4.1 What Are Emotional Disturbance and Behavior Disorder?

An Adjustment Disorder is when students have difficulty adjusting to new or stressful changes or events (e.g., a move to a new house, divorce of parents). Students must exhibit the difficulty within three months of the change or event, and their symptoms must end no more than six months from the conclusion of the change or event.

Anorexia Nervosa and Bulimia Nervosa are disorders related to weight and body image.

Anxiety Disorders may cause students to exhibit physical symptoms (e.g., stomach ache) or inappropriate responses (e.g., giggles, cries). All students experience anxiety at some point; it is only when that anxiety lasts a long time and interferes with academic work that the student may be diagnosed with an anxiety disorder.

Attention Deficit/Hyperactivity Disorder causes students to exhibit inattentive, hyperactive, or impulsive behaviors that interfere with social and academic performance. ADHD affects approximately 3–10% of students, so Chapter 5 addresses it in detail. However, please note that ADHD is not an independent category under IDEA. Some educators categorize ADHD under ED, but others categorize it under Other Health Impaired (OHI).

Bipolar Disorder causes students to go through a pattern of extreme highs and lows. The swings in mood can be very quick and difficult to predict.

Conduct Disorder is when students violate established rules or norms. Some characteristics of Conduct Disorder include bullying other students, physical cruelty to humans or animals, running away from home, being reckless, or skipping school.

Major Depressive Disorder is when a student experiences depressive episodes on a periodic basis. Students may become irritable and not be able to get along with other students or adults.

Obsessive-Compulsive Disorder (OCD) causes students to develop obsessions or compulsions that interfere with everyday activities. Obsessions are persistent thoughts or impulses, and compulsions are persistent behaviors or acts. OCD is a type of anxiety disorder.

Oppositional Defiant Disorder (ODD) causes students to have defiant and hostile behaviors towards authority figures. These behaviors must last for six months or longer. Typically, students with ODD are less aggressive towards humans and animals and less likely to destroy property than students with Conduct Disorder. Students with ODD may argue and defy the rules of adults or deliberately annoy or blame others.

Post-Traumatic Stress Disorder (PTSD) typically follows a traumatic event (e.g., death in the family). For a diagnosis of PTSD, the symptoms must appear no later than one month after the traumatic event. Characteristics of students with PTSD often include sleeplessness, nightmares, or fear. PTSD is one of the anxiety disorders.

Selective Mutism is when a student does not speak in social settings. Usually students exhibit characteristics of selective mutism before they enter school, although a few students will not speak during their years at school.

Schizophrenia causes dramatic personality changes, hallucinations, delusions, paranoia, or catatonic behavior. Symptoms often first appear during puberty, although younger students may have schizophrenia.

Tourette's disorder results in verbal or physical tics that occur regularly and without control. Common tics include blinking eyes, sniffling, clearing the throat, tapping, snapping, shrugging shoulders, or shouting out, although students exhibit a wide variety of different tics. Sometimes, districts categorize Tourette's under the disability category of Other Health Impaired.

EBD and IDEA 2004

IDEA 2004 uses the term emotional disturbance (ED) as its umbrella term, instead of EBD. The specific characteristics it outlines also differ somewhat from those covered in the DSM-IV psychiatric disorders. The formal definition in the Individuals With Disabilities Education Act (2004) is as follows:

Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

An inability to learn that cannot be explained by intellectual, sensory, or health factors.

An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

Inappropriate types of behavior or feelings under normal circumstances.

A general pervasive mood of unhappiness or depression.

A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Note that socially maladjusted means that a student engages in violence, truancy, substance abuse, or has problems with authority figures.

Prevalence of EBD

EBD, as a disability, accounts for approximately 6.3% of special education students. Approximately one-third of identified students spend 80% or more of their time in the general classroom. Minority students are overrepresented in EBD statistics, meaning the percentage of minority students receiving special education services related to EBD exceeds the percentage of minority students in the overall student population (Zhang &Katsiyannis, 2002). More students are identified with EBD in secondary school than in preschool and elementary school (Forness, Kim, & Walker, 2012).

A little less than 1% of school-age students receive special education services for ED under IDEA 2004. Researchers believe that the percentage of school-age students who have EBD is higher than that; they estimate that it is 6–7% (Kauffman & Landrum, 2006; Merikangas et al., 2009). Like many students identified with EBD, these unidentified students spend all of their school day in the general classroom. Therefore, general and special education teachers need to know the characteristics of these students and the teaching strategies that can help them (Smith, Katsiyannis, & Ryan, 2010).

4.2 How Has the EBD Field Evolved?

Before special education legislation in the United States provided a free, appropriate public education to students with EBD, most students with emotional and behavioral problems were characterized as having a mental illness. Mental illness is the medical term for mental conditions that affect how a person feels, thinks, and functions. Common disorders that classify as a mental illness include schizophrenia, bipolar disorder, and obsessive-compulsive disorder.

IDEA 2004 does not use the term mental illness to describe students with mental disorders. Mental illness is a medical term, whereas EBD is the educational term. Some students with EBD have a mental illness, whereas many students have behavioral disorders that would not qualify as a mental illness.

Chapter 1 described Victor, the "wild boy of Aveyron," who created a sensation when he emerged from life in a French forest in 1800 at age 12 without communication or social skills. Jean-Marc Gaspard Itard tried to educate Victor, but his efforts were largely unsuccessful. Given what we know of his limited emotional skills and behavioral difficulties, Victor likely had an EBD (Lane, Jolivette, Conroy, Nelson, & Benner, 2011).

Victor was treated by medical professionals, but many others were not as fortunate. Until the 20th century, many children and adults who probably had EBD were excluded from society activities, such as schooling and working. Those with severe EBD may have been placed into institutions or poorhouses. Some of these institutions neglected the basic needs of their patients (e.g., limited food, dirty living conditions), and some patients underwent controversial therapies (e.g., shock therapy).

In the middle of the 20th century, students with EBD began to receive more attention from a variety of mental health professionals and educators. Schools in major cities across the United States were established for students with emotional disturbances and for "maladjusted youth" (Birch, 1956). For example, starting in 1946 in New York City, 14 special schools were opened to provide instruction to students with emotional disturbances. Some of these schools were in institutions or psychiatric hospitals, and all the schools worked on modifying the behavior of students as well as improving their academic outcomes.

The New York City schools earned the nickname of "600" schools because teachers who taught at these schools received an extra $600 (Birch, 1956). In 1966, this name was changed to Special Day Schools for Socially Maladjusted and Emotionally Disturbed Children because a stigma had developed around the "600" schools. Many schools that opened during this time (like the Pioneer House in Detroit, MI or the League School in Brooklyn, NY) were residential programs for students with severe emotional disturbances (like schizophrenia). While these facilities were available to a select group of students in major cities, many students across the United States did not have access to such classrooms and specialized instruction because smaller schools in rural areas did not have enough students to fill specialized schools or the financial resources to create and run such schools.

In 1964, a division of the Council for Exceptional Children was started to focus on behavioral disorders, and in 1968, the first journal devoted to applied behavior analysis was published (Lane et al., 2011). With the passing of PL 94-142 in 1975, ED was recognized as a disability category, and schools across the nation were able to receive funding to provide free and appropriate education for students with EBD. Researchers began developing and testing teaching practices for these students to understand how teachers can best teach them.

4.3 What Are the Characteristics of Students With EBD?

Typically, behaviors associated with EBD are characterized as either "externalizing" or "internalizing." As the names suggest, students aim externalizing behaviors toward other people (e.g., hitting, shouting, bullying), while they direct internalizing behaviors toward themselves (e.g., nervousness, crying). Students with EBD will usually exhibit one or the other set of behaviors, though sometimes they exhibit both. Males exhibit externalizing behaviors more frequently than females, whereas females exhibit internalizing behaviors more often than males (Kaiser, Cai, & Hancock, 2002; Walker et al., 1994).

Externalizing Behaviors

Students with externalizing behaviors provoke others and draw attention through obvious behavior acts. Externalizing behaviors appear to be more prevalent than internalizing behaviors. That is, students with EBD are often identified with externalizing behaviors—perhaps because externalizing behaviors are often disruptive and noticeable (Feinfeld& Baker, 2004).

Students with EBD are more likely to talk out of turn and be out of their seat than they are to display more violent or troubling behaviors (Carter, Clayton, & Stephenson, 2006). These "minor" behaviors, however, occur frequently and cause disruption in classroom routines. All students will talk at inappropriate times and demonstrate off-task behavior at some point in their school careers. The student may have an EBD, however, when those behaviors are sufficiently consistent and disruptive to the classroom. Students with externalizing behaviors generally appear to have difficulty or conflicts with other students in the classroom and have difficulty making and keeping friends (Heward, 2005).

It is important to note that several of the characteristics of Attention-Deficit/Hyperactivity Disorder (ADHD) also appear on the list of externalizing behaviors. ADHD, which will be discussed in Chapter 5, is a separate disability category from EBD. However, some of the characteristics of EBD appear in students with ADHD, and many students with ADHD also have an EBD.

Internalizing Behaviors

In contrast to students with externalizing behaviors, students with internalizing behaviors try to avoid social interaction as much as possible. Teachers and parents may overlook internalizing behaviors because the student does not draw attention to him- or herself, but these behaviors can be detrimental if ignored.

If teachers and parents do not notice the behavior of internalizing students, serious consequences, even to the point of injury or death, can occur. For example, anorexia nervosa is an internalizing behavior. If not treated, a student with anorexia nervosa can develop major medical issues and, in some cases, die. Another internalizing behavior may be depression. If students do not receive proper attention and learn to live with and manage depression, they may do harm to themselves or to others.

Table 4.1 provides examples of externalizing and internalizing behaviors.

Table 4.1: Externalizing and Internalizing Behaviors

|  |  |
| --- | --- |
| **Externalizing behaviors** | **Internalizing behaviors** |
| * Argue * Bully * Curse * Damage property * Disturb other students * Fail to complete assignments * Fight * Ignore authority figures * Be late for class * Lie * Get out of seat * Produce audible noise  (e.g., hum, sing, snap, tap, whistle) * Refuse authoritative requests * Swear * Talk when inappropriate * Throw temper tantrums * Throw objects | * Being anxious * Being bullied * Being fearful * Nervousness * Unhappiness * Cling to authority figures * Complain of illness * Cry * Daydream * Fantasize * Not play with other students * Spend time alone * Suffer depression |

Academic Characteristics

Students with EBD often perform below students without disabilities on academic tasks (Kaiser et al., 2002). In fact, the academic performance of students with EBD is often similar to students with a specific learning disability (SLD) (Sabornie, Cullinan, Osborne, & Brock, 2005). Students with EBD often receive lower grades than students without EBD (Smith et al., 2010). Students are also more likely to be suspended from school, and missed classroom time contributes to lower academic performance.

Students with EBD may exhibit some of the following behaviors and characteristics, which affect academic performance. They may frequently:

be absent,

blame others for poor performance,

have difficulty working in groups,

break classroom rules,

be inattentive,

interrupt classroom instruction,

intimidate other students,

have low self esteem,

manipulate other students and situations,

have poor concentration,

appear preoccupied,

resist changes in routine or transitions between activities,

speak out, or

violate personal space.

As you can see, many of these characteristics are caused by externalizing behaviors.

4.4 What Are the Causes of EBD?

There is no consensus on the causes of EBD; the factors that contribute probably include those related to biology, as well as family and school environment (Quinn et al., 2000).

Biology

Students with family members who have experienced characteristics of EBD have a higher rate of diagnosis of it, so genetic predisposition likely plays a role (Kauffman, 2005). For example, students with schizophrenia (one type of EBD) have a higher likelihood of having a parent or sibling with schizophrenia than students without schizophrenia (Haraldsson, Ettinger, & Sigurdsson, 2011). Research in this area is at the beginning stages, but with more work on the coding of genes and a better understanding of the brain and central nervous system, we may gain a better understanding of how genetics influence the development of EBD.

Other biological factors may include malnutrition (especially at an early age when brain development is rapid), physical illness, or allergies (Kauffman, 2005). All of these factors have been suggested as contributors, but there is no consensus on whether these factors actually cause EBD; the research continues (Quinn et al., 2000).

Environment

A student's family environment or events that occur within the family may also contribute to EBD (Williams et al., 2009). Just as parents can have a positive influence on their child's behavior, parents can also negatively affect their child's behavior. Perhaps a parent ignores a child, yells at them continuously, or abuses them. All of these actions may contribute to EBD. The family structure, how the family members interact with one another, and outside influences may all affect the likelihood of a student developing an EBD (Kauffman, 2005).

The student's school environment may also be a contributing factor, especially when school staff do not provide an appropriate learning environment for students, or have an inadequate behavior management plan. For example, teachers may continuously berate students for not following directions, and students may decide, consciously or subconsciously, to stop listening to the teacher, to stop doing assignments, or to stop coming to school altogether.

4.5 How Are Students Diagnosed With EBD?

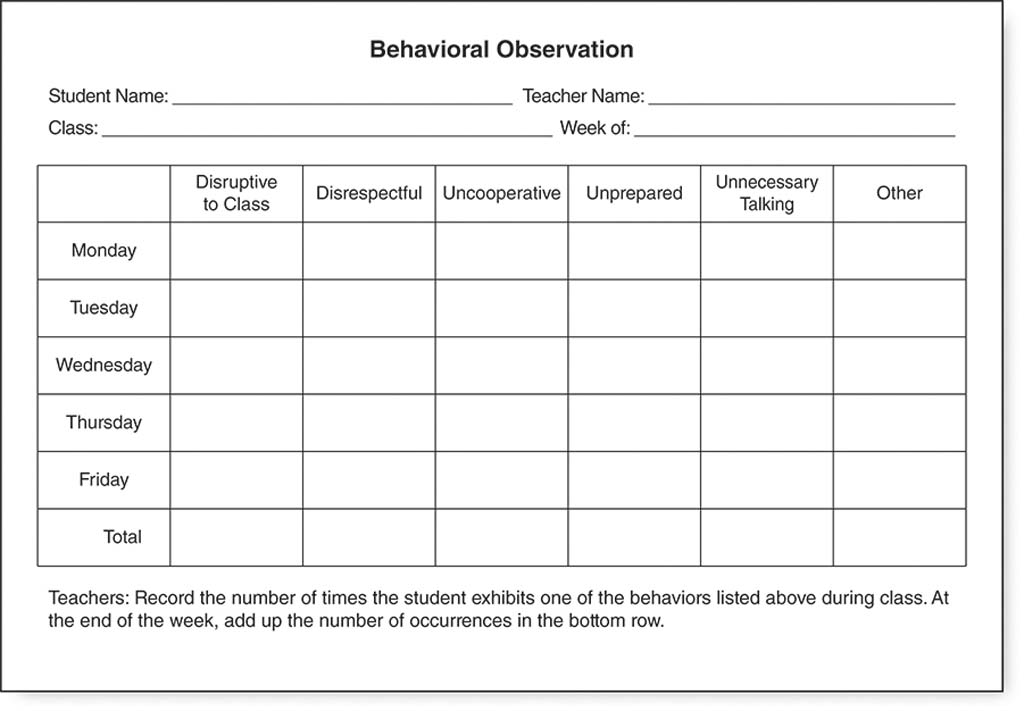
As with other disabilities, a family member or classroom teacher typically initiates the evaluation process for EBD. School personnel or medical professionals may evaluate a student. If schools do the evaluation, the personnel may administer a battery of tests or use RTI for identification. Schools may also conduct a Functional Behavioral Assessment (FBA) and write a Behavior Intervention Plan (BIP) for the student. In general, students are said to have EBD if they exhibit chronic and/or extreme inappropriate behavior over an extended period of time that has adverse effects on their educational performance (Gresham, 2005). Generally, students must exhibit the behavior(s), whether internalizing, externalizing, or a combination of the two, for at least three months (Quinn et al., 2000). These behaviors can develop at any age, and can be most prevalent in certain environments (e.g., at school).

There is no definitive screening test for EBD. Therefore, evaluation procedures vary by state, district, and school (Zirkel, 2011). A determining factor is whether a student's actions interfere with his or her ability to achieve academically.

When a parent or teacher begins the referral process, they first need to document behavior patterns, both appropriate and inappropriate, to determine if an EBD is present. This documentation can be gathered through direct observations of the student or through checklists, interviews, or questionnaires (Figure 4.1). The documentation of behavior should occur in a variety of settings (e.g., in language arts class, algebra class, and the cafeteria) over a number of days.

Figure 4.1: Behavioral Observation Checklist

When a teacher expresses concern about a student's behavior, the teacher must gather information about the type of behavior and how often the behavior occurs. In this behavior checklist, the teacher can make tally marks under each behavior to determine which ones occur most frequently. The teacher can also gather data across multiple days. This information can be presented to the evaluation team or to the student's family to help show why an EBD evaluation might be necessary.



Diagnosis of EBD may also come from a medical or mental health professional. The professional will typically consult the DSM-IV to determine whether the student fulfills disability or disorder criteria. The DSM-IV is helpful because it provides professionals with a consistent way to diagnose students; the diagnosis of disabilities or disorders should not vary from professional to professional. (Note that a fifth edition of the DSM is due for release in May of 2013.) Schools may also use the criteria set forth in the DSM-IV to assist with the diagnosis of students with EBD.

The IEP team decides where the student with EBD will receive instruction. Approximately one-third of students will spend most of their day in the general classroom, where they will participate in the general curriculum with academic or behavioral accommodations (Smith, Katsiyannis, & Ryan, 2011). Common accommodations for students with EBD might include preferential seating (near the front of the classroom or away from distractions), use of a timer for monitoring on-task behavior, and use of a quiet area to calm down.

The other two-thirds of students may spend some of their time in the general classroom and some of their time in a resource room or self-contained environment. The IEP team may decide to place a student with extreme behavior difficulties in a special school or even an institution. Students who are placed in special schools or institutions (e.g., psychiatric hospital) often have severe emotional or behavioral disorders that may cause them to harm others or themselves.

Many students with EBD take medications, such as anticonvulsants, antidepressants, stimulants, and tranquilizers (Quinn et al., 2000) to help control some of their EBD characteristics. As discussed in Chapter 5, the choice about medicating a student is made by the family and medical professionals. The school does have a role, though. For medications to work effectively, they must be taken as prescribed, and the school must provide a way for the student to safely take the medication during school hours when that is required.

Response to Intervention

Response to Intervention (RTI), as you've learned, is predominantly used to identify students with SLD who experience academic difficulties. RTI can also be used to identify students with behavioral difficulties who require specialized support. As described in Chapter 3, RTI is based on a tiered model of increasing levels of support and intervention to reduce academic difficulties. In addition to mitigating academic struggles of students with EBD, this model may be helpful in designing interventions aimed at correcting student behavior.

A typical RTI model for behavior includes three tiers (Maag&Katsiyannis, 2008; Sayeski& Brown, 2011). Similar to RTI for identification of SLD, schools must use evidence-based practices across tiers, and monitoring the progress of student behavior within these tiers helps teachers make decisions about response and nonresponse to the programs at each tier. Students who demonstrate inadequate growth or who do not meet specified scores move to the next tier of support.

Tier 1

At Tier 1, which takes place in the general classroom, all students participate in a behavior management program. One of the most common programs with a strong research base is Positive Behavioral Interventions and Support (PBIS), sometimes referred to as Positive Behavioral Support (PBS). In PBIS, the school establishes rules for school behavior. The rules are stated in positive language and are applicable across school settings. PBIS focuses on rewarding students for demonstrating good behavior rather than punishing students for bad behavior. Often token economies or reward systems are a part of PBIS.

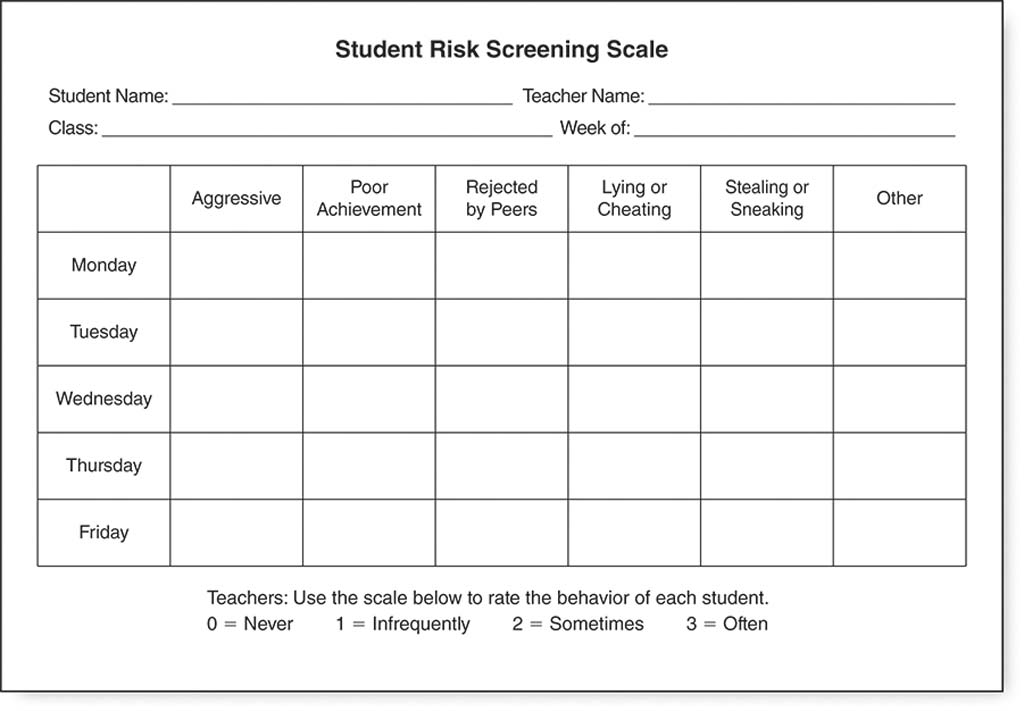
Token economies involve giving students tokens (e.g., poker chips or stickers) for demonstrating good behavior. Students collect their tokens for a reward, and tokens can be taken away for unacceptable behavior. Reward systems give students tangible or intangible rewards for good behavior.

Another example of a Tier 1 behavior management program is the Good Behavior Game. Students should receive instruction on the rules and expectations of the behavior management program and understand the consequences for following or not following the rules. Tier 1 interventions should be easy to implement and help manage the behavior of most of the students.

At the beginning of Tier 1, students are screened for possible behavioral difficulty using rating scales (Kalberg, Lane, & Menzies, 2010; Walker et al., 1994), such as the Strengths and Difficulties Questionnaire, the Student Risk Screening Scale (see Figure 4.2), or the Systematic Screening for Behavior Disorders. Some schools use the number of office referrals for discipline as a screening measure.

Figure 4.2: Student Risk Screening Scale

The Student Risk Screening Scale (SRSS) can be used to help identify students who might be at risk for EBD. On this scale, the teacher rates each student on a number of problem behaviors. Students with many scores of 2 and 3 may be monitored further.



Students who seem to be at risk for behavioral difficulties according to this screening then participate in Tier 1. Teachers monitor each student's progress to determine response or nonresponse. Teachers identify a target behavior and collect data on the frequency of that behavior (Lee, Vostal, Lylo, & Hua, 2011). For behaviors that do not occur often, teachers can actually count the number of instances. For behaviors that occur frequently, teachers may use momentary time sampling. A timer is set at specific intervals (e.g., 30 seconds), and when it signals, the teacher checks to see whether the student is engaging in appropriate or inappropriate behavior. When teachers summarize the data, they can identify trends and interpret how to design interventions for the student.

After a pre-determined amount of time (e.g., 4–6 weeks), teachers look at the data to determine whether students have demonstrated adequate response at Tier 1. Students who have demonstrated an increase in positive behaviors or a decrease in negative behaviors, or students who meet specified scores, will remain in Tier 1. Their teachers may implement behavioral accommodations, but the student does not require additional programs or intervention. Students who do not demonstrate an adequate increase in good behavior or decrease in negative behavior begin receiving the additional support of Tier 2.

Tier 2

Students who demonstrate that they need additional behavioral support begin receiving secondary intervention in Tier 2. This is a second program that the teacher starts in addition to the Tier 1 behavior program. Tier 2 intervention occurs in the student's regular classroom, and the student is not pulled out of class to receive additional instruction. Typically, the teacher develops a program or system for helping the student improve one to three frequent behaviors (Maag&Katsiyannis, 2008).

Some common Tier 2 behavior management techniques include individual or group token economies, behavior contracts, or daily report cards (Sayeski& Brown, 2011). The teacher may instruct students on appropriate social skills or problem solving in tricky situations.

Teachers continually monitor student progress to see if these secondary behavioral techniques improve student behavior. Students who demonstrate an adequate increase in good behavior or a decline in undesired behaviors do not need additional support. These students may continue to use their Tier 2 behavior strategy or the teacher may phase this out. Students who continue to demonstrate undesired behaviors move to Tier 3.

Tier 3

Students who reach Tier 3 should undergo a Functional Behavioral Assessment (FBA) that leads to the development of a Behavior Intervention Plan (BIP). Sometimes the FBA is also called a Functional Behavioral Analysis. An FBA and BIP can be used within or outside of an RTI framework.

Often, Tier 3 is conceptualized as special education for the student. The FBA determines the individual behavioral triggers for the student, and the BIP provides specific detail about how a student will work toward IEP goals. At Tier 3, progress is monitored in the same way as in Tier 1 or Tier 2. Teachers gather data about the number of behavioral occurrences and determine whether the student is making adequate progress toward meeting their IEP goals.

Functional Behavioral Assessment and Behavior Intervention Plan

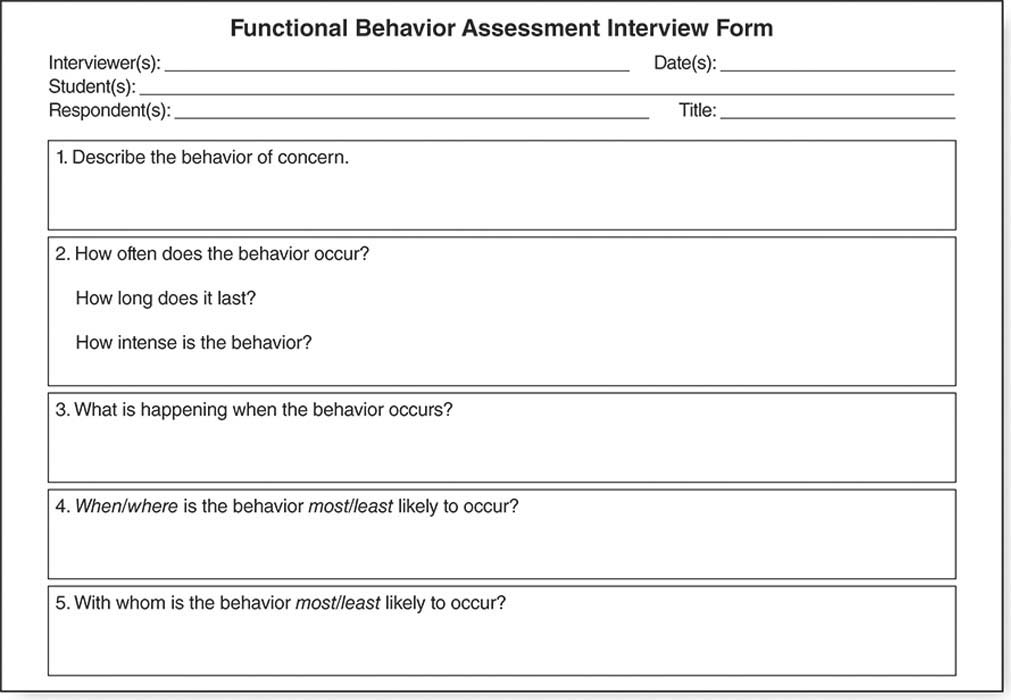
Although the FBA is not named specifically in IDEA 2004, the 1997 and 2004 reauthorizations suggest such assessments be conducted for students with EBD (Zirkel, 2011). The purpose of the FBA is to determine the antecedents, setting, specific events, and consequences of a student's inappropriate behavior (Regan, 2009). Identification of the antecedents (the events preceding a behavior) foster an understanding of the causes of a behavior. The FBA measures a target behavior over time, which allows the IEP team to identify behavior patterns and disruptions. This data informs a student's BIP.

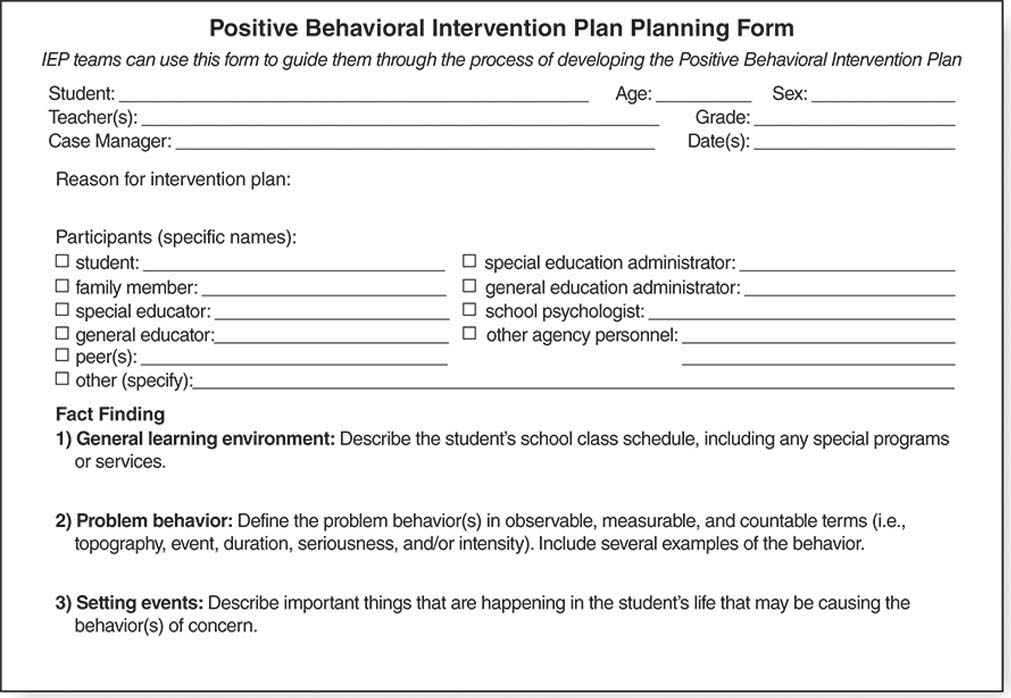
A BIP consolidates the information gathered from the FBA to identify a target behavior and develop an intervention. This plan aims to correct student misbehavior by teaching and reinforcing a desired behavior. A BIP is highly individualized, builds off student strengths and motivations, and often incorporates positive reinforcement. With positive reinforcement, teachers give students tangible or intangible rewards when they demonstrate specific behaviors (e.g., remaining seated at an assembly) or meet behavioral goals (e.g., raising hand to answer questions during a 20-minute class period). (See Figure 4.3 for examples of an FBA and a BIP.)

The goal of behavior intervention is to correct inappropriate actions while building lasting desirable habits for students. Similar to academic IEP goals, the BIP sets measurable goals for frequency and/or accuracy of the desired behavior. Progress towards goals is monitored and communicated regularly among all members of the IEP team, including the student. Appropriate corrections and incentives are designated in the BIP so student behaviors can be reinforced consistently.

Figure 4.3: FBA and BIP

An FBA (a) helps teachers understand what triggers the behavior of a student, and the BIP (b) is developed to help improve the behavior of a student.





When Are Students Diagnosed?

Emotional or behavioral difficulties may surface at any time for students, especially if home or school factors are contributors to the EBD. For many students, their EBD begins in early childhood and is present throughout adulthood. Students who demonstrate inappropriate behavior in preschool, for example, do not typically "outgrow" these behaviors. Some of the disorders classified as EBD, such as schizophrenia, anorexia nervosa, or bulimia nervosa, do not usually surface until puberty. Thus, diagnosis of an EBD can occur during any period of a student's school career or life (Quinn et al., 2000), typically when the difficulties come to the attention of parents, school staff, or medical professionals.

4.6 How Does EBD Differ Across Grade Levels?

While certain characteristics of EBD are common across grade levels, others generally emerge later or change over time. As students mature, the strategies they can learn and implement for themselves, along with those that educators can implement, may become more sophisticated. When students are ready to transition out of the public school system, the length of time that they have been practicing self-regulation and other strategies, along with the support system that they and their team have planned, is crucial for success in the postsecondary world.

Early Childhood

Young children can exhibit extreme behaviors (e.g., throwing tantrums, biting, hitting) that are indicative of EBD, regardless of an official diagnosis. All students in early childhood classrooms need to be explicitly taught social skills and have correct behaviors frequently reinforced. Students at this age may require significant modeling and frequent feedback on their behavior. The need for modeling and feedback is particularly important for young students with EBD, as they will be experiencing working in groups and following directions from teachers for the first time in their lives.

For students to understand and learn to manage an EBD, they first need to recognize when they are getting upset, shutting down (i.e., beginning to stop listening to the teacher), or experiencing frustration. Once students and teachers can identify the triggers of these behaviors, they can work to increase awareness of when these triggers occur. This process can begin as early as preschool, when students may first demonstrate extreme responses to teacher directions and consequences.

While students may not be able to fully engage in this cause-effect thought process independently, helping students with awareness of what causes certain behaviors can be beneficial for helping them cope in the moment and later in their schooling. Additionally, students should begin learning coping strategies to use when they feel angry, overwhelmed, or frustrated.

As with many of the other disabilities, early intervention is important for students with EBD. If preschools begin working with students with EBD, students learn how to monitor and alter their behavior when faced with certain situations (e.g., a classmate taking the student's marker). The earlier students learn how to appropriately act in school situations, the more likely it is that their social skills and friendships will improve, as well as their academic skills (because they can participate fully in classroom instruction).

Elementary School

As a student encounters the multiple classrooms, teachers, and grade levels of elementary school, an EBD may become more evident.

The severity of the EBD and the student's ability to self-regulate and respond to the environment help the IEP team determine the appropriate educational setting for the student. As previously mentioned, some students with EBD receive all instruction in the general education classroom, whereas others may spend some or all of their school day in a resource or self-contained classroom.

At the elementary level, teachers need to establish a classroom management system that promotes positive behavior and allows for the teacher to conduct lessons in the classroom without interruption. Teachers should explicitly model positive and negative behaviors so students understand behavioral expectations. For example, a teacher may demonstrate how to walk to the classroom's carpet area and sit with legs crossed. The teacher may demonstrate a non-example by running to the carpet and lying down belly-first. With these demonstrations, students understand how (and how not) to do something in the classroom. With all behavior in the elementary classroom, teachers need to provide positive feedback or redirection on undesired behaviors.

Secondary School

Students in secondary school are usually more aware of their specific EBD, any triggers or antecedents, and effective coping mechanisms. Secondary students should work to actively self-regulate and manage their behavior. They will most likely still need modeling and feedback on behavior, but this may be less frequent than in earlier grades.

BIPs for secondary school students may include behavior goals that can be transferred beyond classroom instruction. It is very important for adolescent students to demonstrate socially appropriate behavior in non-academic settings. Failure to do so can limit employment opportunities, placement in advanced high school courses, and transition to higher education. Extreme misbehavior may lead to criminal actions, which severely limit students' educational and life opportunities. To mitigate this risk, students must actively learn to manage their EBD, and secondary school teachers must support them in that process.

Transition

Transition planning is especially important for students with EBD, considering the relationship between behavior and academics. Without appropriate intervention, students with EBD tend to have lower grades, more course and grade failures, and a higher dropout rate than students with other disability types (Wood & Cronin, 1999). Over the last decade, postsecondary outcomes continue to remain dismal (Zigmond, 2006). Failure to develop basic skills in school contributes to employment difficulties, access to postsecondary education, troubled personal relationships, and high rate of involvement with the criminal justice system (Bradley, Doolittle, &Bartolotta, 2008). Ensuring students with EBD experience behavioral and academic achievement in school is critical to improving their postsecondary outcomes. In addition to the effective instructional practices listed in this chapter, transition planning can help students, family members, and educators prepare for ongoing success. There are several factors to consider when designing a transition plan for students with EBD, and a variety of models to guide this process. Transition models should include evidence-based academic interventions, increased access to vocational training and exploration, support across postsecondary transitions, and strong partnerships and supports with families (Lane & Carter, 2006).

Tips for the General Classroom

Teachers can use the Transition to Independence Process (TIP) to help students transition from high school to living independently as adults (Karpur, Clark, Caproni, & Sterner, 2005):

Engage young people through relationship development, person-centered planning, and a focus on their future;

Tailor services and supports to be accessible, coordinated, developmentally appropriate, and build on strengths to enable young people to pursue their goals across all the transition domains;

Acknowledge and develop personal choice and social responsibility;

Ensure a safety net of support by involving a young person's parents, family members, and other informal and formal key players;

Enhance a young person's competencies to assist him or her in achieving greater self-sufficiency and confidence;

Maintain an outcome focus in the TIP system at the individual, program, and community levels; and

Involve the individual, parents, and other community partners in the TIP system at the practice, program, and community levels.

Explicit instruction in social, vocational, academic, and self-determination skills can increase independence and opportunities for employment for students with EBD (Carter & Lunsford, 2005). Transition plans should also include appropriate service providers, including social services and mental health counselors. College-bound students with EBD should have a plan that includes building relationships with course instructors, engaging in the campus community, and accessing available support resources (e.g., psychological counseling) (Cooper & Pruitt, 2005). Strategic planning increases the likelihood that students with EBD will complete high school and successfully transition to their desired postsecondary opportunities.

4.7 How Do I Teach Students With EBD?

Teachers of students of any age with EBD must work to identify the antecedents of student behavior to help mitigate inappropriate actions. A teacher's ultimate role is to balance the management of incorrect behaviors with teaching and reinforcing appropriate ones. Students of all ages benefit from clear and consistent expectations, routines, and communication. Evidence-based practices should be used whenever available (Farley, Torres, Wailehua, & Cook, 2012). Modeling desired behavior, providing ongoing positive reinforcement, and consistently responding to inappropriate behavior are general strategies appropriate for all grade levels. Classroom management techniques can also be tailored for students with EBD.

As discussed earlier in this chapter, students with EBD often struggle with academic performance. Thus, many of the strategies in Chapter 3 for teaching students with SLD may also help students with EBD. This section discusses common classroom management strategies, including management techniques for classroom rules, routines, and organization. It also covers co-teaching, peer tutoring, and teaching self-regulation and problem-solving strategies, along with focusing on the positive. It concludes with a section on Applied Behavioral Analysis. Many of these strategies either require the teacher to create a positive and organized learning environment or the student to learn to control their behavior in a manageable way—or both.

Classroom Management Strategies

Good classroom management, an important component of every teacher's classroom, is even more important in a classroom with students who have EBD. Good management does not necessarily mean being a strict or harsh teacher. Rather, it indicates that the classroom runs efficiently, has clear and consistent routines, and has behavioral expectations that the students know. In fact, management techniques that are punishment-based rather than positive-reinforcement-based are often ineffective for improving the behavior outcomes of students. Positive Behavioral Interventions and Support (PBIS), mentioned earlier in this chapter, is one technique for improving classroom management. Establishing routines with clear cues, as well as carefully organizing physical space and instruction plans, can also contribute to a well-run classroom.

PBIS

PBIS should be implemented school-wide so that all teachers and staff understand how to approach behavior management within the school. Its focus is on positive rules and behaviors. Teachers are supposed to catch the students demonstrating good behaviors and reward them with praise or a reward. For example, a teacher might say, "I like how Lucas placed his book under his desk," or "Thank you, Lily, for raising your hand." The teacher should avoid saying, "Elizabeth, your books don't go on the floor," or "Don't shout out the answer, Caleb."

The school designs an approach to management of behavior. Usually, a few rules or expectations— typically three to five—are developed and implemented across school settings. Teachers receive training on teaching these rules and how to reward students who follow the rules. Each set of rules or expectations is positively stated, and informs students how to act or what to do. Some examples of rules are the following:

Respect yourself; respect others; respect property.

Be safe; be responsible; be respectful.

Respect relationships; respect responsibilities.

These expectations are used not only in the classroom but also in school assemblies, on the school bus, on a field trip, at the playground, in gym class, and in the restroom. They can be used across the entire school or the entire district. Teachers should provide students with examples for following the expectations while participating in different activities during the school day. For younger students, it might be helpful to have pictures that accompany the rules (Jolivette& Steed, 2010) to show them what each appropriate behavior looks like.

One way to help students understand school rules and routines is to have the teachers and students create videos that illustrate examples and non-examples for behavior within the school or community. Students play a major role in the acting or producing of these videos and make them more meaningful and interactive.

Teachers and staff need to have a policy for dealing with instances when students choose not to follow the school rules. Everyone should react in a similar manner. For example, if a student hits another student, all teachers should know that the consequence of hitting is an immediate referral to the office. If a student throws trash on the floor, all teachers should deal with this infraction within the classroom in a similar manner.

Classroom Routines and Cues

In addition to implementing PBIS, teachers must establish classroom routines and cues. When students know how to walk from their desks to the carpet area for "daily calendar," for example, or when students know where to turn in their algebra homework, teachers can spend more time focused on instruction rather than on transitions and enforcing rules.

Classroom routines should include how students should respond in certain situations. For example, when students are working in small groups or independently, the teacher should develop cues for having the entire class get back together. A teacher may flicker the classroom lights or clap her hands. Some teachers will set a timer and ask all students to have finished an activity by the time it beeps. A teacher can count backward from 5 to 1, which gives students an opportunity to put their materials away and be ready for the next task. Whichever strategy the teacher chooses, he will have to "teach" students how this strategy works. In addition, the teacher must use the strategy consistently and have clear consequences for infringements.

It is helpful, when delivering instruction, for teachers to move around within the classroom (Musser, Bray, Kehle, & Jenson, 2001). A teacher who sits at a desk and expects students to remain on-task is tacitly permitting students to get off-task. When a teacher is walking around, students are more likely to focus on the teacher, and they do not have the time or opportunity to daydream or act out. If a student's behavior starts to diverge from expectations, the teacher can glance at or refocus the student by pointing to the board or to the student's work. Teachers who move around the classroom also gather information on how students are doing with a lesson or work.

Classroom Organization

Appropriate organization of the physical classroom space may help students with EBD. A classroom that is highly organized (e.g., desks in rows, all textbooks on the blue shelf) is less distracting and enables students to focus on instruction (Mundschenk, Miner, &Nastally, 2011).

Instruction also should be organized in a way that allows students to know what to expect (Cancio&Conderman, 2008). For example, teachers should always state the goal of a lesson, teach by building upon previously-learned knowledge, and have a review at the end of the lesson. Teachers should also consider the pace at which they deliver their lessons. Sometimes teachers slow instruction down, thinking that lower-performing students need slower instruction, but that is not the case. A lesson that is delivered at a brisk pace keeps students' attention and provides fewer opportunities for off-task behavior (Archer & Hughes, 2011).

Teachers may find it helpful to break longer units or projects into smaller, more manageable tasks. When students can complete a task and feel a sense of accomplishment, they may be more willing to dive into the next task. Teachers should also think about establishing priorities for instruction. What are the three or four most important components of a unit that students must learn? Focusing on a few, instead of 20 or 30, components may help students with their academic performance, which, in turn, may positively affect their behavior.

Co-Teaching

Co-teaching can be a helpful strategy when students with EBD are in the general classroom (McDuffie, Landrum, &Gelman, 2008). When teachers work together and are well trained in effective co-teaching strategies, the academic performance of students can improve and instances of inappropriate behavior can decrease. Typically, when students are actively involved in a lesson, students have fewer opportunities to be off-task. Also, with two adults in the classroom who are constantly monitoring and interacting with the class, undesirable student behavior can be redirected quickly.

Peer Tutoring

Another useful strategy for teaching EBD students in the general classroom is peer tutoring (Bowman-Perrott, 2009), which pairs students to work on academic skills. Peer tutoring can be used in any content area at elementary, middle, or high school grade levels. Typically, one student will "coach" the other as they are reading, doing math problems, or working on an activity. The coach provides feedback, and both students get an opportunity to be the coach during the lesson.

For peer tutoring to be effective, the teachers need to provide appropriate training for the students as to how to properly serve as a peer tutor. Peer tutoring works because students have to teach, explain, and think about concepts in different ways to express them.

One peer tutoring program, Peer-Assisted Learning Strategies (PALS), has been proven to help students with disabilities (McMaster, Fuchs, & Fuchs, 2007). With the reading version of PALS, students work in pairs to work on basic reading skills, such as letter sounds and sight words. At older grade levels, students can read books about any content (e.g., science, history, fiction), and students in the pair read to one another, make predictions about what they will read next, and provide conclusions about the reading.

With the math version of PALS, the pair works step-by-step through math problems. When one student makes a mistake, the coach helps the partner by "teaching" the student. This teaching helps the partner who made the mistake understand why it happened, and it helps the coach because the coach has to work on explaining something in his or her own words.

Several variations of peer tutoring are useful in the classroom (Ryan, Pierce, & Mooney, 2008). Peer modeling is a variation in which students demonstrate desired behaviors to students who need help with these behaviors. Observing peers doing something correctly is almost always more helpful than a teacher just talking about it. For example, if Malik is having difficulty walking to the cafeteria (without running), his classmate Jaquan may show Malik how to walk out of the classroom, down the hallway, down the stairs, and into the cafeteria by walking.

Students can also participate in cross-age tutoring, in which students from different grade levels tutor one another. Usually students are at least two grade levels apart. The older student in the pair takes on the role of teacher, and the younger student benefits from the one-on-one attention, teaching, and immediate feedback provided by the older student.

Teaching Self-Regulation

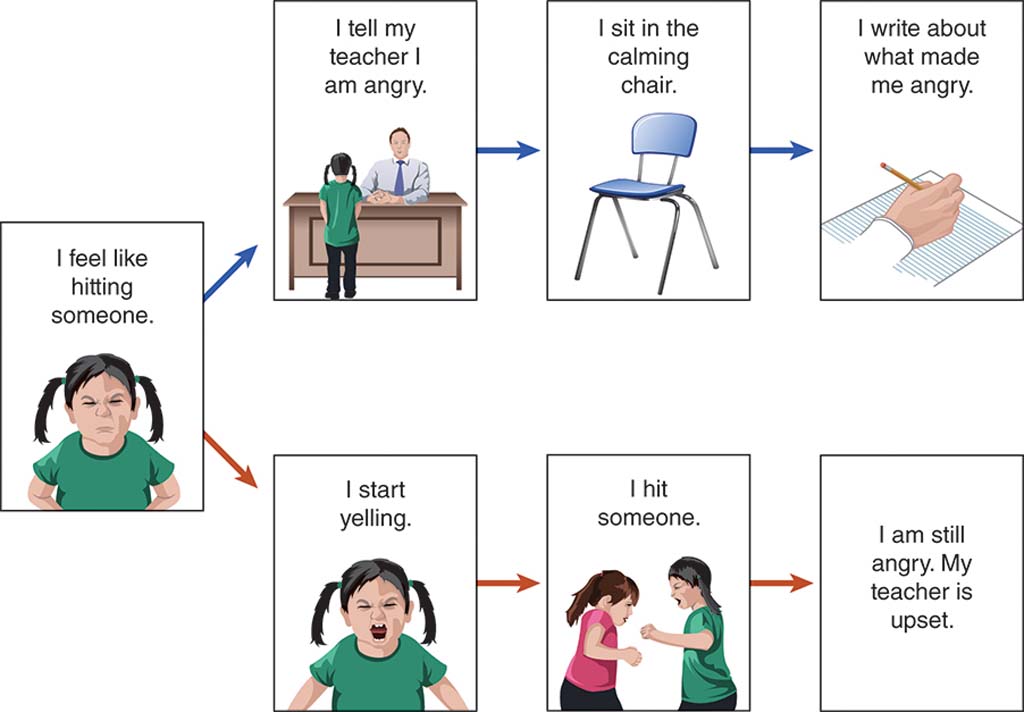
Teaching students self regulation, that is, to monitor their own academic progress and behavior in the classroom, is an important strategy for students with EBD (Lane, Graham, & Harris, 2006). In learning self-regulation, students first learn to set goals. They then learn how to self-instruct, self-monitor, and self-reinforce (Sandmel et al., 2009). For example, a student may set a goal to write an introductory paragraph. One of their self-instructions may be to "Take my time." The student may self-monitor by asking "Did I include all the sentences?" Self-reinforcement may have the student saying "I like the first sentence." Like other strategies for students with EBD, self-regulation is positive and puts much of the responsibility for learning on the student.

One way to help students monitor their behavior is through consequence maps (Tobin & Simpson, 2012), a visual presentation that illustrates two courses of action that students can use when they feel a certain way or when they do something (Figure 4.4). On the consequence map, the trigger is on the left side. Desirable behaviors are shown on the top track of the map; undesirable behaviors are on the bottom track of the map.

Consequence maps can help a student understand what may occur as a result of his actions, and help him make positive choices to regulate behavior. They are typically developed by the teacher, sometimes with student input. Many consequence maps for common situations for students with EBD can be found on the internet.

Figure 4.4: Consequence Map

If a student is angry and wants to hit someone, this consequence map can help the student work through the consequences that will be based on their decisions. The map shows the student consequences for desired and undesired behaviors.



Teaching Problem-Solving Strategies

Some students who are older or more mature can go a step beyond consequence maps and be taught problem-solving strategies to help monitor their behavior and make wise choices (Cook, 2005).

Once students understand their triggers, they can use the DIRT mnemonic to help them work through a trigger:

Define the problem.

Identify appropriate choices.

Reflect on the choices (i.e., make a choice).

Try it out.

Students need to practice problem-solving strategies, including DIRT, under supervision before they can employ them on their own. To teach students how to use DIRT to work through different situations, a teacher can set up role playing experiences, conduct the role play, and debrief the students about whether they made the best choices in that situation.

For example, Courtney is a seventh-grade student with EBD. She has difficulty following teacher directions when an academic task is challenging. In Courtney's science class, her teacher begins to administer a test. Courtney gets really frustrated with a reading passage on the test, and she wants to throw the test off her desk. Instead, she uses DIRT to problem-solve her course of action. Courtney thinks:

Define the problem. "This test is really hard. I might fail."

Identify appropriate choices. "I could take the test, or I could go and tell Mrs. VanWert that I am frustrated about the reading on the test."

Reflect on the choices (i.e., make a choice). "I will go talk to Mrs. VanWert and see if she can help me with the reading part."

Try it out. Courtney raises her hand and talks to Mrs. VanWert.

Positive Reinforcement

Remaining positive is particularly important when working with students with EBD (Musser et al., 2001) because these students often receive a lot of negative attention, which rarely helps the student or improves a situation. When teachers use positive reinforcement, they focus on acknowledging (i.e., reinforcing) when students use desirable (i.e., positive) behaviors.

The following are some examples of positive ways teachers can interact with students with EBD:

Develop positive teacher and student rapport. Treat all students with respect, and develop a trusting relationship with each student.

Use positive class rules. It is always better to tell students what they can do rather than what they cannot do (Table 4.2). Positively stated rules provide students with an idea of how they should act.

Table 4.2: Examples and Non-examples of Classroom Rules

|  |  |
| --- | --- |
| **Examples of positive rules** | **Non-examples of positive rules** |
| Be prompt. | Don't be late for class. |
| Raise your hand. | No shouting answers. |
| Treat others with kindness. | Don't be mean to others. |
| Walk in the hallway. | No running. |
| Respect the property of others. | Do not touch other people's stuff. |
| Keep hands to yourself. | No pinching or biting. |
| Listen while others are speaking. | No talking. |

Use the word please. If a student is off-task, a teacher should say, "Martin, please return to your seat." The teacher should give the student a few seconds to comply with the request before stating the request more directly. If the student does not comply, the teacher might say, "Martin, you need to return to your seat." These directions are positive yet direct.

Use the word do instead of don't. Like class rules, it is better for students to hear "Do keep your hands to yourself," instead of "Don't touch your neighbor." Often, when students hear a "don't" statement, it is almost a challenge for them to follow through with the "don't" action.

Provide positive reinforcement when appropriate. Students may receive reinforcement in several ways, including verbal praise, gestures, privileges, and tangible rewards, as shown in Table 4.3 (Jolivette& Steed, 2010; Kern, Delaney, Clarke, Dunlap, & Childs, 2001).

Table 4.3: Methods and Examples of Positive Reinforcement

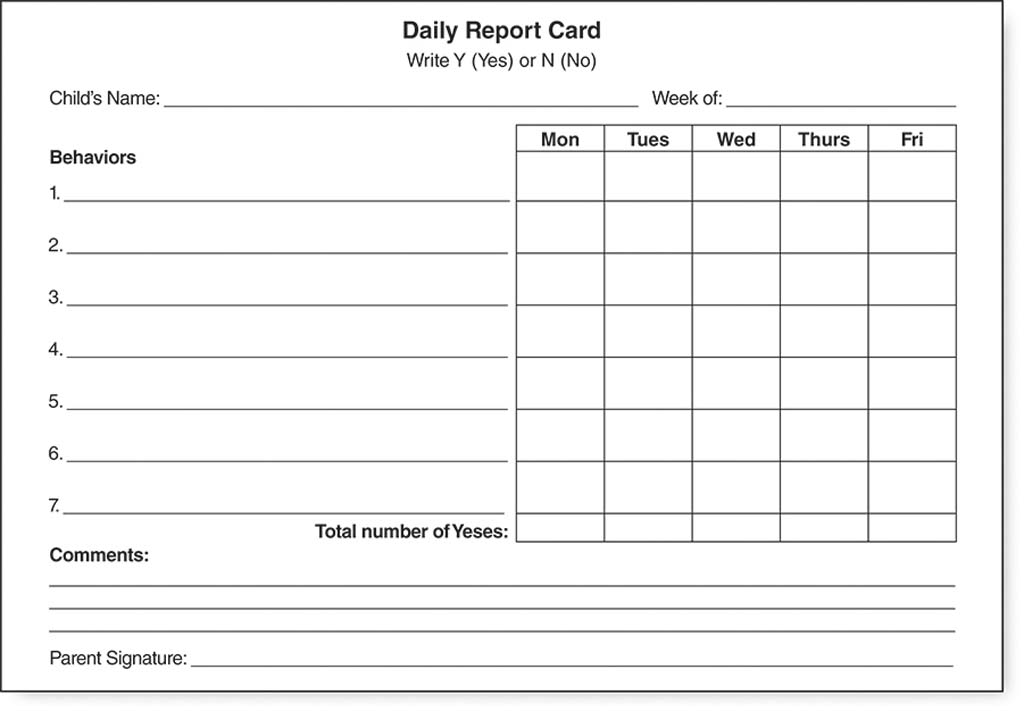
|  |  |
| --- | --- |
| **Methods** | **Examples** |
| *Verbal praise*. Students should be told what they did well. | "I like how you turned in your assignment quickly and quietly." "Excellent work solving that ratio problem." "Thank you for coming to me when you felt bullied atlunchtime." |
| *Gestures*. Students can be given a signal for praise. | Thumbs up. High five. Smile. |
| *Privilege*. Students can earn a privilege for appropriate behavior. | "You earn 5 extra minutes of recess." "You can work with a buddy on this project." "You can complete the rest of your essay in the library." |
| *Tangible reward*. Students earn a small prize or something that ismeaningful to them. | "You can pick a prize out of the class treasure box." "You earn two tokens." "You get a partner-of-the-day pencil." |

Allow students to make choices (Green, Mays, &Jolivette, 2011). When students get to make choices, they feel like they have more ownership over what they do during the school day, and that often leads to positive academic gains and behavior. The choices are always designated by the teacher beforehand. For example, students may get to choose whether they go outside for recess or play in the classroom, or they may get a choice of working the even-numbered or odd-numbered problems in their geometry textbook.

Use a Daily Report Card. A Daily Report Card (Figure 4.5) is a behavioral report that is sent home each day to report on and monitor a student's targeted behavior (Vannest, Davis, Davis, Mason, & Burke, 2010). The Daily Report Card is an excellent way to keep open the lines of communication between school and home.

Figure 4.5: Daily Report Card

A Daily Report Card is filled out by writing in specific behaviors for a student on the blank lines.



Make a behavioral contract. The teacher and student might create a behavioral contract (Figure 4.6) that identifies and explains how to track progress on a targeted behavior and spells out the rewards that accompany success in adhering to the targeted behavior (Cook, 2005). Sometimes, the parent is also involved in the development and maintenance of a behavioral contract.

Figure 4.6: Behavioral Contract

This contract, between a student and his teacher, outlines the behaviors that are expected of the student, how behavior will be measured, and how the student will be rewarded for meeting expectations.

Behavioral Contract. Effective from January 15, 2013 through March 15, 2013. 
Sam has the opportunity to earn a gold start sticker for each of the following behaviors: 
1. Working quietly during the morning busywork period from 8:15 to 8:45 am, 2. Turning in busywork assignments on time and complete, 3. Handing in all homework completed and on time. Each of the above listed behaviors can earn Sam one sticker per day. The teacher will decide if Sam has satisfactorily completed each behavior and will provide the earned stickers at the end of each school day. Upon earning 15 stickers, Sam can choose a reward from the following list: 
1. A homework pass good for one assignment, 2. Five additional minutes of free time during computer class, 3. Extended recess period. Student Signature, Teacher Signature.

Use Check In–Check Out (CICO). With CICO, the student checks in with a teacher at the beginning of the school day, receives feedback on behavior during the day, and then checks out with the teacher at the end of the day. The interaction with the teacher is positive, and students usually earn points for appropriate behavior and work toward rewards (Todd, Campbell, Meyer, & Horner, 2008). Some teachers may actually use CICO multiple times with a student during the school day. The teacher might ask, "Did you eat breakfast this morning?"; "How did your algebra test go?"; "Do you have the money you need to go on the field trip?"

Rewarding Desired Behavior

When students demonstrate appropriate behaviors, it is important to provide positive consequences, or rewards. Rewards are not necessarily a physical prize and may be tangible or intangible. There are many ways to reward desired behaviors (Table 4.4):

Use a "mystery motivator." Place a picture or a written motivator in an envelope (Musser et al., 2001). For example, if a student likes playing a game on a computer tablet, the mystery motivator might be a picture of a tablet or the words, "You get 10 minutes on the tablet!" If the student completes an assignment or participates in an activity properly, she gets to open the envelope and receive the mystery motivator.

Use a token economy. Students earn tickets or tokens when they follow rules and meet expectations. These tokens can be earned individually or with a group and used to collect tangible or intangible rewards (Anderson & Spaulding, 2007).

Table 4.4: Tangible and Intangible Rewards

|  |  |  |  |
| --- | --- | --- | --- |
| **For individual students** | | **For groups of students** | |
| **Tangibles** | **Intangibles** | **Tangibles** | **Intangibles** |
| Balloon Certificate Eraser Gift certificate Highlighter Notebook Pen Pencils Ribbon School memorabilia Sidewalk chalk Stamp Stickers Toy | Call home (with studentpresent) Class activity Class game Extra time First to line up Lunch with teacher "No homework" pass Note home Office helper Sit near friend Special seat | Field trip Movie Pizza party | Call home Choice of activity Class activity Class game Class recognition at assembly Extra 5 minutes of activity Hold class outside Listen to music Lunch outside Monthly movie Note home |

Providing Consequences for Undesired Behavior

Like desired behaviors, undesired behaviors also should have consequences, in this case to redirect the behavior. Some behaviors (e.g., smacking another student) merit immediate consequence. Other behaviors may receive delayed consequences (e.g., refusing to participate in a class activity). Whether the consequence is immediate or delayed typically depends upon the severity of the behavior. For example, hitting another student is completely unacceptable, and while the teacher should want all students to participate in the lesson, the teacher may need to address the student's noncompliance before class ends.

Teachers should outline these consequences as they are creating their classroom management plan. It is much easier to be proactive in planning contingencies than to react in the moment. Also, it is best if the entire school has contingency plans that all teachers are aware of and can implement school-wide.

Here are some examples of consequences for undesired behaviors:

Time out. The student goes to a designated space (either in the teacher's classroom or another area of the school) to reflect upon his or her actions. Time out should be used sparingly or else the practice loses effectiveness. A teacher should always monitor a student who is in time out.

Time out and reflection. When a teacher requests a student to do something and the student refuses, the teacher may send the student to another classroom with another teacher (Benner, Nelson, Sanders, & Ralston, 2012). In the other classroom, the student is directed to reflect upon the behavior. The regular classroom teacher then debriefs the student in a discussion about the antecedents and the behavior. Sometimes the student may write about his or her feelings or experience before returning to the regular classroom.

Office referral. The student goes to the office to meet with the principal or staff member who is in charge of discipline. Office referrals should be a last resort for behavior difficulties, or they should be used in cases of extreme behavior, such as hitting, kicking, or biting. Students may also be sent to the office if they threaten the teacher or other students.

Academic Strategies

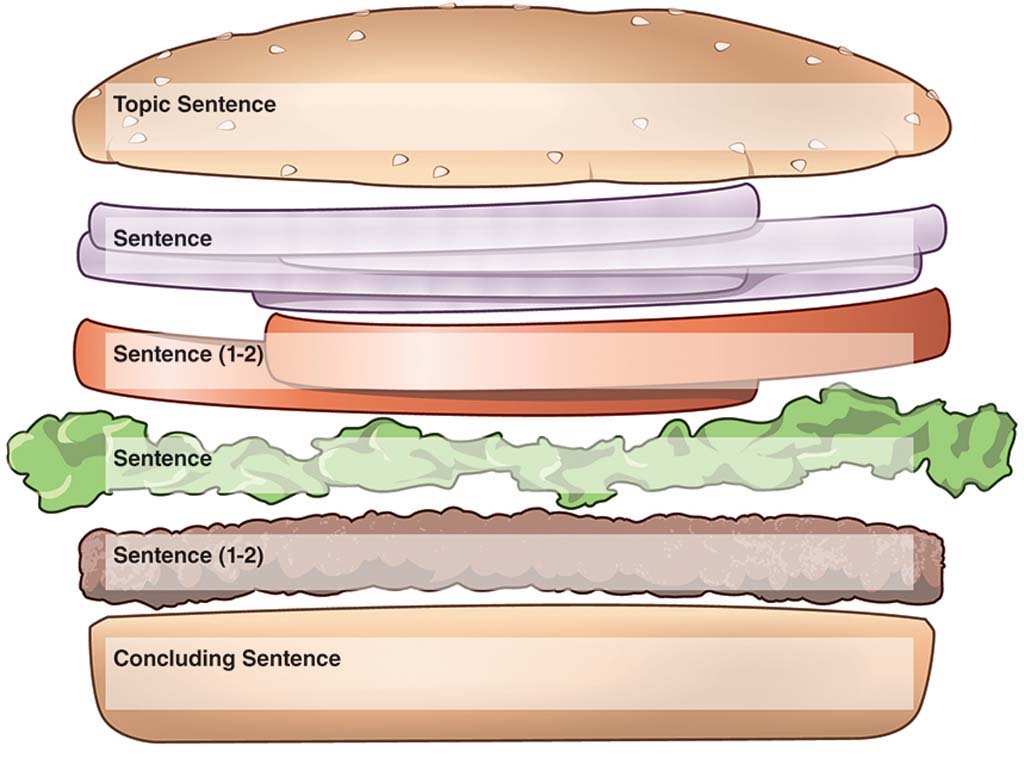
Many of the strategies for students with SLD may help students with EBD improve their classroom performance. In addition, the strategies in Table 4.5 may be useful.

Table 4.5: Academic Strategies for Students with EBD

|  |  |  |
| --- | --- | --- |
| **Strategy** | **Explanation** | **Example** |
| *Computer-assistedinstruction* | Students interact with a computer program thatteaches or practices a skill. | Students have the opportunity to review or practice  skills (e.g., vocabulary, multiplication, identification  of U.S. states) in an interactive way that holds  student attention. |
| *Copy, cover, compare* | Students view information, cover the informationand answer, and then check for accuracy. | The student views the math fact on a flash card:   9 x6 = 54. The student covers the fact. On a separate  sheet of paper, the student fills in the answer 54.  Then, the student looks back at the flash card and  compares answers. |
| *Corrective feedback* | Students benefit from feedback that is providedimmediately and helps them understand a mistakeand correct it. | The teacher sees a misspelled word, points to the  word, and asks the student about a specific spelling  rule (e.g., dropping "y" when adding a suffix). |
| *Mnemonics* | Students use a mnemonic to help them rememberhow to complete an activity or solve a problem. | A student uses the mnemonic PEMDAS(parentheses,  exponents, multiply, divide, add,subtract) to solve a  math problem. |
| *Previewing* | Students get a chance to preview materials beforeworking on the material. This helps students focusand organize their thinking around the topic. | A teacher lets a student look over a test and ask  clarifying questions before taking the test. |
| *Prompting* | The teacher provides verbal or nonverbal prompts(i.e., cues) to help the student stay on-task oranswer a question. | A teacher may point to a question in the student's  textbook, or the teacher may rephrase a question. |
| *Response cards* | Students use a card, sign, or item and hold it up to display response to a question. | Students have a "true" card and a "false" card.When  the teacher asks, "The Civil War took place inthe 20th  century," students hold up the appropriatecard. |
| *Allowing student toretake a test* | Students who are now familiar with the test layoutand test content get anopportunity to take the testagain. | Students get a second opportunity to take fractions   test and try to beat their previous score. |
| *Story mapping* | Students map out the important parts to a story orpassage. Often, students use a graphic organizer forthe mapping (Figure 4.7). | Students use a graphic organizer to represent the  who, what, when, where, and why of a reading  passage. |
| *Taped read-alongs* | Students listen to a taped voice while they readalong in a book or reading selection. | Students listen to *A Tree Grows in Brooklyn*. |
| *Adjusting task difficulty* | The teacher changes the mastery level of a task tothe student's level. | A student may have to master 80% of questions  instead of 90%. Alternatively, a student may read a  slightly easier version of text on the same topic. |

Figure 4.7: Graphic Organizer

This hamburger, which is an example of a graphic organizer, provides students with a way to organize their thoughts when they are writing a paragraph. Students write the main idea of the paragraph on the top bun. Then they write supporting sentences on the hamburger and toppings. Finally, students write a conclusion on the bottom bun.



Powell, S. R., & Driver, M. K. (2013). [Working with exceptional students: An introduction to special education](https://ashford.instructure.com/courses/13201/external_tools/retrieve?display=borderless&url=https%3A%2F%2Fcontent.ashford.edu%2Flti%3Fbookcode%3DAUESE315.13.2)[Electronic version]. Retrieved from https://content.ashford.edu/