

The 14 Categories of Disability Matrix: A Model

Disability	Description	How Assessed	Content Adaptation or Modification	Environmental Adaptation or Modification	Teaching Practice Adaptation or Modification	Assessment Adaptation or Modification
<b>Specific Learning Disability (SLD)</b>	SLD = largest category students are placed after meeting eligibility criteria. Students with SLD can have 1 or more “basic psych. processes for understanding language but often are above average cognitively.” Students counterbalance academic weakness with strengths. Some characteristics include difficulty w/reading, writing, and/or math; may also include prob. w/attention span, impulsivity, & disorganization.	Observation: notice inconsistency in tasks; notice listening and speaking skills more advanced than reading comprehension, writing, and other abilities; gaps in skills; unable to focus: attention problems, unorganized, unable to complete tasks Collect students work to take to IEP (artifacts).	Teach student based on learning styles; “read-along” tapes, educational videos, computerized spell checker, allow use of calculator for students with short-term memory; short, varied activities; writing is large—make spaces on worksheets bigger.	Distraction free: make space for child to study alone while other students are engaged in activities, allows student concentration separately; & clutter-free working space.	Develop life-long strategies with student to counterbalance weaknesses a/c of disability; Participation in cooperative learning; Outline lesson; Different study habits & organization tools; Frequent practice, review; Allow time for child to respond; Questions be in written form. Maintain high expectations.	Specific to child’s profile of needs. May need to take tests orally and/or untimed.
<b>Speech or Language Impairment</b>	A large number of children receive services for speech and language. Can include stuttering, impaired articulation, a language impairment or a voice impairment.	Assessed by trained personnel such as a speech and language pathologist through direct observation of the child and researched-based comparisons to norms for speech and language of typical children.	Speech therapy for young children through play; directed activities for development of speech by trained personnel, and general education classroom based activities, like small group instruction in speaking.	Student may benefit from use of visuals to aid in self-expression; extra time to express self.	May need to accommodations in assignments where oral presentation is used. Possible need for modifications like taping required speaking assignments.	Specific to child’s language and/or speaking needs.

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<b>Autism (AUT)</b>	A biological and neurological disorder that affects the functioning of the brain; depending on a wide spectrum of severity; students may have little or no communication skills, display intense reactions to stimuli such as light and sounds. Child may exhibit extreme language delay; delays in all areas or be intellectually gifted; may be resistant to human contact and high tones.	Observation of individual communication; behavioral and social levels. Typically, professionally diagnosed after 12-14 months; exhibit extreme language delay, and significant delays in all areas, or be gifted. Be over-reactive or non-reactive to stimuli.	Make sure curriculum is highly sequenced and structured. Lesson plans need to be clear and consistent.	Environment needs to be structured, predictable and consistent	Instruct on social skills and utilize peer mediated interventions. Use reinforcers and naturalistic language strategies to elicit language. Encourage student's independence. Intensive early intervention is important to build language and social skills. Maintain high expectations.	Assess based on non-verbal forms of communication. Recognize students strengths in expression and assess based on that criteria. For example, if student is able to express through art, let them draw for you. Specific to each student's individual needs.
<b>Traumatic Brain Injury (A/TBI)</b>	TBI acquired from external forces (falls, accidents, child abuse); significant disability &/or psychosocial impairment impedes school performance (neurological &/or cognitive dysfunction), levels of difficulty in comm., memory, attention, academically, or behavior.	Medically diagnosed; Evident and documented acquired brain injury.	Medical consultation; corrective prog. adapted to specific profile of symptoms.	Adapted to specific profile of problems	Individual instruction adapted to specific profile of needs. Maintain high expectations.	Medical consultation; appropriate special education services.  TBI effects may be delayed for years beyond trauma event. Observe for mood changes and memory changes.

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<b>Emotionally Disturbed (ED)</b>	Students display inappropriate behaviors; interfere with their own progress; accompanied by anxiety, depression, or phobias. Students may become agitated with difficult assignments, difficulty in comprehending, attention, or problems communicating; may be withdrawn, disruptive, and may seem capable of achieving at a higher level.	Educational performance is adversely affected by 1> of the following over 3> months. 1) Inability to learn which cannot be explained by sensory or health factors. 2) Inability to build or maintain satisfactory interpersonal relationships 3) Inappropriate behavior or feelings under normal circumstances 4) A general pervasive mood 5) Tendency to develop physical symptoms or fears associated w/personal or school problems	Plan highly structured programs. Segment tasks to match student's attention and frustration needs. Use alternative assignments. Integrate bibliotherapy, art, and technology into instruction.	Create a highly structured environment. Create low possibilities for distractibility (relaxed environment)	Directly teach students strategies for each task. Follow the Behavior Implementation Plan outlined in the IEP. Provide instruction for social and conflict resolution skills.	Integrate other forms of assessment for assignments such as art or technology.
<b>Multiple Handicapped (MH) aka Multiple Disabilities (more correct term)</b>	Show evidence of significant learning needs in 2> areas that need functional skill use.	Medically diagnosed; Problems evident relative to one of OEG.	Corrective prog. adapted to profile of specific problems.	Adapted to profile of specific needs.	Individual instruction adapted profile of specific needs.	Medical consultation; appropriate special education services.

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<p><b>Intellectual Disability (ID) (formerly Mental Retardation -MR)</b></p>	<p>ID/MR → certain limitations in mental functioning and in skills → comm., caring for self, and social skills. Limitations cause a child to learn and develop more slowly than typical peer in school; some things they may not learn. Child w/ MR slower to learn, speak, walk, and take care of personal needs → dressing or eating.</p>	<p>Diagnosed: the ability of a person's brain to learn, think, solve problems, and make sense of the world (called IQ or intellectual functioning); Adaptive behavior or adaptive functioning → the person has the skills he or she needs to live independently.</p>	<p>Concrete instructions, materials; Demonstrate what you mean &amp; steps vs. verbal directions. Show a picture; provide hands-on materials and experiences and the opportunity to try things out. Chunk longer &amp; new tasks; student does each step. Provide assistance, as necessary.</p>	<p>Always create accessibility for the student. Appropriate seating for student; placed in an appropriate area of the classroom.</p>	<p>Teach appropriate life skills → daily living, social skills, occupational awareness, and exploration. Engage in group activities or clubs. Work with student's parents and school staff to create and implement an educational plan tailored to meet profile of student needs. Regularly, share child's performance at school/home.</p>	<p>Give the student immediate feedback. Individualized assessment appropriate to suit student's ability level.</p>
<p><b>Deafness</b></p>	<p>Unable to hear</p>	<p>Medically diagnosed</p>	<p>Auditory info adapted to visual info.</p>	<p>Interpreter of visual aid.</p>	<p>Create visual support for oral instruction.</p>	<p>Comp., educ'y rel. hearing tests; classrm acoustic evaluations. Rec. for/ensures proper fit &amp; funct. of hearing aids &amp; other listening devices.</p>

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<b>Deaf-Blindness</b>	Hearing and visual loss→communication gap; some are fully deaf & blind→ use touch; some with usable vision & hearing→enlarged text & hearing aids.	Some are incorrectly categorized, i.e. MR & SH; Sensory testing→child’s hearing and vision tested; Observe if child strains to read and does not respond when addressed.	Use of technology & audiovisuals; Incorporate hands-on activities into lesson; have lesson in Braille text.	Have textures to stimulate senses; Works well with buzzing noise; Proper seating accommodations, Caption audiovisuals; Make room accessible.	Partially deaf & blind: have enlarged text, use audio tapes; record lessons; Prior to lesson, build voc.; Partial hearing loss: use normal voice and rhythm sounds; Partial hearing : speak slowly to enable lips reading.	Speak slowly, make eye contact, model patience, use repetition; large visuals; an interpreter if child uses ASL
<b>Visual Impairments (VI) and Blindness</b>	Blind→visual acuity <20/200; Low vision →20/70-20/200; distorted or blurred print; learners read & write but steps to modify their disability (locate & proof) impedes their performance.	Slow to master reading & writing a/c of time doing modifications; strong to listen & speak but careless errors a/c reduced vision; improper use of book; diff’y understanding implied meaning.	Direct observation; informal assessments; Braille Personal Notetaker. Lessons are real and vicarious experiences.	Facilitate room safety, for mobility, & instruction; empower to changes in room; easy access to large work area, and assistive technology.	Concrete exper. to heighten senses; compensates for disability (aud’y & tactile); large print; magnifying device; auditory & oral stimulus response format; develop tactile reading Braille text.	Done by vision specialist—Snellen Chart; may need: glasses, low vision aids; extended time for assessments.

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<p><b>Other Health Impaired (OHI): (Includes Attention Deficit/Hyperactive Disorder, or AD/HD)</b></p>	<p>Co-exists with &gt;1 LD or ED; Extremely disorganized, exhibits developmentally inappropriate degrees of distractibility, disruptive behavior, and hyperactivity.</p>	<p>Observed has difficulty in most subject areas, distractibility, extreme disorganization, excessively talks, ignores rules, physically overactive, unable to remain seated.</p>	<p>Differential strategies to include visual, auditory, technology support, segment learning activities, graphic organizers.</p>	<p>Structure to reduce visual and auditory distractions; appropriate seating; increase accessibility;</p>	<p>Student—engaging activities, multimedia strategies, organizational tools, model social skills.</p>	<p>Behavioral interventions—self-monitoring specific praise, and differential consequence for behavior.</p>
<p><b>Orthopedically Impaired (OI)</b></p>	<p>Severe OI adversely affects child’s educational performance. Impairments→congenital anomaly (e.g. clubfoot, absence of some member), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.); other impairments caused from (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).</p>	<p>Screening for vision, hearing, speech and language. OI or OHI: medical exam conducted; educational evaluation identifies educational and environmental adjustment needed.</p>	<p>Students may need to tape lectures (difficulty with writing or unable to write).</p>	<p>Be familiar with the building's emergency evacuation plan to assure that it is manageable for students. Consider accessibility to classroom so student is able to get to class on time.</p>	<p>Short breaks (&lt;10 min), mobility impairment frequently few min. late. Students and instructors plan for these occasions, so students don't miss important material. Be aware→observe potential obstacles, what is &amp; is not wheelchair accessible. Adequate space for table &amp; wheelchair accessibility.</p>	<p>Specific to profile of student’s individual needs.</p>

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<p><b>Hard of Hearing (HOH) aka Hearing Impairment</b></p>	<p>Language or speech disorders→ability depends on age hearing loss occurred. Difficulty learning via oral lessons, interpreting information. Some need interpreters. Receptive and expressive language deficits.</p>	<p>Screening for vision, hearing, speech and language.</p>	<p>Auditory learning→ visual aids and hands on activities. Give child alternate assignments and hearing and visual tasks.</p>	<p>Place student in seat that suits needs (best view of teacher or interpreter). Use pictures next to labels around the classroom.</p>	<p>Increase language development→ work on vocabulary before lesson. Monitor learning by checking the auditory devices used; interpreter, if needed. Provide closed captioned text during videos, computer activities, and graphics. When talking, use eye contact and normal tone of voice.</p>	<p>Communication needs are present; Assess student based on individual profile of hearing needs.</p>
<p><b>Developmental Delay</b></p>	<p>When a child does not reach <a href="#">developmental milestones</a> at the expected times. It is an <i>ongoing major or minor delay in the process of development</i>. Delay can occur in one or many areas—for example, gross or fine motor, language, social, or thinking skills.</p>	<p>Developmental Screening by doctor: See <a href="http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/DevelopmentalScreening.pdf">http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/DevelopmentalScreening.pdf</a></p> <p>Screening can be specific to a disorder (for example, autism), an area (for example, cognitive development, language[<a href="http://www.nidcd.nih.gov/health/voice/speechand">http://www.nidcd.nih.gov/health/voice/speechand</a></p>	<p>Varies according to area of delay; Development of an IFSP is critical; early intervention services are specialized health, educational, and therapeutic services designed to meet the needs of infants and toddlers, from birth through</p>	<p>Varies according to area of delay; early intervention services are specialized health, educational, and therapeutic services designed to meet the needs of infants and toddlers, from birth through age two, who have a <i>developmental delay</i> or disability, and their families. At the discretion of each State, services can also be provided to children who are considered to be <i>at-</i></p>	<p>Varies according to area of delay; based upon IFSP goals and objectives</p>	<p>Varies according to area of delay</p>

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		<a href="#">language.asp</a> ], or gross motor skills), or they may be general, encompassing multiple areas of concern	age two, who have a <i>developmental delay</i> or disability, and their families. At the discretion of each State, services can also be provided to children who are considered to be <i>at-risk</i> of developing substantial delays if services are not provided.	<i>risk</i> of developing substantial delays if services are not provided.		
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Developmental Milestones definitions and resources: **From** <http://www.med.umich.edu/yourchild/topics/devmile.htm>

### What is child development?

*Child development* refers to how a child becomes able to do more complex things as they get older. Development is different than growth. *Growth* only refers to the child getting bigger in size. If you are concerned about your child’s development, please see [Developmental Delay](#) on *YourChild*.

When we talk about normal development, we are talking about developing skills like:

- **Gross motor:** using large groups of muscles to sit, stand, walk, run, etc., keeping balance, and changing positions.
- **Fine motor:** using hands to be able to eat, draw, dress, play, write, and do many other things.
- **Language:** speaking, using body language and gestures, communicating, and understanding what others say.
- **Cognitive:** Thinking skills: including learning, understanding, problem-solving, reasoning, and remembering.
- **Social:** Interacting with others, having relationships with family, friends, and teachers, cooperating, and responding to the feelings of others.

### What are developmental milestones?

*Developmental milestones* are a set of functional skills or age-specific tasks that most children can do at a certain age range. Your pediatrician uses milestones to help check how your child is developing. Although each milestone has an age level, the actual age when a normally developing child reaches that milestone can vary quite a bit. Every child is unique!