



What Learning Disabilities Look Like

Here is a list of the different types of learning disabilities frequently identified, the signs to be aware of, and the problems the learning disorders cause which affects a child's ability to learn:

LEARNING DISORDERS	
The child's academic ability falls substantially below their age and education level and significantly interferes with academic achievement	
<p>Reading Disorder (Dyslexia) 60-80% of individuals with this disorder are male</p>	<p>Problems with reading accuracy, speed or comprehension</p>
<p>Mathematics Disorder (Affects 1% of school children)</p>	<ul style="list-style-type: none"> ▪ Linguistic skills: understanding or naming math terms ▪ Perceptual skills: recognizing or reading numerical symbols and clustering objects into groups ▪ Attention skills: correctly copying numbers, adding carried numbers, and observing operational signs ▪ Math skills: following sequences of math steps, counting objects, and learning multiplication tables
<p>Disorder of Written Expression</p>	<p>Composing and organizing written text is problematic and filled with grammatical, punctuation and spelling errors, and handwriting is illegible</p>
MOTOR SKILLS DISORDER	
Commonly associated with other learning disorders	
<p>Developmental Coordination Disorder (Prevalence as high as 6% for children ages 5-11)</p> <p>Marked impairment in the development of motor coordination which is not due to a general medical condition such as cerebral palsy or muscular dystrophy</p>	<ul style="list-style-type: none"> • Younger children may display clumsiness and delays in achieving developmental motor milestones such as walking, crawling, and sitting • Older children may display difficulties with the motor aspects of assembling puzzles, playing ball and printing

COMMUNICATION DISORDERS

Communication difficulties involving verbal language including sign language

<p>Expressive Language Disorder (Developmental type is usually recognized by age 3 and approximately half of the children outgrow it. Acquired type is due to brain lesions, head trauma or stroke)</p>	<p>Limited amount of speech and range of vocabulary, difficulty acquiring new words, omissions of critical parts of sentences, use of unusual word order, and slow rate of language development</p> <ul style="list-style-type: none"> • Younger children may speak rapidly with erratic rhythm of speech • Older children may have problems with taking down dictation, copying sentences and spelling
<p>Mixed Receptive-Expressive Language Disorder (Detectable before age 4. May occur in up to 3% of school-age children. Two types: Developmental in which speech may begin late and Acquired due to encephalitis or head trauma)</p>	<ul style="list-style-type: none"> • Receptive: difficulty understanding words or sentences • Expressive: limited vocabulary, errors in tense, difficulty expressing ideas • Mild: difficulty understanding types of words (i.e., spatial terms) or statements (i.e., complex if-then sentences) • Severe: inability to understand basic vocabulary or simple sentences
<p>Phonological Disorder (2-3% of 6-7 year-olds present with moderate to severe cases)</p>	<p>Failure to use developmentally expected speech sounds that are appropriate for age and dialect. Errors in sound production and use, substituting one sound for another (e.g., using "t" for a "k" sound).</p>
<p>Stuttering (Affects 1% of pre-pubescent children. Boys outnumber girls 3:1. Onset is typically between 2-7 years-old)</p>	<p>Disturbance in the normal fluency and time patterning of speech that is inappropriate for the individual's age</p>

Source: Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)