



Example Card Usage and Reference Guide Selection

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IEP Games

IEP Game: Self Advocacy Kit

Example Deficit Card and Associated Reference Guide Discussion

There are 5 categories of IEP Game Cards including:

- ★ 26 Deficit Cards (white) Deficit cards cover a range of Deficits from Language and ADD/ADHD to Learning Disabilities and Behavior Problems
- ★ 16 Evidence Cards (blue)
- ★ 8 Experts Cards (green)
- ★ 18 Needs Cards (pink)
- ★ 34 Rights Cards (yellow)

Cards are professional plastic coated bridge size playing cards. This example booklet contains one configuration of cards and 1 Deficit Card with the associated discussion contained in the Reference Guide. The IEP Game: Training Kit includes a detailed Training Manual with the research basis of the IEP Game (with bibliography).

IEP Game: Training and Self Advocacy kit can be used as an interactive training or as a self-advocacy tool. As an interactive training, the IEP Game is used with sample cases and interactive work groups. As a self-advocacy tool, all the user needs to do is line up a deficit card with the appropriate evidence, expert, needs and rights cards and the basic content of a detailed parent concerns letter to the school is created. The IEP Game helps the user start the paper trail needed to build a case for an appropriate education plan.

Example Card Usage

<p>Receptive Language</p> <p>Student has trouble with one or all of the following:</p> <p><input type="checkbox"/> Understanding directions</p> <p><input type="checkbox"/> Understanding directions without gestures</p> <p><input type="checkbox"/> Understanding multi-step directions</p> <p><input type="checkbox"/> Understanding words spoken quickly</p> <p>Questions: How often does the problem occur? In which settings does the problem occur? How is the problem impacting the student in all settings?</p> <p>1</p>	<p>Personal Observations</p> <p>The student's strengths and weaknesses observed by parents are valid sources of information. Observations written on paper are documented descriptions and can be submitted at an IEP as valid data about the student. Observations can be done in the home, community, school or other setting.</p> <p>Note: The reliability of observations increase when the observer has kept a detailed log with dates and locations that accompany description.</p> <p>1</p>
<p>Parents</p> <p>Parents are experts because they have prolonged or intense experience, practice and knowledge about the child.</p> <p>Note: A parent who lives with the child has expert knowledge about that child. A parent or guardian who spends a significant amount of time with the child has developed an expertise about the child.</p> <p>1</p>	<p>Thorough Speech and Language Evaluation</p> <p>Speech problems can be associated with Language problems. Expressive and Receptive use of language requires: receiving language, storing language, and expressing language. Research has highlighted the importance of ensuring evaluations are sufficiently thorough to capture deficits in the reception, storage, and expression of language, specifically exploring phonology (speech sounds), syntactic organization (grammar rules), and semantic (word meaning) relationships.</p> <p>7</p>

<p>Speech and Language</p> <p>a) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance. C.F.R. § 300.7 (c)(11)</p> <p>b) Services include: "Speech-language pathology services, or any other related service, if the service is considered special education rather than a related service under State standards" C.F.R. § 300.26 (2)(i)</p> <p>9</p>	<p>Evaluation Requirements</p> <p>As a part of initial or reevaluation, the IEP team or other qualified professional shall review: (a) existing evaluation data and information parents provide (c) current classroom observations or assessments and/or state assessments (c) observations by teachers and related professionals.</p> <p>Purposes: to determine if modifications to the IEP are needed to enable the child to meet annual goals and participate in the general education curriculum. 20 U.S.C. § 1414 (c)</p> <p>15</p>
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Specially-designed instruction:

"means adapting, as appropriate to the needs of an eligible child..., the content, methodology, or delivery of instruction to (a) address the unique needs of the child that result from the child's disability and (b) ensure access of the child to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children."

20 C.F.R. § 300.26 (b)(3)(i); (ii)

An opportunity to participate in IEP Game Training is located at: www.sad-to-glad.org

Deficit Card #1 Below

Receptive Language

Student has trouble with one or all of the following:

- Understanding directions
- Understanding directions without gestures
- Understanding multi-step directions
- Understanding words spoken quickly

Questions: How often does the problem occur? In which settings does the problem occur? How is the problem impacting the student in all settings?

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Associated Reference Guide Excerpt

Deficits

Deficits, as a category, capture both the type of deficit a child might be struggling with and the particular impact that a deficit has upon functional performance or academic achievement. Functional performance means the ability to function as any typical child of similar age in any mode of human operation, such as speaking, walking, writing, playing,

etc.... Academic achievement means the ability to learn and master skills at age and grade level and demonstrate the mastery of skills and attainment of knowledge with typical tests and assessments of skills and knowledge.

The options listed on deficit cards are not meant to explain childhood disorders. The options listed on deficit cards are brief descriptive indicators of common problems associated with deficits. Use the options listed on deficit cards as a guide in narrowing down and describing the student's problems. Problems listed on deficit cards may be associated with more than one deficit.

Deficit Cards 1 – 5: Background

Deficit cards 1 through 5 deal with **language deficits**. These cards are not written to focus on speech deficits. These cards are focused on language as a separate deficit. The language deficit has two parts: receptive language and expressive language. Receptive language means the ability to receive language, understanding language, and learn new words. Expressive language mean the ability to use language to communicate.

Language is an important part of a child's development. Paul Wang and Marleen Ann Baron emphasize how language is often used as a gauge of general human development. "...*Speech* refers to the sounds that we use to transmit ideas from one person to another. *Language* refers to the code that gives meaning to the sounds, telling us that specific sounds mean specific things and indicating what order the sound should be in" (275).¹ Wang and Marleen claim "...childhood language disorders commonly are classified according to 1) whether the disorder is specific to language or is part of a more general cognitive disorder; and 2) whether comprehension, expression, or both are affected" (284). Language problems are very complex and, as a result, a language disorder diagnosis is usually described in general terms.²

Language is made up of several parts. The following list defines the parts of language that are part of the problems listed on deficit cards 1 – 5. The parts of language development and use are: phonology, grammar, semantics, pragmatics, and lexicon.³

1. **Phonology:** includes sounds in language, sound patterns, and the different ways sounds are organized to make words. For example, we can change the meaning of a word if we change which sound we emphasize. If I use the word "to" in a sentence when telling a friend "I have to make dinner," I do not emphasize the "o" sound. If I use the word "too" in describing that a movie I attended was "too long," I emphasize the "oo" sound. The rules of phonology apply to changing sounds of words to communicate different meanings.
2. **Grammar:** includes the rules for organizing words so that a person can meaningfully communicate with others. For example, grammar rules teach us to use the word "and" when joining different persons, places, or things together in speech. I am supposed to say "I visited Paris and England on my vacation." To create meaningful speech, I need to put the word "and" between Paris and

England. If I don't use proper grammar, the person I am speaking with would hear me say "I visited Paris England on my vacation." Not using the proper grammar changes the meaning of the statement. Not using the proper grammar tells the person that I visited a city named "Paris" that is located in "England." This violation of the grammar rules changes the meaning of the statement and creates ineffective communication. Grammar rules organize words so that users of language create meaning when using words in communication with people.

3. **Semantics:** describes the meaning of words and how words communicate meaning. To illustrate meaning, consider the difference between the words "their" and "there." These two words sound similar when spoken but mean two different things. Semantics teaches us that using the word "their" means that the user of the word is referring to people. On the other hand, the user of the word "there" is referring to a place. In spoken language, the context of a statement cues the listener that "there" refers to a place. For example, if I told my friend "my briefcase is over there," my friend would know "there" refers to a place (the place where I left my briefcase). Semantics refers to the meaning of words.
4. **Pragmatics:** refers to how language is used in different situations. Pragmatics can include making the appropriate eye contact and turn taking in conversations.
5. **Lexicon:** is the stored words held in the mind. Lexicon can be understood as a person's dictionary. Every person has words stored in their mind. The dictionary is a source book full of all known words. The lexicon is an individual person's mental dictionary. Of course, an individual person does not have all the words in the dictionary but an individual does have their own personal storage. The technical term for this storage of words is "lexicon."

Tim Brackenbury and Clifton Pye (2005) explain that language deficits are most often very diverse and frequently involve a variety of difficulties with related to semantics (word meaning), learning new words, storing the words used in the lexicon (mental dictionary), correctly organizing words in the lexicon and retrieving words from the lexicon for use in conversation. When schools assess students for deficits in language, they usually only assess the size of a student's receptive vocabulary and expressive vocabulary (5).⁴ Some research has shown that kindergarten children with receptive language disorders had trouble learning action words (an action word might be "getting" or "running") and this deficit was not related to their vocabulary size. Brackenbury and Pye are arguing that the size of a child's vocabulary, which is most often the main test used in schools to assess a language disorder, does not necessarily have much to do with the language deficit and often cannot detect the language deficit.

Language deficits can present themselves in different combinations. For example, a child might hear a parent say "go get the full trash bag out of the kitchen and put it into the trash can outside." A child with a language deficit might store the first part of what was said and not be able to understand the rest. The child may really only receive "go get the full trash bag out of the kitchen." On the other hand, a child may have an expressive

language disorder. For example, a child may understand language but have trouble expressing him/herself through language. A child might say “I did go baseball” when that child meant “I went to a baseball game.” This type of expressive problem might involve difficulty retrieving words from storage and organizing words correctly in speech in order to effectively communicate. A child with receptive and expressive language problems could struggle with: receiving words, storing words, retrieving words from storage and organizing words into spoken language.

Language problems are more complex than described in this reference guide. The amount of information presented is provided for basic surface level knowledge necessary to have a background for cards 1 through 5. If an IEP Game user suspects that a child is struggling with language deficits, there are assessments available through public schools. If an IEP Game user suspects that a child’s school has not discovered a language deficit, there are independent agencies that provide speech and language assessments. Also, a parent always has the right to request that a public school fund an independent assessment.

Questions listed on Deficit Cards 1, 2 & 4

The questions: 1) how often does the problem occur?, 2) In which settings does the problem occur?, and 3) How is the problem impacting the student in all settings? are designed to sensitize the IEP Game user to the context of the situations in which problems occur.

If a person chooses one of the problems listed, like “student has trouble with...understanding words spoken quickly,” and that problem only occurs once per year when the entire extended family is together for a holiday, then understanding words spoken quickly might not be a deficit for the child. Therefore, the frequency of the problem has an impact on deciding if it is a deficit.

The setting a problem occurs in is important. If a child has trouble in noisy settings more than quiet settings, a professional performing an assessment needs to know. Also, a parent documenting concerns about their child needs to communicate to the school that the problem happens in specific settings.

The impact of the problem is most important. The impact is related to functional performance in all settings and academic achievement in school. The impact of the deficit creates the need for intervention. If the impact of the deficit reduces functional performance and academic achievement, then the IEP Team needs to decide if the child needs accommodations, modifications, interventions, and services.

Deficit Card 1

Some of the particular problems a child might manifest as a result of problems associated with receptive language are:

1. Understanding Directions

If a child has a receptive language deficit, the child might have trouble understanding directions, as with other forms of oral communication. The Scientific Learning Corporation (2000) has a questionnaire that gauges parent's experience with their child in the area of language. This questionnaire asks the parent if their child often asks for directions to be repeated.⁵

Understanding directions is a form of receptive language that might be more noticeable than other types of communications because the parent or teacher giving directions is more likely to pay attention to a child's compliance with directions. If the child does not follow directions, it is either caused by willful disobedience, some problem with the clarity of directions, or a problem with receptive language.

2. Understanding directions without gestures

If a child understands directions with gestures more often than he/she understands directions without gestures, then receptive language is implicated as a possible problem because gestures are an important factor helping the child understand what is not grasped with pure language. Hearing might also be a problem for the child reliant upon gestures. A professional needs to determine the true cause of this problem.

3. Understanding multi-step directions

For example, telling a child "go get the milk out of the refrigerator before you get the cereal out of the pantry" is a multiple step direction. A child who is not able to understand directions of more than one step at a time might be struggling with a receptive language disorder.

This problem might also be related to attention or age. If the child struggles with Attention Deficit Disorder, multi-step directions may not be received because the child's attention span is limited. Children who are very young may also not be able to follow multi-step directions. If the child is old enough to understand multi-step directions but has a problem with this area, then a professional needs to determine the cause.

4. Understanding words spoken quickly

If a child seems to understand words spoken slowly but tends to have a problem understand words quickly spoken, that child might be struggling with a receptive language problem. Problems understanding quickly spoken words might also be related to a hearing problem. A professional must rule out hearing as a cause.

Note: All of the problems listed on card one might also be associated with auditory processing problems. When noting that a child does have any of these problems, a parent should seek an assessment from a professional in order to identify the true deficit causing

the problem. Remember, the Individuals with Disabilities Education Act (IDEA) requires children are assessed in all areas of suspected disability.

Associated Cards

The Associated cards list is a helpful resource for using the IEP Game Cards together in the development of documenting a problem and supporting a claim for intervention. Other cards in the deck that could support Deficit card number 1 are:

Evidence Cards: 1, 2, 4, 6, 9 and 12

Experts Cards: 1, 3, 4 and 6

Needs Cards: 7, 8, 10, 11, 12, and 13

Rights Cards: 1, 2, 3, 9, 13, 15, 18, 19, 20, 21, 22 and 23

¹ Paul P. Wang and Marleen Ann Baron. (1997) "Language: A Code for Communicating." In Children With Disabilities. Mark Batshaw, M.D. (Ed). Paul H. Brookes Publishing. Baltimore, MD.

² Paul P. Wang and Marleen Ann Baron. (1997) "Language: A Code for Communicating." In Children With Disabilities. Mark Batshaw, M.D. (Ed). Paul H. Brookes Publishing. Baltimore, MD.

³ The definitions used come from several sources including: Paul P. Wang and Marleen Ann Baron. (1997) "Language: A Code for Communicating." In Children With Disabilities. Mark Batshaw, M.D. (Ed). Paul H. Brookes Publishing. Baltimore, MD.; Catherine E. Snow, M. Susan Burns, and Peg Griffin, (Editors) Preventing Reading Difficulties in Young Children. Committee on the Prevention of Reading Difficulties in Young Children, National Research Council.

⁴ Brackenbury, Tim and Pye, Clifton. (2005). "Language, Speech & Hearing Services in Schools. Washington: Jan 2005. Vol. 36, Iss. 1.

⁵ The Scientific Learning Corporation (2000) "Parent Questionnaire: How Well Does Your Child Understand Language."

About the Author

Brenda Rogers is the Founding Executive Director of Access Center for Education (www.sad-to-glad.org). Access Center is a California non-profit dedicated to parent advocacy and training. Brenda has been a parent advocate since 1998 and founded Access Center in 2004 in order to provide direct advocacy services and empowerment training to low-income parents. In 2005, the Echoing Green Foundation awarded Brenda with seed funding allowing Access Center to develop as an organization.

Education

2003 ABD, Sociology. School of Social Sciences. UC Irvine.
2001 MA, Sociology, School of Social Sciences. UC Irvine.
1998 BA., Criminology, Law and Society, School of Social Ecology, UC Irvine.
1995 AA, Orange Coast Community College.

Graduate Education

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Teaching Experience

For the past five years, Brenda has been teaching classes in the social science departments at several universities in Orange County, California. Brenda teaches classes in social psychology, criminology, sociology, social problems, and research methods. Her teaching experience also includes eight years as a teaching assistant in general social sciences courses at the University of California, Irvine, with several years dedicated as a teaching assistant for upper division writing. Brenda also has ten years experience as a writing tutor both privately and at Orange Coast Community College.

Most importantly, Brenda is the parent of a fifteen-year old son who has had an IEP since 1996. It is through her experience as a parent in special education that Brenda developed her interest in the IEP process. The insights gained from the experience as a parent, advocate, college instructor, and scholar all combine in the creation of the IEP Game. The experience of running interactive training sessions with college students inspired the interactive organization of the IEP Game training and experience as parent, advocate and scholar combine to create the card and reference method used in self-advocacy.