

## **What is a Learning Disability, *Really*?**

When a parent attends an IEP meeting and the educational experts tell them their child has a learning disability, most times there is confusion. The reason is because the term can seem so broad that it can render itself almost meaningless. Several years ago a study was undertaken with professionals, teachers and parents asked to define the term “learning disabilities”. The results listed nearly 100 different definitions, almost as varied as the people who tried to define the term. Although some parents feel comfortable with finally having a name for their child’s problem, or a teacher might find a diagnosis helpful to at last getting a student help, it might be more useful to fully describe the issues and development, or lack thereof, that most students experience before finally being labeled *learning disabled*.

### ***Statistics***

The US Department of Education Statistics in 2011 showed learning disabilities accounted for half of all documented disabilities, with speech-language disorders a close second. However, research has repeatedly shown that the original basis for well over 80% of all learning disabilities is language based, with most children being referred for a speech-language problem in preschool or earlier. Therefore, if the first identified problem was usually in speech-language, what must be happening is that the qualifying criteria, or diagnostic name, is what changes, because the fundamental speech-language problem just doesn’t go away. The student’s oral speech skills may outwardly improve, but the underlying cognitive language deficit remains. And this is where learning gets problematic.





Autism	---	---	---	0.1	0.2	0.3	0.4	0.5	0.5	0.6	0.7
Traumatic brain injury	---	---	---	#	#	#	#	#	0.1	0.1	0.1
Developmental delay	---	---	---	#	0.4	0.6	0.7	0.7	0.7	0.7	0.7
Preschool disabled <sup>3</sup>	†	†	0.9	1.2	†	†	†	†	†	†	†

--- Not available.

† Not applicable.

# Rounds to zero.

<sup>1</sup>Data do not include Vermont, for which 2007-08 and 2008-09 data were not available. In 2006-07, the total number of 3-to-21-year-olds served in Vermont was 14,010.

<sup>2</sup>Other health impairments include having limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes.

<sup>3</sup>Prior to 1990-91 and after 1999-2000, preschool children are included in the counts by disability condition. For other years, preschool children are not included in the counts by disability condition, but are separately reported.

<sup>4</sup>Based on the total enrollment in public schools, prekindergarten through 12th grade.

### ***What IDEA '04 Says***

IDEA '04 retained the definition of specific learning disability as included in previous versions of IDEA since 1975. (from [www.ASHA.org](http://www.ASHA.org))

#### Specific Learning Disability

**"(A) IN GENERAL.—The term 'specific learning disability' means a disorder in 1 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, read, write, spell, or do mathematical calculations."**

**"(B) DISORDERS INCLUDED.—Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia."**

**"(C) DISORDERS NOT INCLUDED.—Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage."**

## *The Nature of Learning*

Preschools and classrooms are linguistically based and language driven. The key features of language- phonology, semantics, syntax, morphology and pragmatics intertwine and interact with each other all day in every situation. Oral language is the foundation for written language and they have a reciprocal relationship to each other- we talk about what we read and write, and write about what we discuss. We communicate and become literate through this ever evolving process. When this process does not work well, poor or little learning happens- a learning disability!

So what changes? How does a speech-language disorder morph into a learning disability? As was pointed out, it doesn't. The **diagnostic name** changes when the child has problems learning once he or she reaches school age. To illustrate, let's look at the known symptoms of learning disabilities through adulthood. For each symptom that is language based, there is an asterisk\*.

## *Symptoms of Learning Disabilities*

### Birth to 2 years

- \*1. poor eye gaze
- \*2. using less than 50 words
- \*3. attention problems
- \*4. mouth breather, drooling

### 2-4 Years

- \*1. unclear pronunciation of 3 or more sounds.
- \*2. unusual voice quality
- \*3. sentence word order problems
- 4. motor coordination poor

- \*5. inability to follow 2-step directions
- \*6. stuttering
- \*7. little interaction with others

#### 4-6 Years

- \*1. poor articulation of 2 or more sounds
- \*2. inability to follow 3-4 step directions
- \*3. phonological awareness difficulty
- \*4. inability to stay on topic while speaking
- \*5. problems telling stories
- \*6. lack of concepts
- \*7. reading and/or writing problems
- \*8. difficulty with peers
- \*9. slow to process

#### 7-9 Years

- \*1. poor articulation of 1 or more sounds
- \*2. speaking in only simple sentences or rarely speaking
- \*3. not answering questions or asking them when confused
- \*4. poor spelling and/or written language
- \*5. difficulty following the flow of the classroom discussion
- \*6. difficulty with organization
- \*7. general lack of understanding.

#### 10-Adult

- \*1. reading fluency difficulty
- \*2. reading comprehension problems
- \*3. inability to organize information
- \*4. difficulty taking notes or understanding main ideas or new information
- \*5. writing is confusing, fragmented, and has poor use of words
- \*6. leaves listeners confused when speaking
- \*7. difficulty with peers
- \*8. using attention getting behavior instead of words
- 9. does not finish work
- \*10. unwillingness to express feelings
- 11. becoming a loner, showing aggression, or becoming depressed.

Out of the 38 known and researched symptoms, only 3, or 7.5% are not necessarily speech or language based. *That means that 93% are definitely speech-language based!* Some professionals may point out that there are more symptoms or that these were chosen because they are speech-language issues. However, these are the agreed upon researched-based symptoms

listed on several well-respected websites that provide information for parents and teachers about learning disabilities.

Depending upon a description rather than a label is what is useful for parents and teachers because that helps decide what to do for the student, and that should be the focal point of any assessment. However, the testing results and public school *qualifying criteria* are often where things get bogged down. For example in many states, in order to be considered as having a learning disability, there must be a processing disorder coupled with a discrepancy between the student's measured cognitive skills and academic achievement. Additionally the educational regulatory mandate for *qualifying* for special education services often takes precedent over understanding a student's learning style. Thus, a rich and diversified team assessment may never be thoroughly utilized to provide teachers and parents with the research-based tools necessary to help a struggling student.

In the world of private practice, the laws and regulations that govern practitioners and providers often are not the same as in the public schools; practitioners working in either environments can be confused. Children who receive private assessments often get them from a sole service provider who is regulated to assess only in particular domains, although their scope of practice can typically be broader than in the public schools. Nevertheless, many private assessments are often lacking in their description of areas pertinent to learning, those that have already been listed above as symptoms. Regrettably, unregulated tutoring businesses often use only the test which accompanies their program, never really assessing a student at all.

In a word, Learning Disabilities can be *baffling*. So, what can be done? Below are 5 crucial steps.

1. Always include a Speech-Language Assessment in any evaluation of a student suspected of having a learning problem.
2. Really understand as a parent or teacher what the symptoms are.
3. No matter what the diagnosis, look in the assessment results for the areas that delineate and fully describe the testing results for those symptoms.
4. Ask not for a particular program or service, but what strategies and tools are going to be used to help a student with the noted problems.
5. Monitor the student's progress continually, not just during report card times or mandated periods of re-evaluation.

### ***References***

*Learning Disabilities*, American Speech-Language Hearing Association [www.asha.org](http://www.asha.org)

*Symptoms*, Learning Disabilities Association of America [www.ldanatl.org](http://www.ldanatl.org)

*Symptoms*, National Center for Learning Disabilities <http://www.nclld.org>

*Specific Learning Disabilities*, IDEA 2004, [www.ed.gov/policy/speced/guid/idea/idea2004](http://www.ed.gov/policy/speced/guid/idea/idea2004)

U.S. Department of Education, National Center for Education Statistics (2011). *Digest of Education Statistics, 2010* (NCES 2011-015), <http://nces.ed.gov/fastfacts/display.asp?id=64>

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