>
<th>Language With Dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td>The disabled</td>
<td>Persons (or people) with disability</td>
</tr>
<tr>
<td>Confined to a wheelchair</td>
<td>Uses a wheelchair</td>
</tr>
<tr>
<td>Normal child</td>
<td>Child without disability</td>
</tr>
<tr>
<td>Dumb, mute</td>
<td>Person who cannot speak; person who is non-verbal</td>
</tr>
<tr>
<td>Epileptic</td>
<td>Person with a seizure disorder</td>
</tr>
<tr>
<td>Retarded, slow, Down’s kid</td>
<td>Child with a cognitive disability, child with Down syndrome, child with developmental delays</td>
</tr>
<tr>
<td>CP kid</td>
<td>Child with cerebral palsy</td>
</tr>
<tr>
<td>She’s severe; he’s profound</td>
<td>S/he has significant and multiple disabilities</td>
</tr>
</tbody>
</table>
b. Physical support: Students with significant disabilities often require external supports to maintain seated or standing positions in the classroom. At very young ages, it is appropriate to find children sitting on a teacher’s lap. In elementary school as the child gets older, this practice becomes less appropriate. If second graders without disabilities do not sit on adults’ laps, then second graders with disabilities should not do so. There are many types of adaptive equipment, such as standing frames, sidelyers, floor sitters, and bean bag chairs, that students can use while actively engaged in learning activities in the classroom.

c. Mobility: Most students with significant disabilities will use wheelchairs for mobility or will be dependent on others to facilitate movement throughout the school and community. It is important to prepare students for movement. Approach students from the side or the front to ask if they want to move, or when necessary, tell them they must move. For example, “Aneisha, it is time for lunch; we are going to move to the lunchroom.” After a brief pause, begin moving the student’s wheelchair. Do not say, “I have to move your chair,” unless the student is not using his or her wheelchair at the time. Also, if you are going to provide physical assistance or prompting, always use a verbal cue to tell students you will be providing hand-over-hand assistance. When possible, this assistance should be provided from behind the student to support natural movement.

d. Health and safety: Our world has many dangers and risks; all students will be faced with situations in which they may not know which course of action to take. These situations are no different for people with significant disabilities. To ensure safety and good health for all students, even those with significant disabilities, health and safety issues need to be a priority in our teaching and must not be ignored. Students with significant disabilities need to learn how to use public transportation; how to acquire home and work safety skills such as reporting a fire, calling 9-1-1, and so forth; and how to acquire crime prevention skills. (See Chapter 4, Academic Planning, for further information.)

e. Self-determination: Like those without disabilities, people with significant disabilities have interests and preferences; however, they do not always have the opportunity to make choices and decisions based upon those preferences (Ryndak & Alper, 2003). Students with significant disabilities can participate in some parts of the decision-making and choice-making process. The ability to make a choice is a fundamental right for all persons and is the basis for learning and for developing relationships. Providing choices and following through on selections are methods of teaching that will maximize the student’s participation in problem-solving activities and promote self-determination. (See Chapter 5, Functional Planning, under Self Advocacy and Self-Determination.)

f. Socialization and peer relationships: When asked to think about the important things in life, most people would place family relationships and friendships with others at the top of the list. Humans are social beings. Students with significant disabilities need to be provided the opportunity to develop relationships with peers both with and without disabilities. These social relationships can be facilitated in the general education environment and in community settings. (See Chapter 5, Functional Planning, under Social Skills and Peer Relationships.)
g. Personal care and hygiene: Students with significant disabilities will likely need assistance for daily routines such as dressing, eating, and using the bathroom. This will require an adult to be with the student at somewhat sensitive times during the school day. Keep in mind that adults perform these activities with the student, not for the student. Maintaining the dignity of the person is essential during these times of care:

<table>
<thead>
<tr>
<th><strong>Dressing</strong></th>
<th><strong>Eating and Meal Preparation</strong></th>
<th><strong>Toileting</strong></th>
<th><strong>Hygiene</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist parents in selecting clothing that is loose fitting and age appropriate. Ensure that clothing is properly aligned for a neat appearance. Ensure that clothing is clean. Communicate with the student: comment on clothes, weather, transportation.</td>
<td>In lieu of bibs, use cloth napkins, paper towels, bandanas, large T-shirt, and so forth. Encourage decision making whenever possible (cup or spoon, fruit or meat, and so on). Use hand-over-hand assistance whenever necessary. Communicate with the student: comment on food items, previous meals, plans for the day.</td>
<td>Toileting tasks or menstrual care should be done in a private area in the bathroom. Keep personal items in cabinets or colored bins. Refer to diapers as “underwear.” Communicate with the student: comment on the process—ready to lift, almost done, moving back to the wheelchair.</td>
<td>Grooming (bathing, washing face, brushing teeth, using deodorant, nail care, taking medication) should be done in a naturally occurring setting or private area. Keep personal items in cabinets or colored bins. When transporting these items in the hallway, use a backpack or canvas bag to ensure privacy. Provide consistent instruction at school and at home. Communicate with the student to encourage independence and evaluation of one’s appearance.</td>
</tr>
</tbody>
</table>