

BENCHMARK EXCEPTIONALITY CHART TEMPLATE

EXCEPTIONALITY & DEFINITION	CRITERIA FOR SERVICES	CHARACTERISTICS	GENERAL INSTRUCTIONAL STRATEGIES/SCHOOL COUNSELOR INTERVENTIONS/TECHNOLOGY
<p><u>Autism Spectrum Disorder</u></p> <p>“A variety (or <i>spectrum</i>) of related disorders that affect a child’s social development and ability to communicate and that include unusual behavioral manifestations such as repetitive motor movements” (Kirk et al., 2015, p. 143).</p>	<p>An individual must meet criteria A, B, C, and D:</p> <ul style="list-style-type: none"> A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays. B. Restrictive, repetitive patterns of behaviors, interests, or activities. C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities). D. Symptoms together limit and impair everyday functioning. <p>(Kirk et al., 2015, p. 146)</p>	<ul style="list-style-type: none"> • Lack of Theory of the Mind (the ability of human beings to understand the thinking and feelings of other people that’s necessary for understanding, predicting, and shaping the behavior of others). • Acting out or aggressive behavior due to limited ability to communicate. • Hypersensitivity to sensory stimuli • Trouble with important thinking skills like decision-making, problem solving, executive function, and the more complex mental processes of reasoning and evaluation. • Difficulty with a range of motor skills such as gross motor, fine motor, and motor planning. <p>(Kirk et al., 2015, pp. 148-150)</p>	<ul style="list-style-type: none"> • Early intervention and early diagnosis • Naturalistic intervention Peer-mediated instruction and intervention • Social narratives of social stories; Comic strip conversations • Prompting; visual supports • Creating Structure • Improving Social Skills • Functional Behavior Assessment • Assistive Technology (voice output communication aids) • Focused Intervention Practice • Comprehensive Treatment Models (TEACCH, EIBI) <p>(Kirk et al., 2015, pp. 154-161)</p>
<p><u>Emotional/Behavioral Disability</u></p> <p>“A student with an emotional/behavioral disability has persistent (is not sufficiently responsive to implemented evidence-based interventions) and consistent emotional or behavioral responses that adversely affect performance in the educational environment that cannot be attributed to age, culture, gender, or ethnicity.” (FAC, 2024).</p>	<p>Learning challenges Inappropriate behaviors Unreasonable fears Building and maintaining friendships</p> <p>(Kirk et al., 2015, ch. 8, 1-6b).</p>	<p>Executive functioning (decision-making may be at risk) Anxiety and stress may increase. More likely to be arrested Most spend more than half their day in regular classrooms Most need an intense program (Kirk et al., 2015, ch. 8, 1-6b).</p>	<p>Most need an intense program Punitive responses or comments do not help. Positive behavioral supports avoid making the problems worse</p> <p>(Kirk et al., 2015, ch. 8, 1-6b).</p>

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<u>Hearing Impairment/Deaf</u> “Hearing impairment that is severe enough that the child cannot process linguistic information through hearing, even when using amplification or hearing aids.” (Kirk et al., 2015, ch. 11, 1-6).	Depends on the severity of hearing and academic level. Students should have access to their preferred mode of communication. (Kirk et al., 2015, ch. 11, 1-6).	A loss between 16-91dB. Ranges between slight to profound. May be able to understand speech Only few cannot understand speech. Can either be congenital or acquired (Kirk et al., 2015, ch. 11, 1-6).	EARLY INTERVENTION! So important for a child’s reading level. Using communication system as soon as hearing aid is detected (Kirk et al., 2015, ch. 11, 1-6). 
<u>Intellectual Disability</u> “Intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many every day social and adaptive skills. This disability originates before the age of 18.” (Kirk et al., 2015. Ch. 4- 1-3a).	Classification varies from mild-profound Mild (50-70 IQ)- profound 20 and below IQ). (Kirk et al., 2015. Ch. 4- 1-3a).	Poor memory, reading difficulties, attention disorders, writing difficulties Mathematical disorders, difficulties organizing written or spoken language. (Kirk et al., 2015. Ch. 4- 1-3a).	Normalized having a support system Lifelong supports such as health, social, and educational may be needed. Support for a regular basis for a short period of time. High-intensity support with extra staff members. (Kirk et al., 2015. Ch. 4- 1-3a).

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<p><u>Learning Disability</u></p> <p>“A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, write, spell, or do mathematical calculations.” (Kirk et al., 2015. Ch. 6).</p>	<p>A child with average intelligence but is having trouble in school. Found to be the biggest pool of students in special education classes. (Kirk et al., 2015. Ch. 6).</p>	<p>Poor decoding skills, slow reading rate, lack of self-monitoring. Difficulty attending to task. (Kirk et al., 2015. Ch. 6).</p>	<p>Have the in “extra help settings as needed.” Differ in intensity of extra help based on the severity of their disorder. (Kirk et al., 2015. Ch. 6).</p> 
<p><u>Multiple Disabilities</u></p> <p>“Concomitant impairments (such as intellectual and developmental disabilities—blindness or intellectual and developmental disabilities—orthopedic impairment) that result in severe educational needs that require special services” (Kirk et al., 2015, p. 423). _</p>	<p>Physical disabilities, mental disabilities, Serious health problems 2.2% of disabilities (Kirk et al., 2015, Ch. 11).</p>	<p>Need for support in major life activities, immature behavior Mobility problems Limited speech or communication (Kirk et al., 2015, Ch. 11).</p>	<p>Support for each child will depend on the severity of their problem.  (Kirk et al., 2015, Ch. 11).</p>

<p><u>Orthopedic Impairment</u></p> <p>“A severe orthopedic impairment that adversely affects a child’s educational performance (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures)” (Kirk et al., 2015, p. 423)</p>	<p>“Some of the areas of physical disability, including cerebral palsy (CP), neural tube defects; seizure disorders, traumatic brain injury (TBI), muscular dystrophy, juvenile hritis, and spinal curvatures. (Kirk et al., 2015, Ch. 11).</p>	<p>Movement disorders ranging from mild movement disorders to the inability to walk. Some are acquired such as brain injuries. (Kirk et al., 2015, Ch. 11).</p>	<p>Support physically in school is needed. Learning and developmental disabilities may need special education help. (Kirk et al., 2015, Ch. 11).</p>
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<u>Other Health Impairment</u> — “Limited strength, vitality, or alertness, including heightened alertness to environmental stimuli, that are due to chronic or acute health problems such as asthma, attention deficit disorders, diabetes, epilepsy, cystic fibrosis, heart conditions, hemophilia, lead poisoning, leukemia, nephritis, ulcerative colitis and Crohn’s disease, rheumatic fever, sickle cell anemia, or Tourette syndrome and that require special educational services” (Kirk et al., 2015, p. 423). _			
<u>Speech-Language Impairment</u> “Communication is central to our ability to fit into society successfully, and when difficulties with language and/or speech interfere with communication, children often experience problems.” (Kirk et al., 2015. Ch. 9).	Difficulty pronouncing words correctly Repeating words Distorting words Adding to words Moving syllables to words Raspy or hoarse voice (Kirk et al., 2015. Ch. 9).	Reluctant to participate Sensitivity to other reactions Opens mouth to speak and nothing comes out. (Kirk et al., 2015. Ch. 9).	Being a sensitive teacher can help immensely with students’ positive self-concept. Do not rush the student Forcing them into uncomfortable situations like standing in front of the class makes speaking disability worse. Try to get students in least restrictive environment. (Kirk et al., 2015. Ch. 9).

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<u>Traumatic Brain Injury</u> “An acquired injury caused by an external physical force, resulting in total or partial functional disability and/or psychosocial impairment that requires special educational services” (Kirk et al., 2015, p. 423). _	Loss of consciousness, confusion, disorientation Amnesia Coma Alteration of mental state (Gavin, 2019).	Vomiting, dizziness, balance problems sensitivity to light, hearing loss, ringing in ears, vision changes (Gavin, 2019).	Accommodations in the classroom to help process info and for task completion Use checklists and schedules. (Gavin, 2019).
<u>Visual Impairment, including Blindness and Deafblindness</u> Deafblindness: “Concomitant hearing and visual impairments, the combination of which causes severe communication, developmental, and other educational needs that require special services” (Kirk et al., 2015, p. 423).			

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<u>Developmental Delays</u> “In the United States, defined by each state, and can occur in any of the five critical domains: cognitive, communicative, social-emotional, motor, and adaptive development” (Kirk et al., 2015, p. 79).			
<u>Cognitive Functioning/Impairment</u> “Problems with the person’s ability to think, learn, remember, use judgement, and make decisions.” (504’s, 2023).	If a client starts losing things often, this is grounds for the beginning of a mild cognitive decline. (504’s, 2023).	Planning, problems solving, confusion with time, have trouble with spatial relationships. (504’s, 2023).	Advocate for student Start a 504 evaluation process Offer short-term counseling Advocate for mental health issues (504’s, 2023).

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<p><u>Language Developmental Disorder</u></p> <p>“This disorder involves difficulties with any combination of spoken, written, and symbol systems used to share ideas and messages. Language disorders may impact understanding and use of (a) language form (phonology, morphology, syntax), (b) language content (semantics), or (c) language function (pragmatics)” (Kirk et al., 2015, p. 293). —</p>	<p>If a student cannot understand the use of the words being taught in class and is falling behind as a result, this is adequate reason for services outside of the regular classroom. (Kirk et al., 2015. Ch. 9).</p>	<p>Problems with spoken or written language. Have disorders in the form of semantic or phonological processing. (Kirk et al., 2015. Ch. 9).</p>	<p>Provide the student with the least restrictive environment Speech therapy during the school day and outside of class will be incorporated. The therapy will differ depending on the case and severity. (Kirk et al., 2015. Ch. 9).</p>
<p><u>Social Developmental Disorder</u></p> <p>“A group of conditions that include autism, Asperger’s disorder, and social-emotional processing disorder.” (Incomioernani.,2023).</p>	<p>A difficulty in pragmatics. The social use of communication (Incomioernani, 2023).</p>	<p>Difficulty using spoken language and written language Inappropriate responses in convo Hard time changing convo based in context (Incomioernani, 2023).</p>	<p>Use one-on-one therapy or small groups for this. Also can incorporate behavioral therapy and occupational. (Incomioernani, 2023). </p>

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<p><u>Cultural/Ethnic/Socioeconomic Factors/ELL</u></p> <p>“Many students for whom English is a second language have difficulty learning in American schools and may be referred to special education as a result” (Kirk et al., 2015, p. 57). _</p>	<p>The criteria for services should be the same for the exceptionality of a student with English as the primary language as it is for a student with English as a second language.</p>	<p>Students who fall under the characteristics of a specific disability, but also who have other cultural/ethnic/socioeconomic factors or variables.</p>	<ul style="list-style-type: none"> • Test students with nonbiased assessment that include the use of interpreters, “culture fair” tests, and separate norms. (Kirk et al., 2015, p. 56). _ • Mindful interpretations of the tests. • “The RtI model Tier II, which allows for additional support for learning short of referral to special education” (Kirk et al., 2015, p. 57).
<p><u>Medical Aspects/Major Health Impairments</u></p> <p>A broad range of exceptionalities that involve medical attention/care.</p>	<p>“When children are dealing with serious health problems, their life and education will be impacted. The support needed for each child will depend on the range and severity of the problem...medical experts take the lead on the diagnosis and planning medical interventions, while the general education teacher takes responsibility for needed daily supports and for knowing the appropriate protocols for initial response in an emergency” (Kirk et al., 2015, p. 427). _</p>	<p>A wide variety of medical health impairments that could include:</p> <ul style="list-style-type: none"> • Asthma • Cancer • Sickle Cell Anemia • HIV/AIDS • Acquired Diseases 	<p>“Advances in medicine have led to lifesaving interventions for children with physical disabilities and health impairments. As medical interventions have improved, the life expectancy for children with severe disabilities has been extended. Improved medical interventions are also increasing the survival rate for soldiers who have been wounded...medical supports also can enhance the quality of individuals who have lost limbs regain functioning, new blood sugar monitors can maintain a continuous check to help regular diabetes, improvements in surgical procedures for infants allow doctors to repair heart defects, and new treatments for cancer have led to nearly 80 percent survival rates for children” (Kirk et al., 2015, p. 421). _</p>

References

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