

# Super Strokes

by John F. Taylor, Ph.D

Super strokes are statements and actions that tend to develop, maintain, or enhance the child's experiencing of self-worth, social impact, self-direction, or self-confidence.

1. **GRATITUDE:** "Thank you!" "I am grateful for what you did."
2. **SHARING A SKILL:** "Now you can play pretty music for all of us." "Are there any other students whom you can help in math now?"
3. **EMPATHY:** "I'll bet that was fun." "You really enjoy doing that, don't you!"
4. **SOCIAL IMPACT:** "When you did that, it allowed me to rest 5 minutes." "You really helped Suzy by doing that."
5. **RECIPROCAL FAVOR:** "I'm sure Matt will want to play with you tomorrow since you played so nicely today." "When you help with the dishes, I have more time for playing with you."
6. **UNIQUENESS:** "Green is really your color." "Your sons always have such happy smiles."
7. **SELF-DETERMINATION:** "I would like you to do this, but you choose how and when." "You go right ahead if that is what you want."
8. **SELF-IMPACT:** "There are lots of things you can do to help yourself." "You're helping yourself by doing that." "Jogging will strengthen your heart and lungs." "It's nice to do something for yourself, isn't it?"
9. **MATERIAL IMPACT:** "You can build a lot of things with your new tool kit." "When you water the flowers, they will grow and bloom."
10. **ACKNOWLEDGE EFFORT:** "I can see a lot of work went into this." "I'm glad you tried."
11. **LABEL THE ACT:** "You tied your shoes." "You cleaned your room." "You drew me a picture."
12. **EMPHASIZE STRENGTH:** "This is easier for you now." "Your correct answers are circled in red." "That part looked easy for you."
13. **TELL ME ABOUT IT:** "Tell me about your picture." "I'm interested to hear what you are doing in school."

# *Mistakes Are...Delicate*

by John F. Taylor, Ph.D

Preventing Perfectionism by Encouraging  
a Healthy Attitude toward Mistakes

## **“Your mistakes are...”**

### **D** *Decreasing*

“Look how far you’ve come”

“Things will get easier as you continue to practice”

### **E** *Expected*

“That’s why pencils have erasers”

“Everybody makes mistakes; nobody is perfect”

### **L** *Learning Tools*

“Success means any forward progress”

“What can you learn from this experience for next time?”

### **I** *Incompletions*

“You didn’t run out of talent; you just ran out of time”

“You’re just not done with it yet; we’ll work on it again later”

### **C** *Caused*

“Let’s see what’s giving you the trouble here”

“Every mistake has a cause”

### **A** *Accidental*

“You can’t do a mistake on purpose”

“All mistakes are just accidents”

### **T** *Temporary*

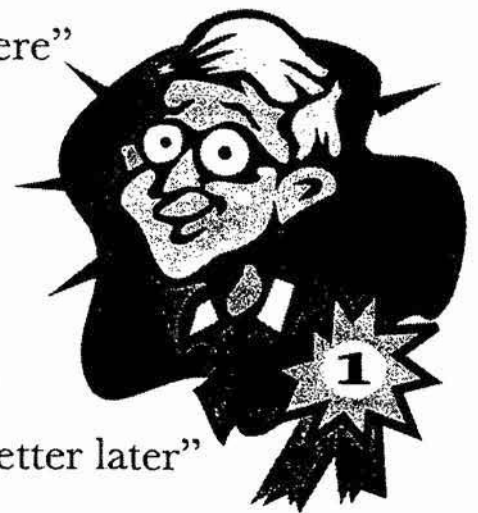
“You’re just not ready for this right now”

“This doesn’t mean that you can’t do it better later”

### **E** *Effort Proofs*

“Mistakes only prove you’re trying”

“Mistakes are benchmarks on the path of effort”



From *Encouraging the Discouraged Child* by John F. Taylor, Ph.D.

Permission granted to reproduce this form.

# The Taylor-Latta Diet Diary

Date: \_\_\_\_\_

Times-of-day for: Arising \_\_\_\_\_ Bedtime \_\_\_\_\_ Asleep \_\_\_\_\_  
Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

*Time  
Period*

*Food and  
ingredients*

*Amounts*

*Symptoms  
and traits*

Nighttime until arising			
Arising thru breakfast			
After breakfast thru AM snack			
After AM snack thru lunch			
After lunch thru PM snack			
After PM snack thru dinner			
After dinner thru bedtime			
Bedtime until asleep			

Additional notes:

# The Taylor School Medication Effectiveness Report

John F. Taylor, Ph.D.

Child's Name: \_\_\_\_\_ Class/Period/Time of Day: From \_\_\_\_\_ To: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Time period being rated: From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

Current regimen:

\_\_\_\_\_ mg. of \_\_\_\_\_ taken at \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_ mg. of \_\_\_\_\_ taken at \_\_\_\_\_ a.m./p.m.

## 1. DESIRED EFFECTS

If there is a difference between mornings and afternoons, give separate gradings for each half of the school day. Supplying only one grade for each effect means that the grade would be the same throughout the entire school day. Simply fill it out as you would a Grade Report, with these grades:

GRADE	RATING	The PERCENTAGE OF TIMES the child shows this trait, from among all opportunities to do so.
A	<b>Excellent</b> - very pleasant	80% to 100% of the time
B	<b>Good</b> - O.K., livable with	60% to 80% of the time
C	<b>Fair</b> - barely tolerable	40% to 60% of the time
D	<b>Poor</b> - very unpleasant	20% to 40% of the time
F	<b>Failure</b> - not tolerable	less than 20% of the time

100% ..... 80% ..... 60% ..... 40% ..... 20% ..... 0%  
A B C D F

\_\_\_\_\_ **ACTIVITY CONTROL:** Mouth, hands, and feet well controlled; sits for normal length of time; not fidgety or squirmy; doesn't poke, touch, and grab; stays seated appropriately.

\_\_\_\_\_ **BRAIN IN GEAR:** Not impulsive, asks thoughtful questions, understands and remembers clearly, not absent-minded, seems "tuned in," thinks before taking action.

\_\_\_\_\_ **CONSCIENCE:** Considers moral aspects of decisions; doesn't lie, cheat or steal; respects boundaries; asks permission before doing things; repentant and apologetic if caught in a misdeed.

\_\_\_\_\_ **DILIGENCE:** Does things without being reminded or nagged, faces tasks and responsibilities head-on, wants to do a good and thorough job, earnest and serious minded rather than flippant, careful rather than careless, concerned about neatness.

\_\_\_\_\_ **EMOTIONAL CONTROL:** Patient, can be teased, not easily upset, can take frustrations in stride, no tantrums.

\_\_\_\_\_ **FOCUSING:** Normal attention span, pursues a goal without getting sidetracked, completes activities, not overly distractible, doesn't flit from activity to activity.

\_\_\_\_\_ **GENTLENESS:** Doesn't argue or power struggle, obedient, cooperative, respects authority.

\_\_\_\_\_ **HELPFULNESS:** Polite, generous, courteous, kind-hearted, doesn't demand own way with other children.

A's and B's in all eight desired effects signifies correct dosage for ADHD symptom control.

## 2. UNDESIRE EFFECTS

Please indicate the levels that are happening:

0 = This effect is **NOT OCCURRING** or is so small that adapting to it requires no effort.

1 = This effect is **MILD** and manageable with just a small effort that is not inconvenient.

2 = This effect is **MODERATE** causing some inconvenience but still livable with.

3 = This effect is **SEVERE** causing great inconvenience and cannot be allowed to continue.

RATING EFFECT

\_\_\_\_\_ Groggy-zonked, too tired

\_\_\_\_\_ Irritable, weepy shortly after taking medication

\_\_\_\_\_ Headaches

\_\_\_\_\_ Tics; jerking muscle movements

\_\_\_\_\_ Appetite decrease

\_\_\_\_\_ Stomach complaints

\_\_\_\_\_ Other: (describe) \_\_\_\_\_

## 3. OTHER CHANGES

Please describe any other negative changes in behavior or performance since starting this particular medication arrangement, whether or not you think they might be directly related to this child's medication treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

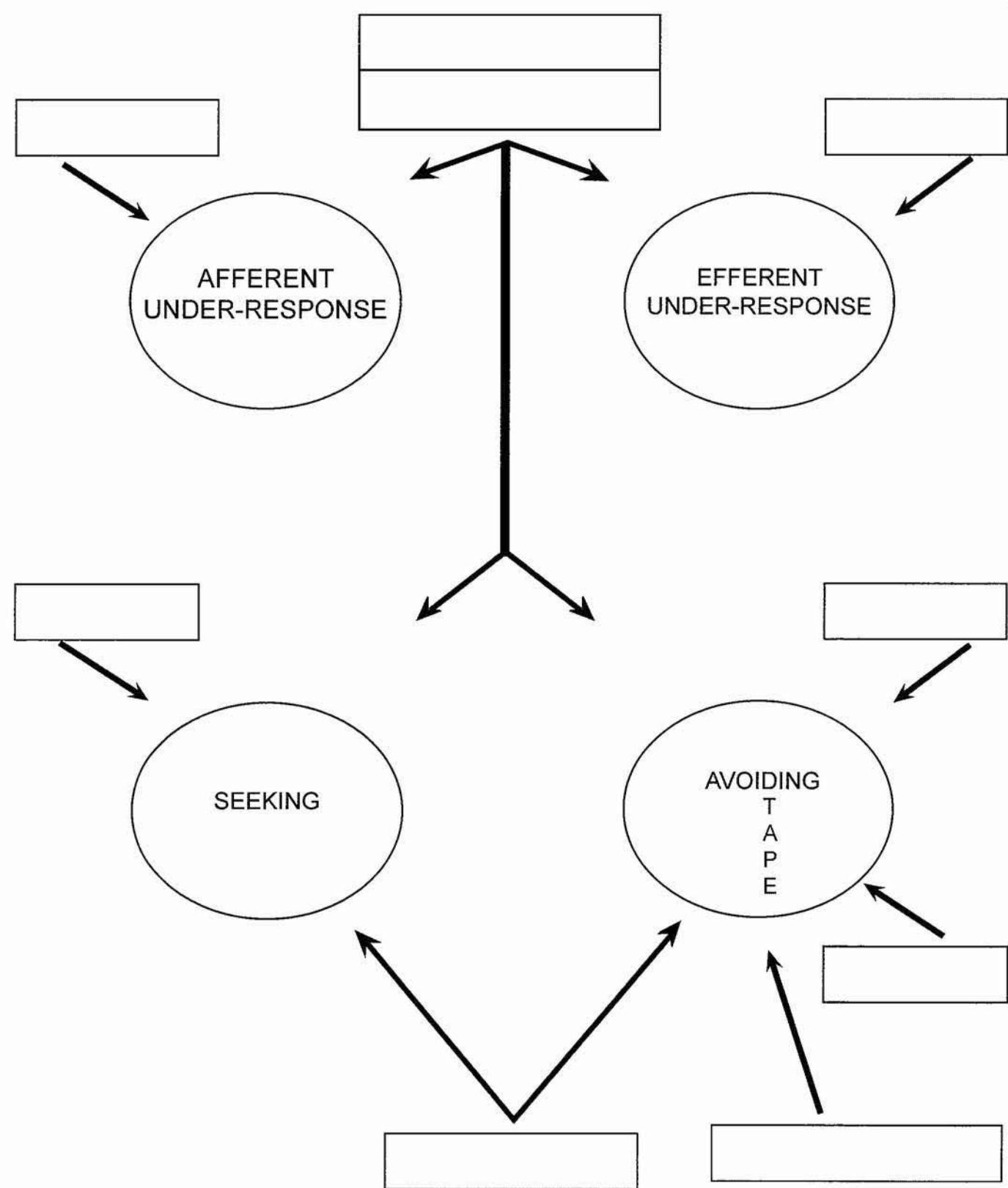
Please describe any other positive changes in behavior or performance since starting this particular medication arrangement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# *How Your Child Processes Sensory Information*

● 1	● 2	● 3	● 4	● 5	● 6	● 7
		A _____				
● 1	● 2	● 3	● 4	● 5	● 6	● 7
		A _____				
● 1	● 2	● 3	● 4	● 5	● 6	● 7
		A _____				

*The Four Types of SPD Symptoms and their Respective Interventions*





Water

## Brain Gym Mini Menu

**Water - Drink a glass of water.**

- Increases energy; improves production and concentration (alleviates mental fatigue); improves test taking ability and all academic skills.



Brain Buttons

**Brain Buttons -** While holding navel area with one hand, rub with thumb and finger of other hand in hollow areas (1-2 inches apart) just below the collar bone on each side of the sternum (breastbone).

- Increases clarity for any visual activity (especially reading) or thinking skill; beneficial when doing writing, typing, computer work; increases overall relaxation.



Cross Crawl

**Cross Crawl -** Touch hand to opposite knee; alternate moving one arm and opposite leg. Do for 1 to 2 minutes. Variation - touch opposite elbow to knee.

- Improves reading, writing, spelling, listening comprehension; improves left/right coordination.



Hook-ups

**Hook-ups -** 1. While sitting or standing, cross one ankle over the other. Cross the same-side wrist over the other and touch palms together. Interlace fingers and draw hands up toward chest. Sit this way for one minute, eyes closed, breathing deeply.  
2. Uncross legs and put fingertips together, breathing deeply for another minute.

- Diffuses stress; improves self-esteem, establishes a positive orientation; promotes clear listening and speaking; aids in ability to function calmly in test taking; improves typing and computer work; helps reading, writing and spelling.

(NOTE: The first four Brain Gym movements are called "PACE" and get the mind and body ready to learn).



Positive Points

**Positive Points -** The points are just above the eyeballs, halfway between hairline and eyebrows. Lightly place three fingers of each hand together on those areas. Hold for 30-60 seconds. Alternative method - lightly hold hand across forehead.

- Decreases worrying; increases creative, constructive thinking; releases "tip of the tongue" memory blockages; helpful for spelling and math; benefits organizational abilities test performance. (Can do after Hook-ups to diffuse the energy from a negative situation.)



The Thinking Cap

**The Thinking Cap -** Using both hands simultaneously, start at top of each ear and "unroll" the curved part of the edge of the ear. Continue all the way to the bottom of the ear lobes. Do three times.

- Increases listening comprehension; improves public speaking ability, singing, short-term memory, thinking abilities, spelling; increases concentration while working on computer.



# The Taylor Hyperactivity Screening Checklist

John F. Taylor, Ph.D.

For each of the twenty-one behaviors, put an X in one of the three boxes to show what is typical for the child. Rate the child's behavior when not being supervised, helped or reminded; when not watching television or a computer screen; and when not receiving any kind of diet or medication to control behavior.

Indicate the trend. Try to avoid column B ratings; a 51% trend in either direction should merit an A or C rating. Compared to other children of approximately the same age, this child typically shows behavior:

A. Somewhat more like this ↓			B. Absolutely no trend ↓			C. Somewhat more like this ↓		
1. Quiet person			Noisy and talkative person			12. Obeys authority; concerned about consequences		Defies authority, has "I don't care" attitude about consequences
2. Voice volume is soft or average			Voice is generally too loud for the situation			13. Trustable, follows through, obeys directions		Disobeys, forgetful, needs reminding to ensure compliance
3. Few mouth or body noises			Noisy, makes lots of clicks, whistles, hums, cracks knuckles			14. Calm, emotionally stable, has mild or slow mood changes		Moody; unpredictable; quick to anger or tears
4. Walks at appropriate times			Flits around, runs ahead, needs to be called back, is jumpy			15. Easygoing, handles frustration without much anger, is patient, can be teased		Inflexible, irritable, impatient, easily frustrated
5. Keeps hands to self			Pokes, touches, feels, and grabs			16. Intensity of displayed emotion is mild or moderate		Emotions are extreme and poorly controlled; no "damper pedal" on emotion; explosive, has tantrums
6. Appears calm, can be still			Always has a body part moving; fidgets with hands or feet; is squirmy			17. Cooperative, obeys, and enforces rules of work and play		Oppositional, complains about rules, routines or chores; wants to be the exception
7. Can just sit			Has to be doing something to occupy self when sitting; is quickly bored			18. Gives up when denied a requested privilege, item, or activity		Argues, badgers, won't take no for an answer
8. Contemplative, deliberate; not impulsive			Too quick to react, impulsive, engages mouth and muscles before brain			19. Stays on-task despite distractions, focuses, concentrates		Gets off-task, too distracted by noises and people nearby, short attention span
9. Understands why parents/teachers/others are displeased after misbehavior			Feels picked on, is surprised and confused about why others are displeased; doesn't connect own actions to others' reactions			20. Follows through, has an organized approach to activities, finishes projects		Flits from activity to activity; starts things without finishing them; gets side-tracked
10. Plans ahead; thinks about what the results will be before taking action			Careless, doesn't plan ahead; doesn't consider consequences before taking action			21. Doesn't try to bother or hurt others with words		Needles, teases, mouthy; has to have the last word.
11. Cautious about mischief, avoids it			Attracted to or involved in mischief; doesn't distance self from it					

The Score is the total number of items in column B plus twice the number of items in column C. The range is 0-42. If the child's score is

0 to 24: the ADHD syndrome (attention deficit hyperactivity disorder, hyperactive type) is not indicated

25 to 27: borderline

28 to 32: mild hyperactivity

33 to 37: moderate hyperactivity

38 to 42: severe hyperactivity



# The Taylor Classroom Sensory Checklist

Rate Your Classroom as "Excellent," "Adequate" or "Needs Improvement"

## 1. Overall organization of the classroom

- Aisles and walking space between desks
- Exit accessibility for emergency, safety, fire drills
- Placement of teacher's desk
- Placement of children's desks
- Placement of computers
- Physical indication of devoted areas (tape on floor to mark off activity area, etc.)
- "Sensory areas" within the room, appropriately equipped
- Absence of sharp edges and corners

## 3. Organizational aids

### ***Check for location, size, clarity and appropriateness***

- Visual timer(s) (disappearing disk type)
- Auditory timer(s), buzzers, bells
- Posted daily schedule
- Posted weekly/monthly schedule
- Posted class calendar
- Personalized schedules for children's desks
- Visual board surfaces and screens, felt boards, displays
- Objects to act as visual reminders (lunch box for "time for lunch," hammer for "get back to work," cardboard red stop sign for "stop" or "no," etc.)
- Sequenced pictures to describe the steps of key activities (putting things away, getting ready to leave, etc.)
- Labels and signs
- Shelves, bins or other storage areas
- Color coding to indicate which items go where or are used in certain activities
- Rules posted as words and/or pictures for expected behavior
- "Special office" for child use (reduced distraction work area)

## 3. Visual structural issues

### ***Assess for these problems***

- Clutter anywhere in room
- Moving color areas such as mobiles
- Caged animals or aquaria
- Strong or "busy" color patterns anywhere
- Too many objects on walls and displays
- Too much color variation among objects on walls and countertop displays
- Ventilators, heating units, windows, doors or other sources of air gusts
- Intense, flickering or high-EMF (electromagnetic field) lighting

Sources of glare (reflected light) in the room  
Too many bright colors in the room  
Bright sunlight  
Unnecessary decorations or other wall visual items  
Untidiness of any kind

***And for the availability of these solutions***

Non-fluorescent lighting  
If unable to avoid fluorescent lighting:  
    Electronic rather than magnetic ballasts  
    Full-spectrum tubes  
    Indirect lighting with light deflected  
Control over on/off and brightness of lighting to various parts of the classroom  
Control of bright sunlight  
Window covering that allows control over incoming outside light  
Off-white paper for child use  
Sunglasses, visors or other eyewear for child use  
Plain pattern on floor, or no discernible pattern  
Non-primary wall color with calming earth tones, such as muted blue, tan, and muted green  
Bright colors limited to marking off devoted areas of the room  
Large cardboard pieces taped together to act as study corrals around desks

**4. Auditory structural issues**

***Assess for these problems***

Noise from outside  
Classroom-generated noise  
Fire alarm that blares  
Absence of full carpeting in room  
Absence of area carpeting in room  
Absence of curtains, corkboard, or other wall sound deadening

***And for the availability of these solutions***

Insulation from outside noise  
Insulation from classroom-generated noise  
“White noise” and background music  
Fire alarm equipped with chime at minimum allowed volume  
Music to use for transition indicator  
Tennis balls on chair leg tips  
Non-skid carpeting

**5. Olfactory structural issues**

***Assess for these problems***

Caged animals  
Heating system  
Room deodorizer (plug-in, wick, etc.)

Scented candles  
Flowers, trees, blooming plants  
Art materials such as glue and paint  
Gym floor coating  
Indoor swimming pool  
Woodworking materials and coatings

***And for the availability of these solutions***

"Low odor" whiteboard markers  
Air circulation to disperse or expel odors  
Fresh, clean outside air  
Air-purifying plants in room  
Electric air filter or purifier

6. Touch structural issues

***Check for availability.***

Small, safe objects for children to hold (stuffed animals, small pillows)  
Room temperature control  
Sink and towels for hand washing and rinsing  
Textured surfaces (water, sand, etc.) for touch-based activities  
A "sensory area" with a variety of textures and surfaces

7. Movement structural issues

***Check for availability at their desks***

Absence of plastic bucket chairs or other unsuitable seating  
Exact-fit chairs (to allow sitting up straight) suited to each child's body proportions  
Cushions, pillows, or other items to place on seats  
Small safe objects for children to hold and fidget with  
Bungee cord or similar item to wrap around chair legs  
Weighted vests, weighted lap cloth or other gravity-enhancing items

***Check for availability at the "sensory area"***

Textured surfaces (burlap, salt, corn meal) for manual activities  
Jumping surface (rebounder, mattress, pillow pile, athletic mat)  
Devoted "centers" for tactile, body awareness, small-muscle and large-muscle activities  
Specialized equipment for STEP activities involving large muscles

# Using The Best Learning Channel

Clues	<i>Visual</i>	Teaching Tips
<ul style="list-style-type: none"> <li>• Needs to see it to know it</li> <li>• Strong sense of color</li> <li>• Might have artistic ability</li> <li>• Difficulty with spoken directions</li> <li>• Overreacts to sounds</li> <li>• Trouble following lectures</li> <li>• Misinterprets words</li> </ul>		<ul style="list-style-type: none"> <li>• Use graphics to reinforce learning: films, slides, illustrations, videos</li> <li>• Color code to organize notebook and possessions</li> <li>• Give written directions</li> <li>• Use flow charts and diagrams</li> <li>• Use images and stories to help the student visualize (spelling words, facts for tests)</li> </ul>
	<i>Auditory</i>	
<ul style="list-style-type: none"> <li>• Prefers to get information by listening</li> <li>• Needs to hear it to know it</li> <li>• Difficulty following written directions</li> <li>• Difficulty with reading</li> <li>• Problems with writing</li> <li>• Trouble reading body language and facial expression</li> </ul>		<ul style="list-style-type: none"> <li>• Allow tapes for reading and for notetaking</li> <li>• Allow the student to learn by participating in interviews and discussions</li> <li>• Encourage choose-a-partner assignments</li> <li>• Have test questions or directions read aloud or put onto tape</li> </ul>
	<i>Skin &amp; Muscle</i>	
<ul style="list-style-type: none"> <li>• Prefers hands-on learning</li> <li>• Can assemble parts without reading directions</li> <li>• Difficulty sitting still</li> <li>• Learns better when physical activity is involved</li> <li>• Might be very well coordinated and have athletic ability</li> </ul>		<ul style="list-style-type: none"> <li>• Use experiential methods such as making models, lab work, and role playing</li> <li>• Give frequent breaks</li> <li>• Change activity twice per class period</li> <li>• Have the student trace letters and words to learn spelling and remember facts</li> <li>• Use a computer to involve sense of touch</li> <li>• Encourage walking or exercising while the student memorizes</li> <li>• Encourage dance, drama, gymnastics, martial arts, band or orchestra</li> </ul>

# The Taylor S/E/A (Social/Emotional/Academic) Adjustment Checklist

John F. Taylor, Ph.D.

Student being rated \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Person rating student \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

ONLY ONE (✓) IN EACH SUB-CATEGORY

## I. ACADEMIC EXPRESSION

### Achievement Concern

- ( ) Works near capacity, concerned with quality, enthusiastic
- ( ) Usually tries, sometimes needs reminding
- ( ) Underachieves, slipshod work
- ( ) Ignores assignments, doesn't bring material

### Creative Initiative

- ( ) Contributes ideas, brings in outside materials, curious
- ( ) Occasionally uses new ideas or materials
- ( ) Little imagination, doesn't question, plods
- ( ) Copies others' ideas, follows or apathetic

### Independence

- ( ) Seeks only necessary help
- ( ) Fairly self-sufficient
- ( ) Too frequently demands help
- ( ) Needs one-to-one help, doesn't function alone

## 2. ACADEMIC RESPONSE

### Alertness

- ( ) Pays attention, "tuned in"
- ( ) Follows most of class work
- ( ) Daydreams, often needs prompting
- ( ) Oblivious, often not reachable

### Attendance

- ( ) Nearly always present
- ( ) Recurring legitimate absences
- ( ) Excessive unexcused absences
- ( ) Skips, truant, or rarely attends

### Comprehension

- ( ) Retains and applies new materials
- ( ) Knows enough to get by
- ( ) Understands little of the material
- ( ) Rarely or never knows the material

### Attention Span

- ( ) Sustains concentration, organized
- ( ) Attentive for most of class
- ( ) Doesn't stay with tasks, needs reminding
- ( ) Restless, short attention span, disorganized

ONLY ONE (✓) IN EACH SUB-CATEGORY

## 3. EMOTIONAL ADJUSTMENT

### Self-Confidence

- ( ) Realistically accepts own best efforts
- ( ) Occasionally self-critical, responds to encouragement
- ( ) Too self-critical, perfectionistic
- ( ) Gives up, fearful, won't try

### Self-Discipline

- ( ) Cooperative, well-behaved
- ( ) Requires minor behavior prompting
- ( ) Often disturbs class or teacher
- ( ) Constant discipline problem

### Emotionality

- ( ) Stable, self-controlled, not excitable
- ( ) Occasionally upset for short periods
- ( ) Moody, impatient
- ( ) Unpredictable, explosive, quick temper or tears

## 4. SOCIAL ADJUSTMENT

### Relationships with Peers

- ( ) Popular, well-liked, many friends
- ( ) Generally accepted, some friends
- ( ) Withdrawn or annoying, few friends
- ( ) Alienates, rejected, or fights often

### Relationships with School Staff

- ( ) Friendly, well-liked
- ( ) Generally accepted
- ( ) Aggravates or is tolerated, but not popular among staff
- ( ) Alienates, makes enemies

## 5. STRENGTHS AND INTERESTS

---



---



---

## 6. OTHER COMMENTS

---



---



---

ACAD EXPRESSION			ACAD RESPONSE				EMOTIONAL ADJ			SOCIAL ADJ	
AC	CI	IN	AL	AT	CO	AS	SC	SD	EM	PE	ST
•	•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•	•

Ratings involving the third and fourth options within each of the twelve areas indicate adjustment difficulties. Ratings can be shown by circling the appropriate dots in the box. The line separates the first two options from the third and fourth options. Circled dots *below the line* indicate problem areas. This is an unnormed form for quick general screening only.

# THE TAYLOR CLASSROOM DAILY REPORT FORM

Student \_\_\_\_\_ Date \_\_\_\_\_

	YES	NO	COMMENTS
<b>BEHAVIOR—Did my child:</b>			
Arrive on time ?	_____	_____	_____
Bring needed materials?	_____	_____	_____
Remain on task?	_____	_____	_____
Participate appropriately?	_____	_____	_____
Behave correctly?	_____	_____	_____
<b>SCHOOL WORK—Did my child:</b>			
Complete seatwork today?	_____	_____	_____
Get a homework assignment?	_____	_____	_____
Turn in homework on time?	_____	_____	_____
Was the homework neat?	_____	_____	_____
Was the homework complete?	_____	_____	_____
Was the homework properly headed?	_____	_____	_____
Was the work done according to directions?	_____	_____	_____
Overdue or incomplete work still out:	_____	_____	_____
Homework given today:	_____	_____	_____

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request a telephone call from you if initialed. \_\_\_\_\_

Teacher \_\_\_\_\_ Parent \_\_\_\_\_



# The Taylor Academic Problem Identification Checklist

John F. Taylor, Ph.D

Name of Student \_\_\_\_\_

Name of Person Completing this Form \_\_\_\_\_

(Carefully read each item below and check any suspected problem areas)

## ATTENDANCE:

- ☐ attends scheduled classes
- ☐ arrives at school on time
- ☐ arrives at classes on time
- ☐ sits in proper location when classes begin
- ☐ remains alert, not sleepy

## COMPREHENSION:

- ☐ understands a simple request teacher is making
- ☐ remembers what is heard
- ☐ remembers what is read
- ☐ remembers what is seen
- ☐ reads, understands, and follows simple written instructions
- ☐ understands and follows simple spoken instructions
- ☐ understands and follows two or three step spoken instructions

## ATTENTION CONTROL:

- ☐ remains on task long enough for completion
- ☐ works without assistance for an acceptable length of time on seat work
- ☐ perseveres and doesn't give up on work

## ACADEMIC SKILLS:

- ☐ reads aloud with acceptable accuracy and speed
- ☐ reads silently with acceptable understanding and speed
- ☐ remembers the content during silent reading
- ☐ tells time on a non-digital timepiece
- ☐ remembers the content of oral reading passages
- ☐ has an acceptable speaking vocabulary
- ☐ has an acceptable reading vocabulary
- ☐ uses correct spelling of words
- ☐ has an acceptable hearing vocabulary
- ☐ shows correct language usage

## EMOTIONAL CONTROL:

- ☐ handles transitions between different activities
- ☐ cooperatively accepts the disciplinary consequences of negative behavior
- ☐ responds appropriately to teacher reminders and warnings
- ☐ doesn't argue and challenge about rules
- ☐ displays self confidence
- ☐ isn't easily discouraged

## SOCIAL SKILLS:

- ☐ obtains the teacher's help by correct means
- ☐ obtains the teacher's help at correct times
- ☐ is courteous and friendly toward teacher
- ☐ doesn't back-talk the teacher
- ☐ is courteous and friendly toward classmates

## PRODUCTIVITY:

- ☐ meets due dates for daily assignments
- ☐ meets due dates for short-term (less than one week) assignments
- ☐ uses good study habits
- ☐ meets due dates for long-term assignments
- ☐ shows interest in academic work
- ☐ shows interest in grades
- ☐ brings needed materials to classes
- ☐ participates in class discussions
- ☐ becomes absorbed and interested in learning
- ☐ produces neat, orderly, legible work
- ☐ takes pride in work done
- ☐ accepts challenges and follows through on hard assignments

## PROBLEM SOLVING:

- ☐ organizes and approaches tasks efficiently
- ☐ uses good problem-solving and decision-making
- ☐ asks for help when encountering problems
- ☐ plans steps to reach academic goals

# Understand Aspects of Autism

## 1. *Increasing incidence*

### A. Current incidence

- 1/2 are diagnosed before age 5

## 2. *Three areas of brain abnormality*

### A. Malstructure

- a. Enlarged hippocampus
- b. Small cerebellar vermis
- c. Atypical neurons in cerebellum
- d. Cellular irregularities in amygdala and the rest of the limbic system
- e. Atypical frontal lobe development
- f. Brain size abnormally large
- g. Brain grows faster than neuro-typical brains (could be too many sensory neurons)
- h. Excess white matter overgrown, with weak links to distant areas
- i. Impaired connections between the left and right hemispheres

### B. Malnutrition

### C. Poisoning

- a. One subset of autistic children gains their syndrome entirely from deficient production of an enzyme needed to digest and metabolize Sulphur—the enzyme is phenosulphotransferase. Other forms of autism also may be related to the build-up of toxic metabolites and residues from inefficient metabolism of ingested molecules
- b. About 80% have chemical sensitivities
- c. Detoxification involves glutathione, which detoxifies heavy metals and chemicals, is an antioxidant, impedes free radicals, helps gastrointestinal integrity, and supports immune function
- d. Children with ASD are at risk for shortages in glutathione and other detoxing agents
- e. A high correlation has been found between children who live close to fields sprayed with pesticide and ASD, largely determined by the amount of pesticide and proximity of child's home
- f. PVC flooring in the parent's bedroom during pregnancy is correlated with eventual diagnosis of ASD in the child
- g. Mothers of ASD children have been found to be twice as likely to have used permethrin-containing flea and tick shampoos than mothers of neurotypical children

## 3. *Primarily a two organ system syndrome*

### A. Significant brain (psycho-social and thought) impairments

- a. Social interactions and responsiveness

- i. Extreme impairment in using and reading nonverbal social behaviors such as eye contact, facial expressions, body language
- ii. Failure to develop age-appropriate peer relationships
- iii. Lack of spontaneous sharing of enjoyment, interests, or achievements
- iv. Lack of emotional and social reciprocity
- v. Lack of spontaneous make-believe or social imitation play

#### B. Communication

- a. Absence of or delay in spoken language, without using gestures or mimicry to compensate
- b. If speech is present, it is minimal, immature, and nonspontaneous, with impairment in starting or continuing conversations
- c. Speech may be highly repetitive or have an unusual tone, volume or pitch
- d. Language reflects concrete thinking, with little ability at abstraction
- e. Both receptive and expressive language deficits occur, with impaired auditory sequencing also often impaired

### **How Receptive Language Deficits Feel**

*Many children with autism have severe receptive language deficits. On average, they perceive about ½ of words spoken to them. To understand how this symptom cluster feels, read the following passages backwards, from right to left. The words are every third word of the passages to the listener. Reading them in reverse creates a good analogy to the impaired auditory sequencing typical of autism. You will be saying approximately what a child with autism might hear when these passages are read aloud in a classroom. Can the listener guess the source of each passage?*

*can..... by..... early..... so..... hailed..... twilight's..... whose..... and..... through..... night (song)*

*and.....up.....to.....pail.....Jack.....and.....crown.....came (nursery rhyme)*

*fun.....to.....a.....open.....through.....in.....horse.....o'er.....we.....all.....bells.....ring.....bright (song)*

*a.....whose.....white.....everywhere.....went.....was.....go.....her.....one.....was.....rule.....the (nursery rhyme)*

*rained.....the.....left.....it.....the.....hot.....to.....don't.....Oh.....you.....me.....to.....a.....my (song)*

*and.....ago.....brought.....this.....new.....in.....dedicated.....proposition.....men.....equal (speech)*

#### f. Behaviors, interests, and activities

- i. Intense, unwavering interest in one or just a few topics
- ii. Rigid adherence to nonfunctional routines or rituals
- iii. Repetitive physical mannerisms, such as hand flapping or rocking
- iv. Preoccupation with parts of objects, such as the wheels on a toy car
- v. Severe level of SPD, often at the brink of sensory overload

#### C. Significant digestive impairments

- a. Elevated risk for gluten and casein allergies
- b. Elevated risk for “leaky gut syndrome”
- c. At least 80% have a major digestive disturbance

D. Infancy Signs

- a. Diminished babbling
- b. Poor eye contact
- c. Reduced responsive smiling
- d. Reduced responsiveness to adults
- e. Difficulty with play with adults
- f. Difficulty sustaining interaction with adults
- g. Diminished birth head circumference
- h. Excess brain growth spurts at 1 to 2 months and 6 to 14 months

4. *Vision processing is often impaired*

A. Significant distortions

- a. Parts of what is seen may seem to disappear
- b. Distortions are in a state of constant flux
- c. People and objects may be perceived as large chunks or pieces, somewhat like a giant jigsaw puzzle or the visual phenomena reported by users of LSD

B. Heavy reliance on peripheral vision

C. Visual sensory seeking

- a. Their attention can be captured by presenting visual stimuli
- b. They will stare at fluttering objects for extended periods

D. Roving gaze

- a. They might look at something, then look away before picking it up
- b. Their gaze sweeps across others' faces, then moves on
- c. They often end up avoiding eye contact

E. Position-in-space difficulties

- a. They often have difficulty conceptualizing where they are in physical space
- b. Their visual processing anomalies lead to additional anomalies such as toe-walking

5. *Therapeutic approaches to autism*

A. Pharmaceuticals

B. Academic accommodations

- a. Employ orderly task presentation
  - i. Establish and maintain a predictable daily routine
  - ii. Teach tasks as a series of simple steps
  - iii. Arrange a code signal for the child to use to indicate "I don't understand"
- b. Actively engage the child's attention in highly structured activities
  - i. Avoid asking the child to multi-task
  - ii. Demarcate the beginning and end points (prompts, Time Timer)
- c. Include a visual component to instruction

- i. Display a model or picture of the final goal as a guide
  - ii. *Joesschedule.com* gives lots of help creating visual schedules
  - c. *Do2learn.com* gives free picture cards and visual teaching strategies
- d. Communicate slowly, concisely and clearly
  - i. Avoid a long sequence of verbal information
  - ii. Give step-by-step instruction using concrete language
  - iii. Use monosyllabic words whenever possible
  - iv. Allow extra time for the child to give a delayed response
  - v. Speak at about 1/4 rate of word production used with neurotypical students
  - vi. Don't change the wording when repeating an instruction
  - vii. Use statements rather than questions to teach
- e. Minimize distractions
  - i. Carefully arrange furnishings, bulletin board displays, etc.
  - ii. Give advance notice of changes and transitions
  - iii. Use a consistent visual cue for changes (lights work well)
  - iv. Provide clear visual boundaries defining the work space
- f. Guard against sensory overload
  - i. Be vigilant about overload indicators in the child
  - ii. Have a rocking chair or other suitable calming arrangement available

### C. Social and self-care competence

- a. Target specific deficits in imitation, interaction, cooperation
  - i. Note antecedent events and triggers
  - ii. Show desired alternative behavior to the child
  - iii. Interrupt unacceptable behavior, then redirect into better behavior, offering a model of the desired correct behavior
  - iv. Follow guidelines in "Creative Answers to Misbehavior" booklet or other reliable discipline guide
- b. Encourage wholesome interactions
  - i. Recruit classmates as occasional partners for interaction activities
  - ii. Offer social play opportunities
  - iii. Promote activity-based learning (stretches ability to interact)
  - iv. Use circle-based activities such as Circle Time
- c. Encourage self-control
  - i. Instruct in choice-making skills and provide choice-making opportunities
  - ii. Address the child by name
  - iii. Encourage eye contact

# Understand Aspects of ADHD

## 1. *Increasing incidence*

- A. Current incidence
- B. 5% annual increase since mid-1990's

## 2. *Demographics*

- A. Male-female ratios
- B. Bilaterality
- C. Hair and eye color

## 3. *Five areas of brain abnormality*

- A. Malstructure
- B. Malnutrition
- C. Poisoning
- D. Sluggish metabolism
- E. Hypoxia

## 4. *Other organ systems at risk*

- A. Digestion
- B. Skin
- C. Immune system
- D. Blood sugar control

## 5. *Symptom picture fluctuations*

- A. Gradual worsening of symptom picture through age 8
  - a. Prior to birth
    - i. Expectant mother consumes large amounts of alcoholic beverages, smokes marijuana or tobacco products, uses street drugs, ingests heavy metals or other strong poisons, is under age 16, has poor diet
    - ii. Hyperactivity as a pre-born child (most will become severely hyperactive by age 8)
  - b. Birth medical emergencies
    - i. High forceps delivery
    - ii. Breech presentation
    - iii. Oxygen deprivation
    - iv. Emergency Caesarian
  - c. Mother receives "petocin" during or immediately prior to birth (doubles likelihood of ADHD)
  - d. First year:
    - i. Colic during the first six months after birth
    - ii. Crib abnormalities
      - 1. Excessive rocking
      - 2. Head-banging
      - 3. Climbing out too early



- 4. Taking crib apart
- iii. Abnormal progression through milestones
  - 1. First step or first word prior to 9th month
  - 2. First step or first word after 15th month
- iv. Three or more upper respiratory infections
- v. Three or more ear infections
- e. Ages 2 through 4:
  - i. R - Reckless (Climbs too high, runs too far, little caution)
  - ii. A - Aggressive (Doesn't play peacefully with age-mates)
  - iii. D - Destructive (Breaks things from rough play, tantrums, or curiosity)
  - iv. I - Incorrigible (Under-responsive to parental correction)
  - v. O - Overactive (More energy than age-mates)
- f. By age 6, compared to peers, children with ADHD are:
  - i. Experiencing more daily stresses
  - ii. Rushed to hospital emergency rooms more often
  - iii. More likely to show significant impairments in social competence
  - iv. More likely to be regarded as the "least popular" classmate
  - v. More likely to be kicked out of kindergarten
  - vi. More likely to have had childhood eczema

- B. Gradual improvement of symptom picture from age 8 to age 18
  - a. Growth hormones make favorable brain chemistry changes
  - b. 40% outgrow ADHD by age 18 (mostly borderline or mild cases)

## 6. *Four Pivotal Symptom Clusters*

### A. Hyperactivity

- a) Seems to have almost boundless energy
- b) Fidgets while seated to eat, do school work, etc.
- c) Aggressive when playing
- d) Unusually high arousal level (excitable, aimless)
- e) Pokes, feels, and grabs things excessively
- f) Intrusive, showing poor honoring of others' invisible boundaries
- g) Squirmy, so often has a body part moving
  - i. Seems unable to just sit quietly
  - ii. Emotionally volatile, moody, quick to anger
  - iii. Impatient, easily frustrated
  - iv. Makes numerous mouth or body noises
  - v. Badgers, pesters, argues, seems unable to accept "no" for an answer
  - vi. Seven mouth-based indications:
    - 1. Loud voice volume
    - 2. Talkative, with a high rate of word production
    - 3. Tongue wanders when concentrating
    - 4. Tics, twitches and grimacing
    - 5. Clicks, whistles, noises
    - 6. Teeth grinding
    - 7. Compulsive chewing

## B. Distractibility

- c. Faulty muting and magnifying of where to focus
- d. Key factors that make something “distracting” at home or at school:
  - i. Movement
  - ii. Color
  - iii. Variety
  - iv. Novelty
  - v. Excitement
  - vi. Skin & Muscle Involvement
  - vii. Vision
  - viii. Audition
- e. ”Dis-traction equals at-traction”
- f. Child feels chaotic “inside,” so almost always is helped by constancy and predictability “outside” (in the immediate situation)
- e. Easily bothered by noises, people nearby
- f. Has difficulty completing tasks on time
- g. Easily distracted from school work, chores, or play
- h. Loses and misplaces possessions
- i. Gets lost easily
- j. Has problems refocusing when transitioning between activities
- k. Works better under one-to-one supervision than in a group
- l. Gets off-task easily, with an apparently short attention span

## C. Impulsivity

- a. Rash, careless decision making
- b. Little attention to detail
- c. Flits from one activity to the next
- d. Takes action without considering consequences
- e. Engages mouth or muscles before brain
- f. Non-diligent, lacks carefulness

## D. Indecisiveness

- g. Apathetic
- h. Spacey
- i. Emotionally upset by changes in plans or expectations
- j. Requires assistance getting started with school work, chores, or play
- k. Acts rigid and inflexible
- l. Forgetful
- m. Weak executive functions, poor at planning ahead
- n. Absentminded