

Disabilities: autism and students kimberly

[Profession](#), [Student](#)



There are many disabilities that students have that may impact their lives and education. These disabilities include intellectual disabilities, autism, severe disabilities and multiple disabilities. Although the exact causes of some of these disabilities are unknown, others have been identified. This paper will discuss what these disabilities are, their causes, their impact on student's education, and curriculum areas necessary for these students.

Definitions and Causes Intellectual disability (ID) used to be known as mental retardation.

The terminology changed in 2010 when President Obama signed into law, Rosa's Law (intellectual, 2011). Intellectual disability is defined according to IDEA as significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period (before age 18), that affects a child's educational performance (intellectual, 2011). The most common causes of intellectual disabilities are; problems during development (chromosomal abnormalities, maternal illness and infections such as rubella and syphilis or drug and alcohol abuse).

Genetic conditions can also cause intellectual disabilities because of abnormal genes that are inherited by parents, errors when genes combine or other reasons (intellectual, 2011). Some examples of genetic conditions are Down syndrome, fragile X syndrome and phenylketonuria (PKU) (intellectual, 2011). Problems at birth for instance a lack of oxygen during development, labor or birth can cause intellectual disabilities, just as diseases like whooping cough, measles or meningitis can (intellectual, 2011).

There are also health issues like malnutrition, inadequate medical care or exposure to lead and mercury that can cause this disability (Intellectual, 2011). Autism used to be subtyped by one of four different disorders: autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger (What is, n. d.). In May of 2013 the new DSM-5, merged all autism disorders into one umbrella diagnosis of Autism Spectrum Disorder (ASD) (What is, n. d.).

Autism is defined as developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident by age three that adversely affects a child's educational performance (What is, n. d.). Other characteristics often associated with autism spectrum disorder are: engaging in repetitive activities, stereotyped movements, and resistance to environmental changes or changes in routine and unusual responses to sensory experiences (What is n. d.).

Autism has no one known cause and since it is a complex disorder with varying severity and symptoms, both genetics and environmental factors may play a part (Causes, n. d.). Gene changes or mutations by themselves may be responsible for a small number of cases, but most cases seem to be caused by a combination of both gene problems and environmental factors (Causes, n. d.). These factors include advanced parental age (both mother and father), maternal illness during pregnancy, environmental toxins and difficulties during birth (Causes, n. d.).

No reliable study has shown a link between autism spectrum disorder and the MMR vaccine (Causes, n. d.). Severe disability is any disability that very significantly interferes physically, mentally, or emotionally with a student's

educational performance (McCabe, 2013). Multiple disabilities as defined by IDEA are simultaneous impairments which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments (IDEAs, 2013).

Examples are but not limited to: ID and blindness or ID and a physical impairment. The causes of severe and multiple disabilities are basically the same as the causes listed for the other disabilities covered in this paper: infection or diseases during pregnancy, drug and alcohol abuse during pregnancy, genetic disorders, chromosomal abnormalities, poor brain development, problems during birth, environmental toxins, and diseases such as whopping cough or meningitis (Multiple, 2013).

The impact of having an intellectual disability on education varies among these students as do their abilities vary. They may take longer to reach typical milestones like: walking, talking (some may not become verbal), and taking care of personal needs like dressing or eating independently, and it may also take longer learn in school (Multiple, 2013). In the past it was thought that students with severe disabilities could not learn and were put in programs that only provided basic care and safety (Downing & MacFarland, 2010).

Research has shown that individuals with severe disabilities can learn given the opportunity to learn, through direct instruction and watching students without disabilities (Downing & MacFarland, 2010). There is a need for highly trained teachers to instruct students with severe disabilities. Studies suggest that these students learn best in general education classrooms and

placement should be based on chronological age when appropriate (Downing & MacFarland, 2010).

Students with severe disabilities not only need to learn to eat independently, dress themselves, take care of their bathroom needs (as much as possible) and other self-help tasks, they also need to increase communication, social and safety skills, they need to have access to the core curriculum to acquire academic skills in reading, writing and math (Downing & MacFarland, 2010). Later like in high school, students with disabilities need transition services to teach them life skills and skills that can be used for employment (Downing & MacFarland, 2010).

The local school district states that they follow the policies and regulations of the Virginia Dept. Of Education (VDOE) which states that they follow the policies and regulations of the federal mandates like IDEA and NCLB. Local school districts are required to educate and supply services to severely disabled students in the least restrictive setting with non-disabled students where appropriate to the maximum extent possible (VA code 34. CFR 300. 119) (Special, n. d.).

The VDOE mandates that all local school districts develop an IEP for all students with disabilities who need special education services (IEP, n. d.). Some of what the IEP should contain to ensure that necessary curriculum areas are addressed are: measureable annual goals, benchmarks or short term objectives both in academic areas and functional performance, special education related services, supplementary aids and services including transition services (IEP, n. d.).

Although the VDOE website does not lay out a specific curriculum plan just for students with severe disabilities, it does state that students with disabilities are to have access to the core curriculum just like non-disabled students (IEP, n. d.). The face of the typical classroom is changing. Since the signing of NCLB, students with severe disabilities are to be educated with non-disabled where appropriate. Educators need to inform themselves as to what severe disabilities are and their causes. Knowing this information will help teachers better serve their students with disabilities.